12th Edition

Manipur

NRHM

National Rural Health Mission

July 2011 - December 2011
(Double Quarterly Edition)

Newsletter

New Born visit by ASHAs of Chandel

REGISTRATION

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

Four antenatal check ups are essential for a pregnant woman:

First ANC Check up	As soon as the period is missed or within first three months of missing the period.
Second ANC Check up	In 4^{th} – 6^{th} month of pregnancy.
Third ANC Check up	In 7^{th} – 8^{th} month of pregnancy.
Fourth ANC Check up	In 9^{th} month of pregnancy.

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

A BRIEF REPORT ON SCHOOL HEALTH PROGRAMME AT KEISHAMTHONG HIGH SCHOOL, IMPHAL

Dated : 2nd August, 2011 and 4th August, 2011

Dr. H. Ibemcha Devi
Deputy Director (School Health, ARSH, Up-gradation of Health Facilities)

State Mission Director and Chairman, School Health Committee, Manipur Shri N. Ashok Kumar, delivering key note address during the inaugural function

A state level school health camp was conducted at the Keishamthong High School for two days on 2nd and 4th August 2011 jointly organized by representatives from Directorate Health Services, Govt. of Manipur, Directorate Family Welfare Services, Govt. of Manipur, Education (S), RMSA, SSA, IEC/BCC MACS, AYUSH STATE WING and NRHM Manipur. The school health programme was inaugurated and chaired by Hon'ble Minister Health and Family Welfare Govt. of Manipur Shri L. Jayanta Kumar Singh on 2nd August 2011. The closing function of the school health programme was chaired by Hon'ble Minister of Education, Shri DD Theisii on 4th August 2011.

Under NRHM (2005-2012), the first School Health programme was launched at Ukhrul District in the year 2007.

The programmes are conducted in every districts and the concerned CMOs of each District looks after the school health programmes of their Districts.

In supplementation of the programmmes conducted by each district, State Health Society also tries to reinforce supplementary school health programmes in each District and targets to cover all the model high schools with consultation in the concerned CMOs. In this view, a joint venture technical committee was formed with one representative from each department. The departments included in the committee are Directorate of Health Services, Directorate of Family Welfare Services Manipur, Education(S), Rastra Madhyamic Sikhsha Aviyan (RMSA), Sarva Sikhsha Aviyan(SSA), AYUSH, NRHM and MACS.

NRHM Newsletter

Keishamthong High School at Imphal West was identified to be the first high school of the school health program of the joint venture.

The Directorate of Health Services took the responsibility of organising the doctors of different departments necessary for screening the school children and ambulances in all the school health camps, Directorate of Family Welfare Services took the responsibility of health workers for immunization and ORS campaign and logistics, AYUSH department took the responsibility for Yoga demonstration and health awareness on Naturopathy and Homeopathy treatment, MACS looked after the IEC/BCC on RTI/STI/HIV/AIDS, RMSA/SSA took the responsibilities of coordination of principals for venue arrangement and students gathering . Supply of free medicine, OPD ticket, referral card and organizing the camp were provided by NRHM.

The activities included primary health screening of the school children and health awareness programme. The services provided were General Medicine, ENT check up, Eye check up, Dental check up, Immunization and ORS campaign, Awareness of Yoga and Naturopathy and IEC/BCC on HIV/AIDS and STI/RTI

Students from Keishamthong High school and Ram Lal Paul Higher Secondary School participated in the camp.

General MBBS doctors did screening, general health check up, treatment of the minor health problems and referral for specific problems to the concerned departments. Altogether 138 students were screened in the general medicine counter.

Out of the 138 students, clinically 2 were suffering from UTI, 10 were suffering from URTI, 3 were suffering from chest pain, 4were suffering from helminthiasis, 2 of them experience allergic condition, 11 experienced giddiness, 1 experienced dysmenorrhoea, 6 of them having loss of appetite, 46 of them were not found to have any health problem only did general health check up, 53 of them were referred to different department (Eye & ENT).

The ENT Surgeons and their assistants did screening for any defective hearing and other ENT problems. Total of 47 students felt the need to be screened by ENT surgeons. No one was detected to have defective hearing problem except some minor ailments. 2 of them were suffering from ear wax, 8 of them were suffering from allergic rhinitis, 13 of them were suffering from pharyngitis, 2 of them were suffering from tonsillitis, 1 of them was suffering from spur, 2 of them were suffering from otitis externa, 3 of them were suffering from DNS, 4 of them were suffering from epistaxis, 3 of them were suffering from ear ache, 1 attended for post mastoidectomy operation check up, 8 of them were not detected any problem on ENT.

General Medicine Counter

Students and teachers gathering in the school health camp

Dental counter had the least number of students. 25 students, who were referred from general medicines and the students who perceived that they had problems attended the dental counter. Out of the 25 students, only 11 were found suffering from caries tooth, 4 with gingivitis with calculus, 2 were suffering from hypersensitivity teeth, 3 with periodontitis, 1 with stain calculus, 1 with oral ulcer, three were suffering from tooth ache and 1 with no problem related to teeth.

Immunization team preparing for immunisation session

IEC/BCC SESSION ON HIV/ADS & RTI/STI

NRHM team distributing free medicines to the students

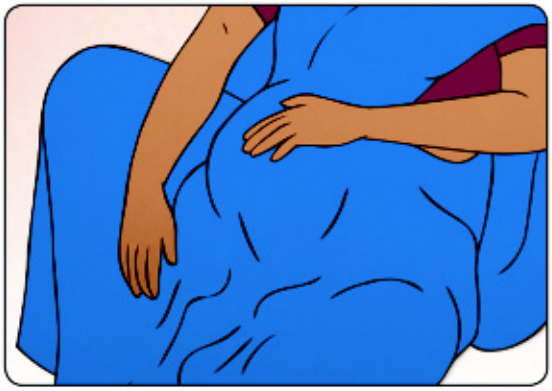
The AYUSH team carried out demonstration on Yoga, awareness on Naturopathy and nature cure and treatment on Homeopathy medicine to the school children and teachers. Total of 172 students were examined in the AYUSH counter and free medicines were also distributed.

MACS IEC/BCC team led by Dr. R.K. Rosie Devi took the special role of giving health awareness to the School students. They conducted IEC/BCC session on HIV/AIDS to different groups of school students. Altogether 10 sessions of IEC sessions were conducted giving full awareness about HIV/AIDS with question and answer sessions in between. More than 20 students participated in a session.

Family Welfare Team took the responsibility of Immunization in collaboration with Imphal West team and conducted Immunization session for vaccination against tetanus for the school students and campaign on oral rehydration Solution. 179 students including both boys and girls were immunized against tetanus.

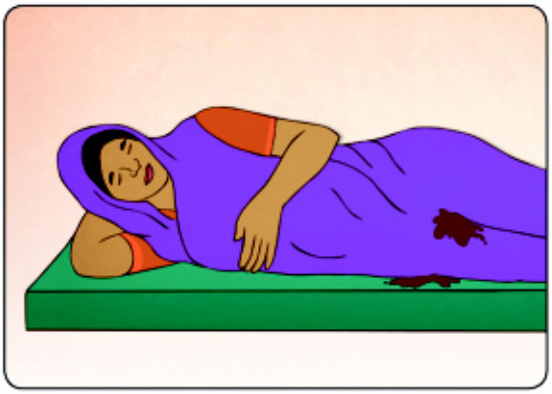
Free medicines were distributed for different ailments to the school students, staffs and also to the senior citizens present on the day of school health camp.

DANGER SIGNALS DURING PREGNANCY

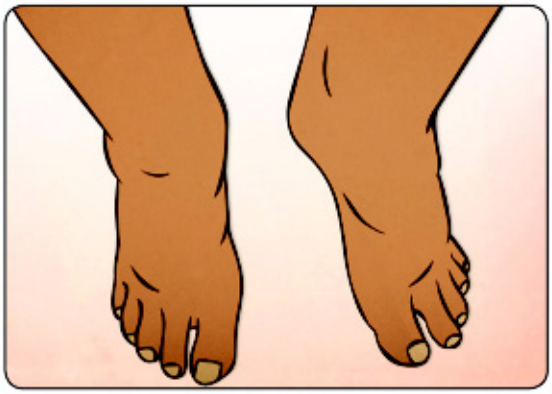


Severe pain in abdomen.

Generalised weakness, easy fatigability and breathlessness.



Bleeding per vaginum.



Excessive swelling in legs.

Convulsions.

Fever.

If any complications occur- seek help immediately to preserve your health and life

IMPHAL EAST

ASHA DAY OBSERVATION

23RD JULY 2011

The District Health Society observed the "ASHAs Day" on Saturday 23 rd July 2011 at the office premises of the Chief Medical Officer, Imphal East.

The dignitaries were:

1. M. Lakshmikuma, IAS, Deputy Commissioner /Chairman, District health Society, Imphal East
2. Dr. Momota Mukherjee, Chief Medical Officer/Mission Director, DHS, IE
3. Dr. K. Rajo Singh, Joint Director, FW services/SNO(ASHA)
4. Dr. R. K Tilotama Devi, DFWO/Member Secy. DHS, IE and
5. W. IMO Singh, Community Mobilization Consultant, RRC, Guwahati

To encourage the work done by ASHAs/link workers during the year 2010-2011, the District Health Society, IE selected twelve (12) nos of ASHAs and awarded them with a cash prize @ Rs 500 per ASHA and a certificate of achievement in various strategies.

Criteria for selection of best ASHAs are as follows:

1. Attending VHNDs/promoting immunization
2. Supporting institutional delivery/escorting women to the institution
3. Household visits
4. Fever cases seen/malaria slides made in malaria endemic area.
5. Holding VHSC meeting
6. Successful referral of the IUD, female sterilization or male sterilization cases
7. Management of childhood illness.

List of best Asha awarded for the year 2010-2011

Sl.No	Name	Address	Health centre
1.	L. (o) Chandrakala Devi	Moirangkampu Sajeb awang leikai	PHC Sawombung
2.	P(o) Rebika Devi	Heingang Makha Leikai	PHC Heingang
3.	T. Ranjana Devi	Pukhao Naharup	CHC Sagolmang
4.	H. Roma Devi	Seijang Makha Leikai	PHC Yaingangpokpi
5.	K. Jamuna devi	Lamlai Makha Leikai	PHC lamlai
6.	Wahida Rahaman	Kierao Makting Sabal Leikai	PHC Keirao Makting
7.	Chingakham Ibemcha Devi	Nongbrang Makha	NK
8.	W(o) Rebika Devi	Arapti Mayai Leikai	PHC BashikhongC
9.	Ch. Premabati Devi	Andro Khuman	PHC Andro
10.	H. Sakuntala leima	Yambem	PHC Yambem
11.	S. Kadam Devi	Kongba Uchekon	PHC Akampat
12.	L. IndiraDevi	Kongpal Khaidem Leikai	Dist. HQ, Porompat

ASHA Day 23rd July 2011

Photos at a glance

Distribution of best ASHAs award for the year 2010-2011

The ASHAs of IE

IMPHAL WEST

DISTRICT LEVEL ACTIVITIES DURING THE 2ND QUATER

(July – Sept) 2011

Thoibiton, District Programme
Mangaer,Imphal West Dist.

Population Stabilisation fortnight (Service delivery Fortnight) 11th July to 24th July 2011 :

Venue & Date of observation Singjamei UHC on 18 /07/2011; Samurou PHC on 20/07/2011; CHC Sekmai on 21/07/2011; Wangoi CHC on 22/07/2011 & Khumbong PHC on 23/07/2011.

Acheivement: Number of CuT insertion – 148; OCP distributed – 206; Condom distributed – 11,020 and NSV operated – 8 clients.

Distribution of Mother's Package (Baby Carrier and a mug) under BCC/IEC program.

Observation of Breast feeding Week at all the 12 Health Centres from 1st to 7th August 2011

Observation of ORS Week at all the 12 Health Centres from 23rd to 29th July2011.

ACTIVITIES ON MATERNAL DEATH REVIEW:

1. One Day Training on MDR (1st & 2nd August 2011) at CMO Office Building.
   Expected Participants : Medical Officers of CHC/PHC and Accredited Private Hospitals.
   Trainers : Dr. Bimolakumari , CMO I/W ; Dr.Kh Usha DFWO I/W ; N.Thoibiton ,DPM I/W
   Guest Resource person : Dr.W. Gulapi, SNO/Additional Director, MDR, FW Deptt.
2. One day District level Sensitisation program at Deputy Commissioner, IW Office Chamber (27 /08/2011) .
   Participants : District level Officers of related Departments e.g. ICDS ; PHED ; DIPR ; Education etc. ; DLOs of all vertical Health Program & SDO/DBO of Imphal West.
3. Half day Sensitization Program of all the Supervisor, ICDS Imphal City Project at CMO Office Building on 26 /08/2011.

RCH camp at Khurkhul

RCH camp at Phayeng

DATE	Venue	Reason for selecting the venue	Name of PHC/CHC	OPD
30/08/11	Khurkhul PHC	Facilitate the patients procedure like FP methods.	Khurkhul PHC	170
01/09/11	Awang Leikinthabi	5 km away from CHC populated with emigrants labourers mostly at quaries.	CHC Sekmai	159
05/09/11	Maklang PHSC	Remote area 28 k.m from PHC Phayeng	PHC Phayeng	131
07/09/11	Uchiwa PHSC	Densely populated area	PHC Mayang Imphal	247
09/09/11	Wangoi Makha	A tribal(Kabui) Village Far from CHC & without PHSC	CHC Wangoi	121
15 /09/11	Khabi Mayai Leikai Community Hall	Flood Prone areas & ANMi/c is on maternity leave	PHC Khumbong	180

12/09/11	Mongsangei UHC	To popularise the Services available at newly upgraded UHC.	PHC, Mongsangei	250
16/09/11	Tendongyang Community Hall	Mainly populated with workers at Brick farm & stone crushing	CHC Sekmai	151
17/09/11	Ningombam	Location of these area is isolated from PHC Mekola with bad communication facility.	Mekola PHC	250

Activities at Block Level:

Sl.No	Name of Block	Details of the Program	Date & Venue	Analysis/finding
1.	Wangoi Block	BCC Workshop on Community Involvement in NRHM. PRI members & common Villagers	19th Sept.2011 at Sekmaijin	Proposed for Community Monitoring; Increased the Fund for VHSC & Update the guidelines in consultation with the community
2.	Haorang Sabal Block	HMIS Workshop . Participants were ANM; FHS from CHC/PHC & PHSC	12th July 2011 at Press Club , Manipur	
3	Khumbong Block	Physical & Financial Monitoring at 12 PHSC	19th Sept-22nd Sept 2011	Some of the findings are : Kangmong and Heigrujam PHSCs require additional staffs as it is run by single staff(ANM). Heigrujam, Awangjiri and Taobungkhok PHSCs require attention and inaugration of the sub-centres.

Discussion and interaction with the participants at BCC Workshop under Wangoi block

DIET DURING PREGNANCY

* You need to eat one extra meal a day during pregnancy.

* Take milk and dairy products like curd, buttermilk, paneer-these are rich in calcum, proteins and vitamins.

* Eat fresh/seasonal fruits and vegetables as these provide vitamins and iron. Cereals, whole grains and pulses are good sources of proteins.

* Green leafy vegetables are a rich source of iron and folic acid.

* A handful (45 grams) of nuts and at least two cups of daal provide daily requirement of proteins in vegetarians.

* For non-vegetarians, meat, egg, chicken or fish are good sources of proteins, vitamins and iron.

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

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CHANDEL

TENGNOUPAL BLOCK UNDER NRHM

BPMU, Tengnoupal
Chandel District

Tengnoupal block has a population of about 17,454. The total number of villages covered by NRHM is 69 with 77 ASHAs in position who are trained in all the training modules and provided with ASHA kits; the number of Village Health & Sanitation committee functioning is 49. Out of 77 ASHAs, there are 28 additional inducted ASHAs, yet to form Village Health & Sanitation committees.

SOME MAJOR ACTIVITIES CONDUCTED SO FAR:

- The BPMU Tengnoupal conducted Training for the Old Panchayati Raj Institutions for 49 Village chiefs and the newPanchayati Raj Institutions for 28 chiefs under Tengnoupal.
- The BPMU Tengnoupal organized and conducted IUCD & RTI/STI Training for 6 GNMs/ANMs of Tengnoupal Block on 9th-16th February, 2011 at AimolTampak.The training program was successfully conducted and seven (7) clients came out for IUCD insertion during the training itself.
- The BPMU Tengnoupal had conducted FGD & 1-Day Workshops for selected five villages under Tengnoupal Block, Chandel from 18th February to 1st March 2011. The five villages were Khongkhang village, Island village, Chandolpokpi village, Sinam village and Hringkhudam village.
- ASHA Training 6th& 7thModule programs were conducted in three batches: 1st batch on 4-7th, 2nd batch on 8 -11th, and 3rd batch on 12-16thApril, 2011 under Tengnoupal Block at PDP Hall, Pallel.
- The BPMU Tengnoupal conducted One-Day Workshops on "Health Management Information System (HMIS)" for the staffs of PHC and 5 sub-centers at PHC-Tengnoupal on 19thApril and 28thApril, 2011.
- The BPMU and Medical staffs under Tengnoupal Block, observed the Population Stabilization Fortnight Observation with the theme: "Small Family - Over all development", on 11th July,2011 at PHC-Tengnoupal, Chandel District.
- Breastfeeding Observation Week was conducted with the theme: "Talk To Me! Breastfeeding - A 3D Experience" on 23rdJuly, 2011.
- Oral Rehydration Solution Observation Weekwas also organized on 1st August, 2011.

HEALTH CAMPS:

1. DMMU Health Camp was conducted at PHSC-Sita on 3rd February, 2011. The total number of patients was 301. Out of which 207 were females and 194 were males.
2. DMMU Health Camp at Molnoi& adjoining Villages area on 27thMarch, 2011. Out of the total turned up of 386 patients, 211 patients were females and 195 were males.
3. DMMU Health camp at Aimol Chingnunghut under PHSC-AimolTampak, on 30 March 2011. A total number of 379 patients turned up for the health camp, out of which 194 patients were females and 185 were males.

PHOTOS IN NEWS - CHANDEL

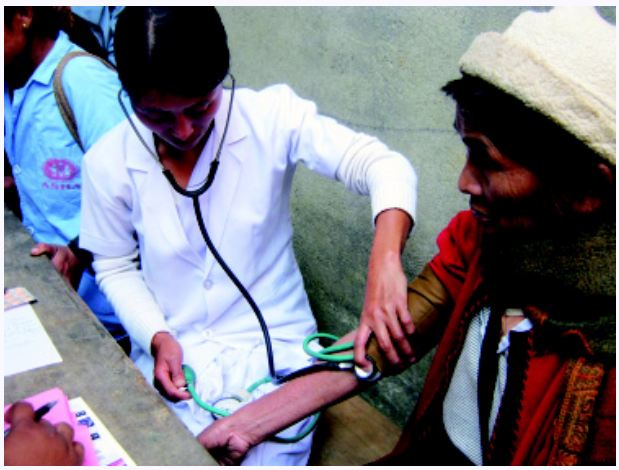
ASHA Training

Home Visit

Workshop at Block Level

Monitoring Visit

DMMU Camp



DMMU Camp

BISHNUPUR

A REPORT ON THE VULNERABLE POPULATION PROJECT OF LOKTAK LAKE

O. Maipakchao SIngh
President, NGO YUVA, Thanga

Sponsored by: District Health Society, Bishnupur under National Rural Health Mission

Summary Report of the Household Survey done by YUVA Thanga:

1. 100% of the households use unsafe drinking water from Loktak Lake and 100% of the household use kerosene for lighting, firewood for cooking and fishing is their only livelihood.

2. 53.8% of the population are earning members out of which 45.37% earn from Rs. 1000 to Rs. 2000 per month, 52.35% of them earn from Rs. 2000-Rs. 4000 per month and 2.26% of them earn above Rs. 4000 per month.

3. 100% of the population do not have sanitary latrines; they defecate into open Loktak Lake itself.

4. 100% of the population used boat as the only means of transportation. 0% of the population own TV, while 24.41 percent of household have radio at their houses.

5. 0% of the population has own agricultural land and livestock.

6. At the time of sickness, 85% of the population depend on Govt. health care while 15% go to private clinic.

7. 0.09%, 0.14% and .09% of the population are suffering from T.B., Asthma & Jaundice respectively which not getting proper treatment.

Synopsis on problems of Loktak Floating Hut inhabitants:

The way of life of the inhabitants of the Loktak Floating Huts (LFH) is unique. Their sole occupation for livelihood is fishing. These LFHs are scattered here and there in the lake some of them in groups. The availability of safe drinking water and environmental sanitation is far from the reach of inhabitants. They have very poor access to health care facilities.

The District Health Mission Society, Bishnupur identified two areas to provide facilities for healthy environmental sanitation and to extend

the primary and secondary health care facilities.

For Loktak floating huts, inhabitants need access to the proper basic health care. The habitants go to the nearby villages at a distance of 4-5 Kms by boat for even a paracetamol tablet. And the situation is worse at the time of rainy season.

So, the innovative programme of vulnerable group of peoples residing in Floating Huts at Loktak Lake , Manipur under the District Health Society, Bishnupur initiated the collection of Waste Disposal from the service type of latrines.

For starting the waste disposal collection , the organisation engaged 14 volunteers in the beginning and now 12 nos. of volunteers as per the approved PIP for the collection of night soil for the designated Service type latrines are in use.

At the initial stage, the no. of users of the service type of latrine were very less in number. They refused to use the latrine. But in the meantime, the rate of users increased. At present, 388 nos. of latrines are functional . Out of total 500 nos. constructed, 112 nos. of latrines are not functional due to non-repairing after destruction caused by rain and storms. There is a great demand from the 112 non-functional dwellers for repairing of the latrines and replacement of the broken buckets in order to avoid further pollution in the water of the Loktak Lake.

COLLECTION OF NIGHT SOIL

For smooth functioning of the waste disposal collection, the area is divided into 4 blocks such as Southern Block, Central Block, Eastern Block and Western Block.

DISPOSAL(PITS)

- Sinusipahai (Private land of Laishram Khunjao Singh)
- Ningthoukhong and
- Yangoi Panthon.

The pits are covered with mud from time to time to avoid unhygienic conditions.

MONITORING and SUPERVISION

Monitoring and supervision is being conducted by a team from the District Health Society on regular basis.

Also, the 2(two) engaged volunteers strictly look after the working of 12 volunteers. The engaged volunteers collect the waste disposal starting from 6 a.m. and normally end a day's activity around 12 noon.

OTHER ACTIVITIES

- Organised 10 (ten) Health awareness programme in connection to Safe drinking water.
- Demonstration and training on Chlorination and uses of alum.
- Distribution of Water filter to the hut dwellers.
- Regular Health awareness conducted.
- Immunisation.

MINDSET CHANGE OF THE HUT DWELLERS

The mentality of the hut dwellers have been changed. The have developed the habit of using the service type of latrines. At first, the hut dwellers refused to use the floating latrines protesting that the latrines are not proper to sit, platforms are shaky and smells of waste materials etc.

DIFFICULTIES IN IMPLEMENTING THE PROGRAMME

- In finding areas for digging disposal pits
- Weather conditions hampered the mobility of the volunteers.
- Non repairing of the broken structures, bucket etc.

MODEL OF FLOATING LATRINE AT HUTS.

DUMPING ON THE WASTE DISPOSAL PIT

DR. RABINDRA IMPARTING TRAINING

TAKING OUT THE NIGHT SOIL BY VOLUNTEERS

MONITORING and SUPERVISION

COLLECTING BY LOCAL BOAT

NRHM Newsletter

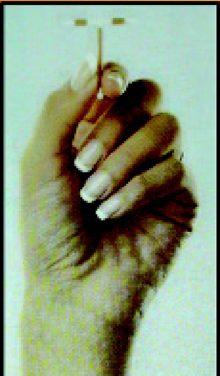
"THE CHOICE IS YOURS"

Choices for spacing between children

Condom

Mala D

Available freely at Sub-Centres, Primary Health centres, Community Health centres and all Government and accredited private hospitals

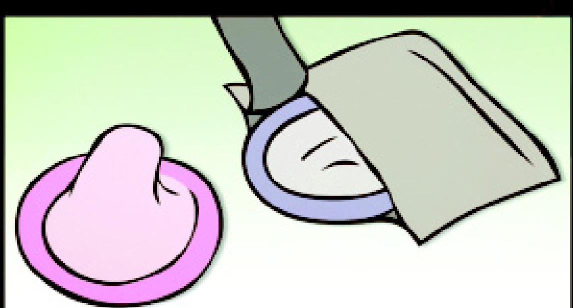


Copper T 380 A

After 2 Children, Men can adopt NSV and Women can adopt Tubectomy

For more information, Contact your nearest Health Centre

Condom- Protects you from **HIV/AIDS**



Condom

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

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CHURACHANDPUR

PROGRESS SO FAR IN 2011-12:

D. Khuala Vaiphei, DPM
District Health Mission Society
Churachandpur

2 DAYS MCTS/HMIS WORKSHOP:

The District Health Mission Society conducted Sensitization Workshop on Maternal and Child Tracking System Workshop at CMO Conference Hall, Churachandpur w.e.f 10-11th August 2011. State Data Manager, District Data Manager, Bishnupur, Chief Medical Officer, District Family Welfare Officer, District Program Management Unit were the Resource persons and Medical Officers & i/c, Block Program Management Units, Paramedical staffs from 4 private Accredited Hospitals, Staffs representative from District Hospital, CHC, PHC & PHSCs attended the workshop.

Inauguration of Labour Room & Designated TB Microscopic Centre at PHC Saikot:

The District Health Society, Churachandpur inaugurated PHC Saikot Labour Room and TB Designated Microscopic Centre on the 12th May 2011. The Labour room was inaugurated by Ms Jacintha Lazarus, Deputy Commissioner/ Chairperson, District Health Mission Society, Churachandpur and TB Microscopic Centre was inaugurated by State TB Officer.

DMMU Camp at Charoikhullen SC on 18th Sept 2011:

The District Health Mission Society, Churachandpur kicked-off its first DMMU Camp for the year 2011-12 at SC Charoikhullen under Henglep Block on 8th Sept 2011. Six Doctors, 6 Nurses, 2 Pharmacists, One Eye Opthalmist, ICTC, Malaria Dept, Block Program Management Unit of Henglep and ASHAs of surrounding villages

participated in the camp. A total of 311 patients were examined during the camp. Free Medicine were distributed. The District Mission Director, District Family Welfare Officer, District Program Management Unit, Village Chiefs of surrounding areas attended the camp.

Inauguration of Labour Room & TB Centre at PHC Saikot

DMMU Camp at Charoi Khullen (18th Sept. 2011)

TAMENGLONG

STORY OF AN ASHA OF KAHULONG VILLAGE

- Abuana
DPM, Tamenglong

Dayliu Rongmei, wife of Mr. Duanpuanang Rongmei is a 28 years old woman working as an ASHA in Kahulong village. The village has about 90 households with a total population of around 883 people and is located about 18 kms from the District Hospital, Tamenglong. The village is covered by Primary Health Sub Center Akhui which is manned by only 1 ANM.

Dayliu is 10+2 passed and a mother of three children and has been working as an ASHA for the past 4(four) years. She has received training up to the 1st round of 6 &7 ASHA Module book. She is a very smart and dynamic health worker who works for her community with full zeal and enthusiasm. Her works are greatly appreciated by her community, both young and old. She bridges and links the gap between her village and the health facility by accompanying the sick, including children and the pregnant women for health checkups to the PHSC as well as to the District Hospital.

Dayliu Rongmei is nominated as a Best ASHA by The Village Health & Sanitation Committee of the village which was formed in the middle of 2007. The details of the membership and the activities of The Village Health and Sanitation Committee are given below:

a) No. of meetings held during 2010-11	:	3 times
b) No. of VH&ND held during 2010-11	:	10 times
c) VHSC fund received	:	4 times
d) Maintenance of records	:	Delivery, ANC, Immunization, NISCHAY, RDK, VH&ND, VHSC account registers
e) No. of JSY beneficiaries in the village	:	11 during 2010-11 (besides accompanying other pregnant women for delivery who is not a JSY beneficiary)
f) No. of incentives received	:	3 during 2010-11

Successes of NRHM:

1. "Before the implementation of NRHM, pregnant mothers do not go for ANC. But through the various programmes of NRHM, awareness level has not only increased but every pregnant mother makes it a point to visit the Primary Health Sub Center/District Hospital for ANC checkups" says Dayliu Rongmei (ASHA) proudly.

2. Immunization of children has also improved considerably with the coming of NRHM. The ASHA mobilizes the mothers from locality to locality as the village is divided into four parts, to bring their children for immunization.

1. More hygienic in home deliveries (as the Trained Birth Attendants have started using hand gloves during deliveries)

2. "I am able to give first aid measures for some minor ailments and injuries and I was also trained by the M.O i/c of DH to take BP measurement. I am now able to visit the sick and take BP measurements and give advices to them in time. People of my village now take my advice on health matters and I am happy that I am able to do something for my community" says Dayliu Rongmei (ASHA).

Cleaned and Repaired
Public Toilet near community Hall at Kahulong Village
under Sanitation fund 2012
by Village Sanitation Committee

3. 'I am able to motivate mothers for Family Planning and has brought about 8 mothers in the Sterilization camp at the DH and has so far motivated about 150 women for IUD insertion and I got my incentives accordingly'.

Issues & Problems/Suggestions:

1. At present, there is a jeep running between the village and the District. But this jeep service runs depending on the number of passengers and is does not operate beyond the highway during the rainy season.

2. The villagers now depend on the ASHA for medicines for any ailments/emergency deliveries thereby rendering the ASHA helpless at times. It is suggested that ASHA Drug kits be replenished twice a year.

3. 'Sometimes, I could not do my household chores and I feel bad before my husband and in-laws'.

4. The village is divided into four parts, about 2 kms from each other thereby making it difficult for the ASHA to mobilize children and mothers during immunization and VH & NDs. The VH & SC is now demanding for 1 additional ASHA for the smooth implementation of health programs.

5. Some patients who are very poor do not have the fare to go for checkups to the DH and sometimes ask the ASHA for the fare and she has to give from her own pocket.

6. 'I cannot always accompany the sick to the health center as I have my own limitations too and sometimes I feel guilty about it'.

7. Increase the package of ASHA logistic support to at least Rs 400/- for difficult district like Tamenglong as ASHAs working in this district has to face a lot of transportation/lodging problems as they halt in hotels sometimes for days when they accompany the pregnant mothers for delivery.

UKHRUL

Block Program Management Unit

A BRIEF REPORT OF ASHA TRAINING.

The Block Program Management Unit, Ukhrul Block (NRHM) conducted the 6th & 7th Modules of ASHA training (2nd round), 1st batch at TTA Conference Hall, Hamleikhong Ukhrul, from 29th August to 1st September 2011.

1st Batch of Training at TTA Con. Hall

Resource person 1st Batch (L-R) Mrs. R. Sirala And Mrs. Kaphungwon

Mrs. Sirala and Kaphungwon, staff nurses of District Hospital, Ukhrul were the resource persons of the said training. Mrs. S. Wontharla (BPM), Mr. S. Songachan (BFAC) and Mr. Chuimeingam Keishing (BDM) assisted the resource persons during the training. Out of 120 ASHAs, 96 ASHAs under PHC Somdal, PHC Lambui and PHC Khangkhui Kl. participated in the training successfully.

A quiz competition was conducted during the training as PHC-wise and the PHC Somdal team won the quiz. The best ASHA during the training in PHC-wise were

PHC	Best ASHA	Village
Somdal	J. Ningamla	Phalee
Lambui	Hoikhoneng Guite	Moulsohoi
Khangkhui Kl.	ML. Merry Grace	Hungpung Kaziphung

The 2nd batch of 6th & 7th Modules of ASHA Training were conducted again at District Hospital, Conference Hall, Ukhrul from 21st -24th Sept, 2011. Nineteen (19) ASHAs attended the training. 5 ASHAs did not turn up the training due to some personnel reason.

Winner of the quiz competition, (L-R)
1. J. Ningamla of Phalee Village,
2. RN. Shimreichon of Phalee Village, and
3. M. Peimila of Somdal Village.

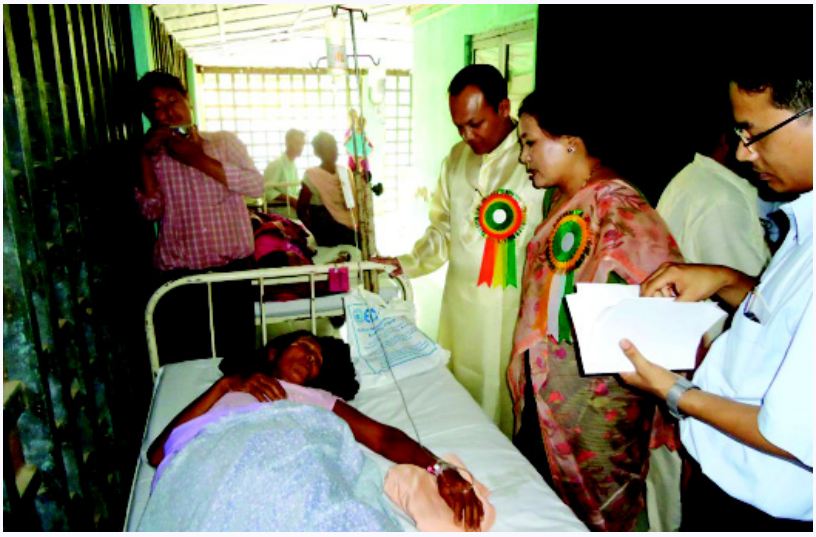
Resource person 2nd Batch (L-R) Mrs. Kaphungwon and Mrs. Yaopeila taking classes

THOUBAL

Lilong Block ASHA Day on 23rd September 2011
at Lilong Higher Secondary Madrassa

Observation of ASHA Day-Lilong Block on 23rd September 2011
at Lilong Higher Secondary Madrassa

Observation of ASHA Day-Lilong Block on 23rd September 2011
at Lilong Higher Secondary Madrassa



Inauguration ceremony of computerized OPD ticketing system in District Hospital - thoubal on 15th July 2011

Inauguration ceremony of computerized OPD ticketing system in District Hospital - thoubal on 15th July 2011

Inauguration of barrack type quarter(BTQ) and Functioning of 24X7 services at PHC Lilong on 20th September 2011

Tally ERP Training for District and Block Finance Managers at The Classic Hotel from 26 Aug., 2011 to 8th Sept., 2011

ASHA

Since its inception in the year 2006 in Manipur, ASHA, the foot soldiers of NRHM who takes on the entire responsibility of the Mission at the grass root level of the machinery has so far played a pivotal and crucial role in achieving the objectives of the Mission. Keeping this fact in mind, it is imperative that the Mission gives equal importance in monitoring and empowering its ASHAs. Empowerment has to be on an ongoing basis and on a continuous evidence based need assessment both for ASHAs and the beneficiaries.

Apart from imparting focused training programs, ASHAs have been continuously empowered so far by providing them various items which are considered necessary in light of delivering their services both effectively and efficiently.

So far in terms of empowering the ASHAs, the Mission has been providing them with the following items:

- Umbrella
- ASHA drug kit
- Radio
- Bicycle (4 valley districts whereas in 5 hill districts ASHAs are giving Rs.200 every month as transportation charge)
- Uniform
- Diary
- ID Card
- Torch Light (Process)
- Weighing machine
- Digital thermometer
- Digital Watch
- Mobile phones and Raincoats are currently under process.

Now, in order to make the entire system more efficient, the Mission is planning to introduce a new catalyst to induce efficiency in the form of the Mother and Child Tracking System popularly known as the MCTS.

Although the Mission provides for increased safety of Mothers and Newborns, many times it has been found that Maternal and Infant deaths were reported due to sheer negligence on the part of the beneficiaries such as skipping ante-natal checkups, neglecting the prescribed supplements during pregnancy such as IFA, TT etc. Thus, the Mission has a situation in hand in which the system finds itself falling short in terms of monitoring and ensuring compliance from the beneficiaries. In order to tackle this situation, the Mission is contemplating to use the MCTS so that a fool proof system is in place where the system itself guarantees efficiency and effectiveness as much as possible.

In terms of enforcing the ASHAs, periodic checkups of beneficiaries can be informed to the ASHAs well in advance as a reminder so as to ensure that the beneficiaries stick to their prescribed programs. This empowerment will at the same time induce a certain amount of accountability to the ASHAs in terms of responsibilities so as so enable concerned authorities in monitoring their performances.

By :-
Harris S. Chongtham
State ASHA Program Manager
NRHM, Manipur

National Rural Health Mission
Progress so far.....

National Rural Health Mission (NRHM)

Background:

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

Vision:

(i) To provide accessible, affordable and quality health care to the rural population, specially the vulnerable sections

(ii) To increase public spending on health from 0.9% of GDP to 2-3% of GDP by end of Mission period (2012)

(iii) To undertake architectural correction of the health system to enable it effectively handle the increased allocations and promote policies that strengthen public health management and service delivery

(iv) Effective integration of health and family welfare sector with health determinant sectors such as sanitation, water supply, nutrition, gender and social sectors

(v) To improve access by the rural people especially poor women and children to equitable, affordable, accountable and effective primary health care.

Objectives:

(i) Reduction in child and maternal mortality

(ii) Universal access to food and nutrition, sanitation & hygiene and universal access to public health care services

(iii) Prevention and control of communicable and non-communicable diseases

(iv) Access to integrated comprehensive primary health care

(v) Population stabilization, gender and demographic balance

(vi) Revitalize local health traditions and mainstream Ayurved, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH)

(vii) Promotion of healthy life styles

Components:

Part A : Reproductive & Child Health Phase II and Family Planning Programs

Part B : New components/ additionalities e.g. provision of untied fund to Health Institutions.

Part C : Routine Immunization strengthening interventions

Part D : All National Health Programs (e.g., TB, Leprosy etc.) and Integrated Disease Surveillance Program

Part E : Convergence of activities with health determinant sectors e.g., safe drinking water supply, sanitation, education, ICDS etc.

Core strategies:

(i) Train and enhance capacity of PRI to own, control and manage public health services

(ii) Promote access to improved health care at household level through Accredited Social Health Activists (ASHAs)

(iii) Health plan for each village through Village Health Committees of the Panchayat

(iv) Strengthening existing health facilities through better staffing and HRD Policy, clear quality standards, better community support and an untied fund to enable the local management committee to achieve these standards

(v) Decentralization in planning, implementation and monitoring

(vi) Integrating vertical Health and Family Welfare Programs at National, State, District and Block levels

(vii) Developing capacities for preventive health care at all levels for promoting healthy life style, reduction in consumption of tobacco and alcohol etc.

(viii) Promoting non-profit sector for Public Private Partnership for rendering health services in under-served areas

State's responsibility:

(i) 10% annual increase in yearly health budget

(ii) 15% matching State Share of the total annual NRHM budget (from 2006-07 onwards)

(iii) Signing of MoU indicating both physical and financial achievements

State's Progress so far:

Organizational set up:-

(i) Formation of State Health Mission under the chairmanship of Hon'ble Chief Minister, Manipur

(ii) Formation of registered State Health Society under the chairmanship of Chief Secretary, Govt. of Manipur by merging all vertical health and family welfare programs (except Cancer Control and HIV/AIDS)

(iii) Formation of similar structures at District level

(iv) Rogi Kalyan Samiti, which are autonomous societies are established at JN Hospital, 07 District Hospitals, 16 CHCs and 73 PHCs.

(v) Formation of 420 Sub-Centres level Committee led by PRI representative for all existing Sub-Centres in the State

(vi) Formation of registered Village Health & Sanitation Committees led by PRI representative for all villages/ hamlets. 3591 Village Health & sanitation Committees are operationalized with their own bank accounts.

Accredited Social Health Activists (ASHAs):-

- Umbrella, ASHA drug kit, Radio, Bicycle, Uniform, Pass Book, ID Card, Torch Light,Weighing machine, Digital thermometer, Digital Watch.
- Mobile phones and Raincoats are currently under process.
- 3878 ASHAs engaged in the state of Manipur.
- ASHA training: modules 1 to 5 have been completed in all the districts and modules 6 & 7 (2nd round) have been completed in all the districts except for the district of Ccpur.

- ASHA state facility cum help desk have been introduced in four districts of IE,IW, BPR and Ukl.

Human Resources:-

(i) Establishing Program Management Support Units (each unit comprising of Program Manager, Finance Manager and Data Manager) at the levels of State, District and Block

(ii) Recruiting and posting of Finance cum Account Officers in PHCs

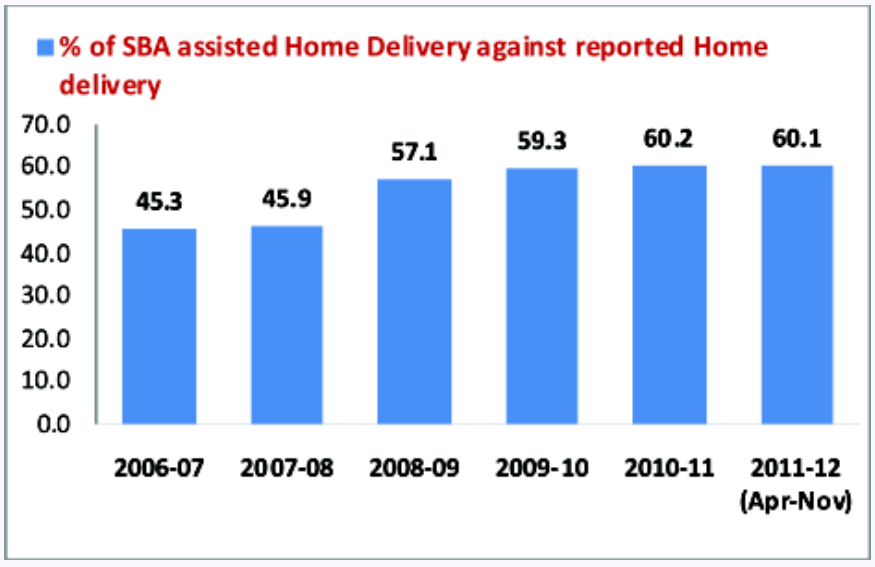
(iii) Filling up technical manpower gaps as per Facility Survey Report (19 MOs, 14 Public Health Nurses, 140 GNMs, 465 ANMs, 48 Laboratory Technicians, 13X-Ray Technician, 88 AYUSH Doctors, 25 AYUSH Pharmacists, etc.

Trainings:-

Skills, knowledge & Practice of MOs, Nurses & Paramedics are up-graded by training them on ….(2011-12)

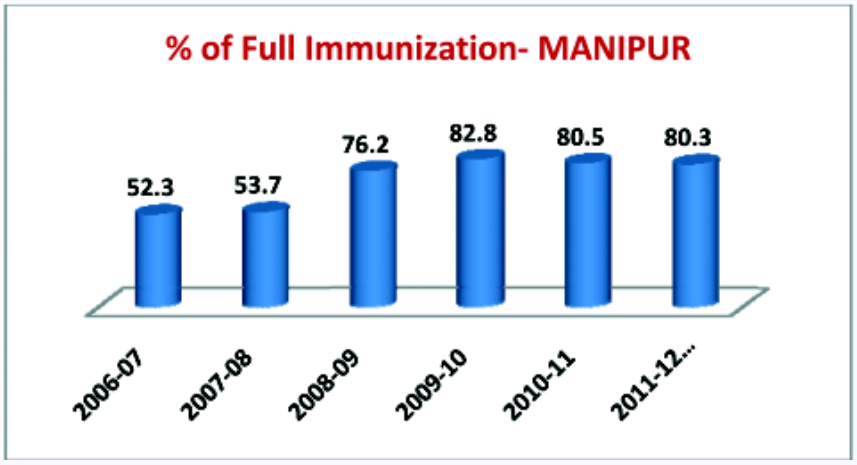
Sl. No.	Trainings	Target	Ach. (till Nov'11)	Remarks
1	Skilled Birth Attendant (SBA)			
	• Staff Nurses	24	24	
	• AYUSH MOs	20	04 undergoing	
2	Basic Emergency Obstetric Care(BEmOC)	24	8	ongoing
3	Blood Storage			
	• MOs	8	8	
	• Lab. Technician	6	6	
4	Navjaat Shishu Surakhsha karyakram (NSSK)	100	86	
5	Adolescent Reproductive & Sexual Health (ARSH)	61 Mos	61	
6	Post Graduate Diploma In public Health (PGDPHM)	2	2	ongoing under PHFI Delhi

The following graphs shows the outcome of Training imparted to nurses on SBA-



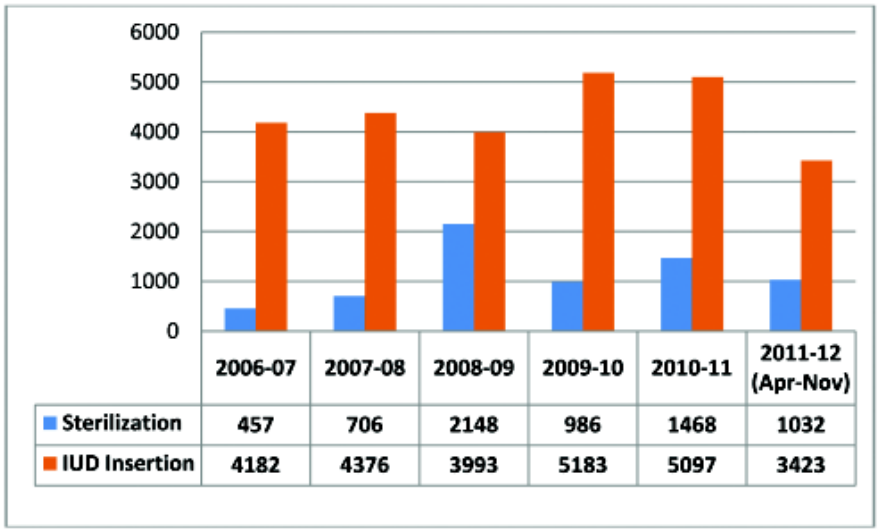
Immunization:-

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



Family Planning:-

Performance of family Planning Services so far-



	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12 (Apr-Nov)
Sterilization	457	706	2148	986	1468	1032
IUD Insertion	4182	4376	3993	5183	5097	3423

Planning process:-

- 2005-06 - State Program Implementation Plan (SPIP) prepared at State level
- 2007-08 - SPIP formulated based on District Health Action Plans prepared by Districts
- 2008-09 - SPIP based on Block and District Health Action Plans
- 2009-10 - SPIP preparation to be started with Village Health Action Plans
- 2010-11 - SPIP prepared based on 10% of the villages, Blocks and Districts
- 2011-12 - SPIP prepared based on 25% of the villages, Blocks and Districts

Infrastructure development:-

- Construction of 12 Institutional Building and 09 Barrack Type Quarter
- Repairing of OT and LR of 07 DHs and 04 CHCs to be upgraded as FRUS

- Upgradation of CHCs
- Construction of 11 Buildingless relocated Sub-Centres
- Setting of mini training centre at BPR, TBL,UKL,CDL, CCP, SPT & TML
- Construction of Incinerator at UKL, CDL, CCP, SPT & TML

Annual fund to Health Institutions:-

Types	District Hospital/SH	CHC/SDH	PHC	Sub Centre	VHSC
Rs. In lakhs					
Corpus Grant	5	1	1	0	0
Annual Grant Maintenance	0	1	0.5	0.1	0
Untied Fund	0	0.5	0.25	0.1	0.1
Total	5	2.5	1.75	0.2	0.1

Adolescent Reproductive & Sexual Health (ARSH):-

- 29 TOT conducted in 2010-11
- 52 MO & 6 peer educators trained on ARSH 2011-12
- AFHC in the institutes attached with ICTC centers are under process
- Weekly Iron Folic Acid Supplementation to begin from next year
- Health check up done:
    - o CDL-6 schools
    - o IW-3 schools
    - o SPT-20 schools
    - o State cell 37 schools

BCC/IEC : -

Creating awareness & Changing Behavior, Reaching the Unreached through…

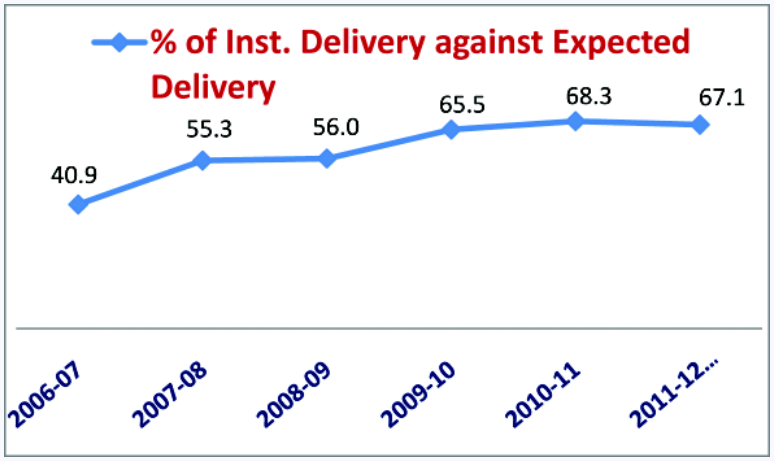
- 64 RCH Camps & 87 DMMU Camps at vulnerable & remote areas
- Ads, Tele Film, Group Discussions, Radio Jingles, Health Talks
- Erection & maintenance of hoardings
- Annual Calendar published
- Printing of leaflets
- Quarterly newsletters
- Road Signs
- Gifts Package to mothers for promoting Institutional Delivery

PNDT:-

- State Level Sensitization workshop for Women NGOs (28th June, 2011 at Moreh)
- Workshops for Advocates/Public Prosecutors (21st August, 2011 at Cheirap Imphal)
- Workshops for Gynaecologists/Doctors(17th Sept, 2011 at RIMS)
- 4 awareness programs(Moirang purel, Pishum, Bijoy Govinda, Tera)
- Inspection of Ultra sound Clinics

Institutional Delivery :-

Increasing Trend - one of factor for reducing MMR Also improve due to implementaion of Janani Surakhsha Yojana (JSY) in the State.



JSSK (Janani Suraskha Karyakram):-

- launched on 15th August in the State by Hon'ble Chief Minister.
- Entitlements for Pregnant Women:
    - Free delivery
    - Free caesarean section
    - Free drugs and consumables
    - Free diagnostics (Blood, Urine tests and Ultrasonography etc.)
    - Free diet during stay (upto 3days for normal delivery and 7days
    - for caesarean section)
    - Free provision of blood
    - Free transport from home to health institution, between health institutions in case of referrals and drop back home
    - Exemption from all kinds of user charges
- Entitlements for Sick Newborn till 30 days after birth:
    - Free and zero expense Treatment
    - Free drugs & consumables
    - Free diagnostics
    - Free provision of blood
    - Free transport from home to health institution, between health institutions in case of referrals and drop back home
    - Exemption from all kinds of user charges

Status:

- Identification of State Nodal Officer and District Nodal Officer in placed
- Notification/ Assurance of NIL out of pocket expenses in all govt. health facilities is not placed.
- This year 2012-13 in State Action Plan, the plan of action will be put up.

Public Private Partnership (PPP):-

- Running three inaccessible PHCs namely PHC Tousem & PHC Borobekra with an experienced NGO (KARUNA Trust)
- PPP for Emergency Obstetric Care with Comprehensive Health Services & Research Centre (CHSRC), Hamleikhong East, Ukhrul District

Ambulance For Difficult Terrain Areas:-

Four Wheel Drive ambulance suitable for hilly areas provided to DH Senapati, Tamenglong, Churachandpur, Chandel, CHRSC Ukhrul & CHC Jiribam




Solar Power Plant:-

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

Mother & Child Tracking System (MCTS):-

Objective of MCTS :

To ensure that -

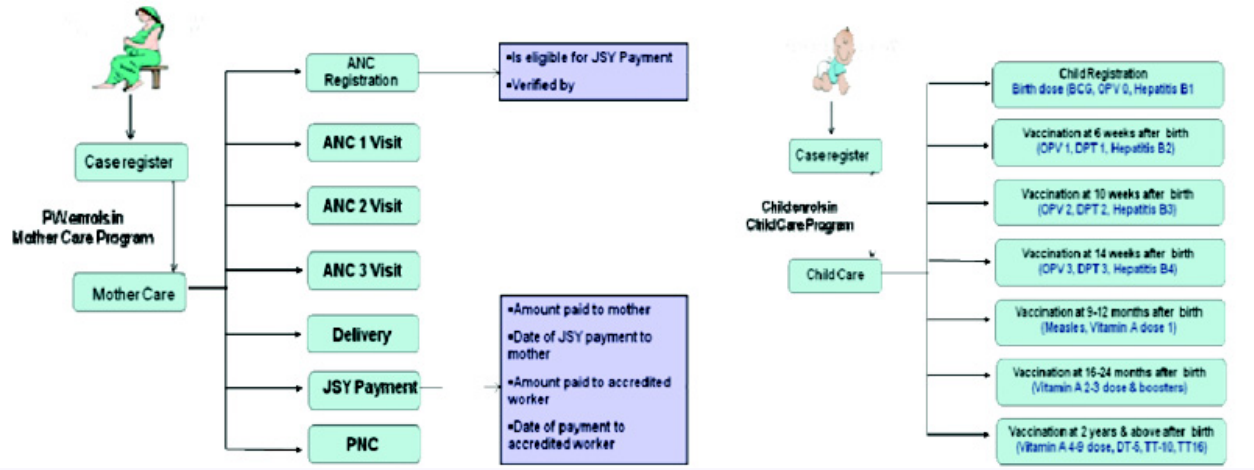
- every pregnant woman receive
- Full Ante-Natal Care Check-ups (ANCs) ,
- Post-natal care (PNCs) including JSY payments
- every child receive full immunization/vaccination

Implementation Status :

- Initially implemented in Bishnupur district
- Operationalised in Thoubal, Imphal East, Imphal West & Churachandpur(DHQ)
- Remaining hill districts to follow in 2012-13.

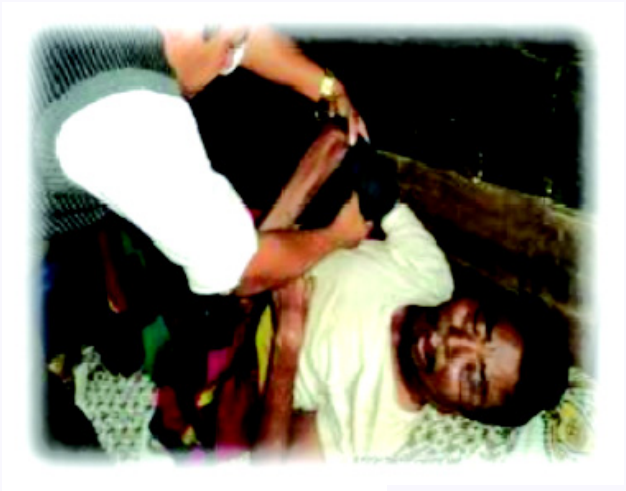
Registration Count as on 5th January 2012 :

- 2888 pregnant woman & 1657 infants enrolled under Mother & Child care program under MCTS
- Mapping of all health facilities completed
- 752 ASHAs & 224 ANMs registered in MCTS



AYUSH:- An alternative treatment….

- Mainstreaming of AYUSH" by collocation of services with Allopathy
- Provide choice of treatment to the patients.
- Strengthen facility functionality.
- Strengthen implementation of the National Health Programs
- 61 Homeo.,09 Yoga & Nature care, 05 Unani, 14 Ayurveda & 25 Pharmacists are collocated in DHs, CHCs & PHCs



Major procurement activities :

- Under Procurement, drugs have arrived from TNMSC to Imphal and supplied to districts.
- In order to avoid wastage of drugs/medicine, an indent basis has been started with inputs from district and an exercise on the essential drug list as per the requirements of the districts are currently being worked on before the next order is placed to TNMSC.
- Further for proper storage of drugs at State and District level, Ministry has been requested for building one warehouse at each district and one at State Level.
- Medical equipments to the tune of Rs 3.7 crore have been supplied to District Hospital, TBL and CCPR. Procurement of equipment & furniture gaps in DHs in Thoubal, CCPR to the tune of Rs 3.43 crore currently underway.

E-banking being initiated for the first time in Manipur through NRHM :

- Through E-banking:
- Immediate and complete information to be made available regarding numerous bank accounts under NRHM in the state, district, block etc
- Information on treasury route flows
- Sanction order wise information on expenditure and advances
- Aging of advances
- Backward and high focus districts unspent balances and fund utilization details readily available
- Expenditure trending information in real time will be available Facility wise and level wise
- Abnormalities or red flags in expenditure patterns can be easily detected or detected in time
- Information readily available on payments to
- Beneficiaries
- Third Party Payments
- Asha incentive payments
- SHS, DHS etc can find out particular details regarding identified transactions easily

Features:-

- A web enabled portal, work online or offline and with or without a standard accounting software
- This will enable linking up on a single platform all the financial transactions right from the PHCs level to the block, district and SHS level.
- Rolled out on a pilot basis at Imphal East District and State Head Office with real time linked up planned within 3 months.

JANANI SURAKSHA YOJANA (JSY) GUIDELINES

1. **Janani Suraksha Yojana (JSY)** is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women.

2. JSY integrates cash assistance with delivery and post-delivery care. The success of the scheme would be determined by the increase in institutional delivery among the poor families.

3. **Role of ASHA or other link health worker associated with JSY would be to:**

   - Identify pregnant woman as beneficiary of the scheme and report or facilitate registration for ANC,
   - Assist the pregnant woman to obtain necessary certifications wherever necessary,
   - Provide and / or help the women in receiving at least three ANC checkups including TT injection, IFA tablets.

Identify a functional Government health centre or an accredited private health institution for referral and delivery

- **Counsel for institutional delivery,**
- **Escort the beneficiary women to the pre-determined health centre and stay with her till the woman is discharged,**
- **Arrange to immunize the newborn till the age of 14 weeks,**
- **Inform about the birth or death of the child or mother to the ANM /MO,**
- **Post natal visit within 7 days of delivery to track mother's health after delivery and facilitate in obtaining care, wherever necessary.**
- **Counsel for initiation of breastfeeding to the newborn within one-hour of delivery and its continuance till 3-6 months and promote family planning.**

Note: Work of the ASHA or any link worker associated with Yojana would be assessed based on the number of pregnant women she has been able to motivate to deliver in a health institution and the number of women she has escorted to the health institutions.

JSY incentive Manipur:

JSY Incentive for ASHAs Up to 2 live births:

Activities:

1. Rural base ASHA - at least 3 ANC, accompany Institutional delivery and PNC @Rs.600 per case
2. Urban base ASHA @Rs.200 per case for the above same activities.

JSY incentive for mother up to 2 live births:

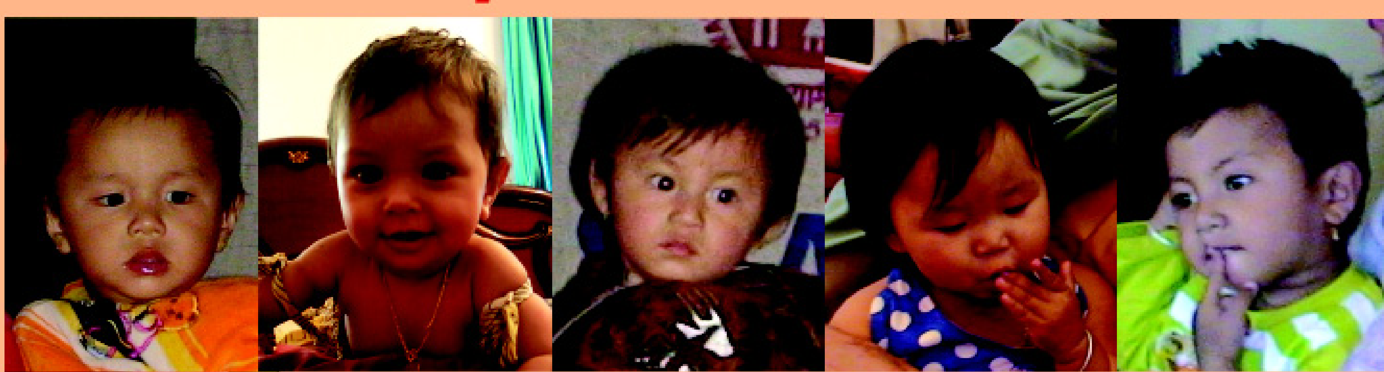
1. Institutional delivery (Rural) Rs.700
2. Institutional delivery (Urban) Rs.600
3. Home delivery (Rural & Urban) Rs.500

Published by: **National Rural Health Mission, Manipur**

GIVE EXCLUSIVE BREASTFEED TO NEWBORN FOR SIX MONTHS

MOTHER MUST GIVE HER FIRST THICK YELLOW MILK TO THE NEWBORN IMMEDIATELY AFTER BIRTH

Remember:
only Mother's Milk gives the baby complete food & protects from diseases



Mother's Milk is like Nectar

Breast milk is nature's gift to the infants

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Janani Shishu Suraksha Karyakram (JSSK)

Assures NIL out of pocket expenses in all Government Health Institutions For Pregnant Women & Newborn

Entitlements for Pregnant Women as set by the Ministry

- Free delivery
- Free caesarean section at District Hospitals
- Free drugs and consumables
- Free diagnostics (Blood, Urine routine for sugar and protein, Haemoglobin test, pregnancy test etc.)
- Free diet during stay (up to 3days for normal delivery and 7 days for caesarean section) only at govt. Hospitals except RIMS and JNIMS
- Free provision of blood at FRU/ District Hospitals
- Free transport from home to nearest delivery points/health institution, between health institutions in case of referrals and drop back home
- Exemption from all kinds of user charges

Entitlements for Sick Newborn till 30 days after birth:

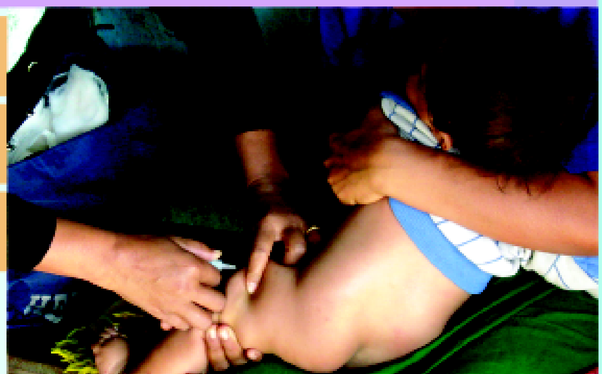
- Free and zero expense treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood at FRU/ District Hospitals
- Free transport between nearest health facilities in case of referral and Drop back from nearest health institutions to home
- Exemption from all kinds of user charges

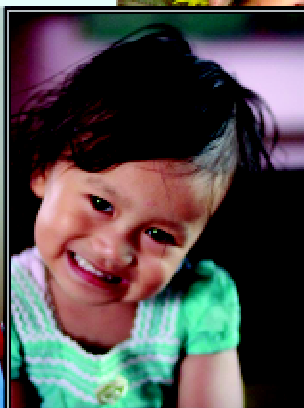
IMMUNISATION SCHEDULE FOR BABY

Take your baby to the nearest health centre for immunisation.

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

* **If recommended under Routine Immunisation.**





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

Published by: **National Rural Health Mission, Manipur**

IPHS Norms of a Sub-Centre

Introduction:

In the public sector, a Sub-health Centre (Sub-centre) is the most peripheral and first contact point between the primary health care system and the community. As per the population norms, one Sub-centre is established for every 5000 population in plain areas and for every 3000 population in hilly/tribal/desert areas. It is the lowest rung of a three-tier set up consisting of the Sub-centre established for every 3000-5000 population with referral linkage to the Primary Health Centre (PHC) for 20,000 – 30,000 population, and the Community Health Centre (CHC) for 80,000 to 1,20,000 population.

A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. Of particular importance are the packages of services such as immunization, antenatal, natal and postnatal care, prevention of malnutrition and common childhood diseases, family planning services and counselling. They also provide elementary drugs for minor ailments such as ARI, diarrhea, fever, worm infestation etc. and carryout community needs assessment. Besides the above, the government implements several national health and family welfare programmes which again are delivered through these frontline workers.

Currently a Sub-centre is staffed by one Female Health Worker commonly known as Auxiliary Nurse Midwife (ANM) and one Male Health Worker commonly known as Multi Purpose Worker (Male). One Health Assistant (Female) commonly known as Lady Health Visitor (LHV) and one Health Assistant (Male) located at the PHC level are entrusted with the task of supervision of all the Subcentres (generally six subcentres) under a PHC. The Ministry of Health & FW, GOI provides assistance to all the Sub-centres in the country since April 2002 in the form of salary of ANMs and LHVs, rent (if located in a rented building) andcontingency, in addition to drugs and equipment kits. The salary of Male Health Worker is borne by the State Governments. As of September 2004, a total of 1,42,655 sub-centres are functional in the country. About half of the Sub-centres are located in Government buildings. The rest are either in rented buildings or in rent-free Panchayat / Voluntary Society buildings. Nearly half of the sub-centres do not have a male health worker. As sub-centres are the first contact point with the community, the success of any nation wide programme would depend largely on well functioning subcentres providing services of acceptable standard to the people. This would also have an impact on the reduction of maternal and infant mortality. Recent studies have shown that ensuring their accessibility and availability of quality primary health care services to the community through these sub-centres are major concerns. The launch of National Rural Health Mission has provided the opportunity to have a fresh look at their functioning.

There is a felt need for quality management and quality assurance in health care delivery system so as to make the same more effective, economical and accountable. This can be achieved only if certain standards and guidelines are available. Although there has been some guidelines for the Sub-centres in piece meals, no concerted effort has been made so far to prepare comprehensive standards for the Sub-centres.

In order to provide Quality Care in these Subcentres, Indian Public Health Standards (IPHS) are being prescribed to provide basic primary health care services to the community and achieve and maintain an acceptable standard of quality of care. These standards would help monitor and improve functioning of the sub-centre. Setting standards is a dynamic process. Currently the IPHS for Sub-centres has been prepared keeping in view the resources available with respect to functional requirement for Sub-centres with minimum standards, such as building, manpower, instruments and equipments, drugs and other facilities etc.

Objectives of Indian Public Health Standards (IPHS) for Sub-centres

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community. The objectives of IPHS for Sub-Centres are:

i. To provide basic Primary health care to the community.

ii. To achieve and maintain an acceptable standard of quality of care.

iii. To make the services more responsive and sensitive to the needs of the community.

3. Minimum Requirement (Assured Services) to be provided in a Subcentre:

Sub-centres are expected to provide promotive, preventive and few curative primary health care services as below:

3.1 Maternal and Child Health:

(i) Antenatal care:

- Early registration of all pregnancies, ideally within first trimester (before 12th week of Pregnancy). However even if a woman comes late in her pregnancy for registration, she should be registered and care given to her according to gestational age.
- Minimum three antenatal check-ups: First visit to the antenatal clinic as soon as pregnancy is suspected/between the 4th and 6th month (before 26 weeks), 2nd visit at 8th month (around 32 weeks) and 3rd visit at 9th month (around 36 weeks)
- Associated services like general examination such as height, weight, B.P., anaemia, abdominal examination, breast examination, Folic Acid Supplementation in first trimaster, Iron & Folic Acid Supplementation from 12 weeks, injection tetanus toxoid, treatment of anaemia etc., (as per the Guidelines for Antenatal care and Skilled Attendance at Birth by ANMs and LHVs)
- Minimum laboratory investigations like haemoglobin estimation, urine for albumin and sugar, and referral to PHC for blood grouping.
- Identification of high-risk pregnancies and appropriate and prompt referral.
- Malaria prophylaxis in malaria endemic zones as per the guidelines of NVBDCP.
- Counselling on diet & rest, pre birth preparedness and complication readiness, delivery kit for home deliveries, danger signs, infant & young child feeding, initiation of breast feeding, exclusive breast feeding for 6 months, demand feeding, supplementary feeding (weaning and starting semi solid and solid food) at 6 months, contraception, advice on institutional deliveries, clean and safe delivery at home, postnatal care & hygiene, nutrition, care of new born and registration of birth.

(ii) Intra-natal care:

- Promotion of institutional deliveries
- Skilled attendance at home deliveries when called for
- Appropriate and prompt referral

(iii) Postnatal care:

- A minimum of 2 postpartum home visits, first within 48 hours of delivery, 2nd within 7 to 10 days.

- Initiation of early breast-feeding within half-hour of birth
- Counselling on diet & rest, hygiene, contraception, essential new born care, infant and young child feeding. (As per Guidelines of GOI on Essential newborn care) and STI/RTI and HIV/AIDS

(iv) Others:

- Provision of untied fund to the Sub-centres (currently Rs.10,000 per Subcentre is provided under NRHM) for facilitating the service management at the Sub-Centre.
- Provision of facilities under **Janani Suraksha Yojana (JSY)**

Child Health:

- Essential Newborn Care (maintain the body temperature and prevent hypothermia, maintain the airway and breathing, the baby should be breastfed by the mother within half-an-hour, take care of the cord, and take care of the eyes, as per the guidelines for Ante-Natal Care and Skilled Attendance at Birth by ANMs and LHVs.)
- Promotion of exclusive breast-feeding for 6 months.
- Full Immunization of all infants and children against vaccine preventable diseases as per guidelines of GoI.
- Vitamin A prophylaxis to the children as per guidelines.
- Prevention and control of childhood diseases like malnutrition, infections, ARI, Diarrhea, Fever, etc.

3.2 Family Planning and Contraception

3.2.1 Education, Motivation and counseling to adopt appropriate Family planning methods

3.2.2 Provision of contraceptives such as condoms, oral pills, emergency contraceptives, IUD insertions (Wherever the ANM is trained on IUD insertion)

3.2.3 Follow up services to the Eligible couples adopting permanent methods (Tubectomy / Vasectomy)

3.3 Counseling and appropriate referral for safe abortion services (MTP) for those in need.

3.4 Adolescent health care:

3.4.1 Education, counselling and referral

3.5 Assistance to school health services.

3.6 Control of local endemic diseases such as Malaria, Kala azar, Japanese Encephalitis, Filariasis, Dengue etc and control of Epidemics

3.7 Disease surveillance

3.8 Water Quality Monitoring:

3.8.1 Disinfection of water sources

3.8.2 Testing of water quality using Rapid Test (Bacteriological)

3.9 Promotion of sanitation including use of toilets and appropriate garbage disposal.

3.10 Field visits

Manpower requirement:

In order to provide above services, each subcentre should have the following personnel:

Manpower	Existing	Proposed
Health worker (female)	1	2
Health worker (male)	1	1 (funded and appointment by the state government)
Voluntary worker to keep the Sub-centre clean and assisting ANM. She is Paid by the ANM from her contingency fund @ Rs.100/pm	1(optional)	1(optional)
Total	2/3	3/4

Note: The staff of the Subcentre will have the **support of ASHA (Accredited Social Health Activists)** wherever the ASHA scheme is implemented / **similar functionaries at village level in other areas**. ASHA is primarily a trained woman volunteer, resident of the village-married/ widow/divorced with formal education up to 8th standard preferably in the age group of 25-45 years. The general norm is one ASHA per 1000 population. The job functions of ANM, Male Health worker, ASHA and AWW in the context of coordinated functions under NRHM.

Physical Infrastructure:

A Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

5.1 Location of the Centre: The location of the sub-centre should be so chosen that:

i) It is not too close to an existing subcentre/PHC

ii) As far as possible no person has to travel more than 3 km to reach the Sub-centre.

iii) The Sub-centre village has some communication net work (road communication/public transport/ post office/ telephone)

iv) Accommodation for the ANM/ male health worker will be available on rent in the village if necessary. For selection of villages under the sub-centre, approval of Panchayat as may be considered appropriate is to be obtained.

5.2 The minimum covered area of a Sub-centre along with residential quarter for ANM will vary from 73.50 to 100.20 Sq.Mts. depending on climatic conditions (hot & dry climate, hot and humid climate, warm and humid climate), land availability, and with or without a labour room. A typical layout plan for Sub-centre with ANM residence as per the RCH Phase-II National Programme Implementation Plan with area/space specifications is given below: Typical Lay out drawing is given at

5.2.1 Waiting area (3300mm x 2700mm)

- Prominent display boards in local language providing information regarding the services available and the timings of the Sub-centre.
- Visit schedule of ANM
- Suggestion/complaint boxes for the patients/visitors and also information regarding the person responsible for redressal of complaints.

5.2.2 Labour Room (4050mm x 3000mm)

5.2.3 Clinic Room (3300mm x 3300mm)

5.2.4 Examination room (1950mm x 3000mm)

5.2.5 Toilet (1950mm x 1200mm)

5.2.6 Residential Accommodation: this should be made available to the Health workers with each one having 2 rooms, kitchen, bathroom and WC. Residential facility for one ANM is as follows which is contiguous with the main subcentre area

- Room –1 (3300mmx2700mm)
- Room –2(3300mmx2700mm)
- Kitchen –1(1800mmx2015mm)
- W.C (1200mmx900mm)
- Bath Room (1500mmx1200mm)

One ANM must stay in the Sub-centre quarter and houses may be taken on rent for the other/ANM/Male Health worker in the sub-centre village. The idea is to ensure that at least one worker is available in the subcentre village after the normal working hours. For specification the "Guide to health facility design" issued under Reproductive and Child Health Programme (RCH - I & II) of Government of India, Ministry of Health & Family Welfare may be referred.

Waste Disposal:

Waste disposal should be carried out as per the GOI guidelines, which is under preparation. Health workers and Voluntary workers working in Sub-centre should be trained in handling, separation and disposal of wastes.

Furniture

Adequate furniture that is sturdy and easy to maintain should be provided to the Sub-centre. The list of furniture has been annexed.

Equipment:

The Equipment provided to the Sub-centres should be adequate to provide all the Assured services in the subcentres. This will include all the equipment necessary for conducting safe deliveries, immunisation, contraceptive services like IUD insertion, etc. In addition, equipment for first aid and emergency care, water quality testing, blood smear collection should also be available. Maintenance of the equipment should be ensured either through preventive maintenance/prompt repair of non-functional equipment so as to ensure uninterrupted delivery of services. A standard mechanism should be in place for the same. The list of equipment has been annexed. Proper sterilization of all equipment and following of all Universal precautions are to be ensured.

Drugs:

The list of drugs that should be available as per the guidelines and accurate records of stock should be maintained.

Support Services

a) **Laboratory**: Minimum facilities like estimation of haemoglobin by using a approved **Haemoglobin Colour Scale** (only approved test strips should be used), urine test for the presence of protein by using **Uristix**, and urine test for the presence of sugar by using **Diastix** should be available. (instructions should be followed from the leaflet provided by the manufacturer)

b) **Electricity:** Wherever facility exists, uninterrupted power supply has to be ensured for which inverter facility / solar power facility is to be provided.

c) **Water**: Potable water for patients and staff and water for other uses should be in adequate quantity. Towards this end, adequate water supply should be ensured and safe water may be provided by use of technology like filtration, chlorination, etc. as per the suitability of the centre.

d) **Telephone**. Where ever feasible, telephone facility / cell phone facility is to be provided.

e) **Transport** facility for movement of the staff

Option could be provision of moped through a soft loan to the health workers so that at the end of the loan period, the moped will belong to the HW thus ensuring better maintenance. Fixed Transport allowance per month for the maintenance and POL of the mopeds for performing duties may be provided.

Record maintenance and Reporting:

Proper maintenance of records of services provided at the Sub-centres and the morbidity / mortality data is necessary for assessing the health situation in the Sub-centre area. In addition, all births and deaths under the jurisdiction of subcentre should be documented and sex ratio at birth should be monitored and reported.

A comprehensive register with all the relevant information may promote better continuity and also ease of handling/ maintenance. However, the health workers should have few but essential records to maintain. A list of minimum number of registers to be maintained at sub-centre.

Monitoring mechanism: Monitoring may be made possible by:

- Internal mechanisms: Supportive supervision and Record checking at periodic intervals by the Male and Female Health supervisors from PHC (at least once a week) and by MO of the PHC (at least once in a month) etc. A check list for Sub-centres is given.
- External mechanism: Village health and sanitation committee, Evaluation by an independent external agency, client satisfaction survey etc. by NGOs Village Health and sanitation Committee (to be constituted in each village under NRHM), will review the activities of the subcentre. A simpler check-list that can be used by NGO/PRI/Village Health committee.

A detailed Facility Survey Format is also given to monitor periodically whether the Sub-

centre is up-to Indian Public Health Standards (IPHS). PRI should also be involved in the monitoring. The following may be monitored:

- Access to service (Equity). Location of Sub-centres – ensuring it to be safe to female staff and centrally located, well in side the inhabited area of the village.
- Registration and referral procedures; promptness in attending to clients; etc. transportation of emergency maternity cases
- Management of untied fund for the improvement of services of the Subcentre
- Staff behaviour
- Other facilities: waiting space, toilets, drinking water in the Sub-centre building.

Quality Assurance and accountability

This can be ensured through regular skill development training/CME of health workers (at least one such training in a year). Various guidelines issued by Government of India should be adopted Regular monitoring by internal (by DHO/CMO) and external agencies (village health and sanitation committee)

In order to ensure quality of services and patient satisfaction, it is essential to encourage community participation. To ensure accountability, the **Citizens' Charter** should be available in all Sub-centres.

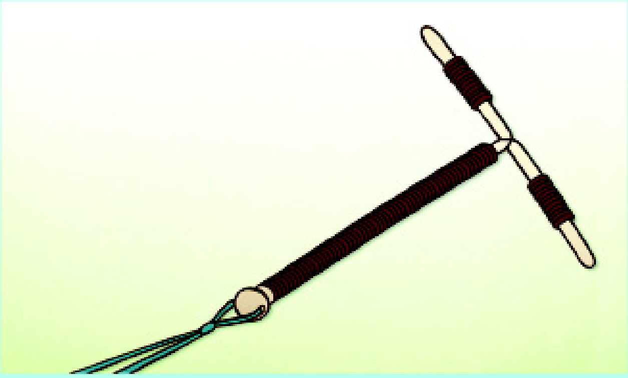
Distribution of Ambulances
23rd Dec., 2011

Sangai Festival, November, 2011
NRHM Stall

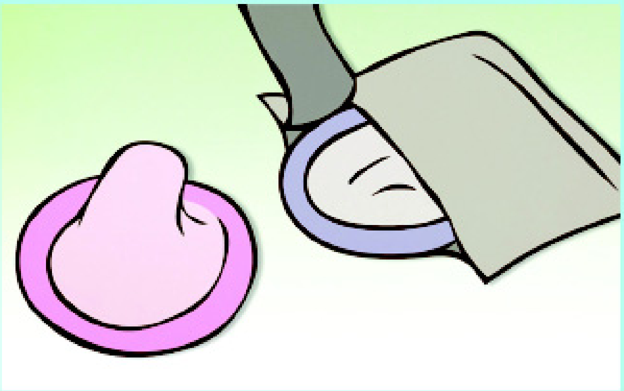
FAMILY PLANNING ADVICE
(Spacing methods)

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

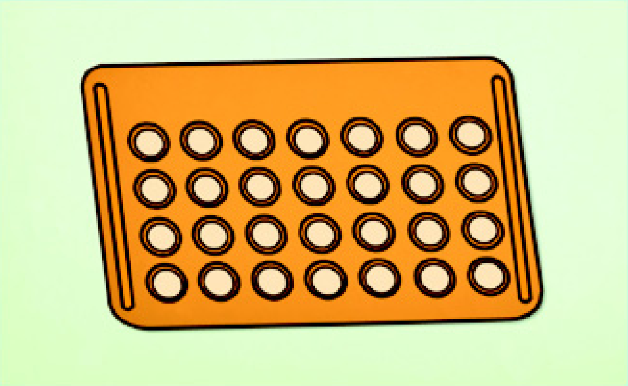
Lactational amenorrhea method (LAM) protects from pregnancy for six months if exclusive breast feeding Is done.



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



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



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

3 years spacing between child bearing ensures healthy mother and baby

Published by: **National Rural Health Mission, Manipur**

IMMUNISATION SCHEDULE FOR BABY

Take your baby to the nearest health centre for immunisation.

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

* If recommended under Routine Immunisation.

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

NRHM - Working for the betterment of Health

Sangai Festival
(23rd - 31st Nov. 2011)

Distribution of ASHA Drug Kit & Ambulances to Districts
23rd Dec., 2011
L to R :
Devesh Deval, State Mission Director
Dr. Joykumar, Director FW and
Dr. W. Gulapi, Additional Director FW

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09206042181 www.nrhmmanipur.org

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