

Volume 1,

April-June,
2009

Message

Information dissemination is an important mechanism in empowerment of the people. The NRHM being an ambitious “Mission”, every individual associated with this, is expected to be dedicated and committed to ensure accomplishment of the Mission. The success story can happen only if programmes are carried out with a true “Mission-Mode” mindset. This requires complete involvement of all the stakeholders. This Newsletter, therefore, is an indispensable component of the NRHM. Let this be the medium to enlighten people about every intervention of the NRHM in order to ensure accessible and effective health delivery system of a high order.

Dr. Mukul Sangma
Deputy Chief Minister
In-charge of Health & Family Welfare
Government of Meghalaya

From the Mission Director's Desk

Of all the issues pertaining to our State, health is the most pressing. Health is always in the forefront of societal issues and it is an area in which quantifiable progress can be quickly made. We must do more to improve the abysmal health status of the rural people of Meghalaya and we must integrate local health traditions and modern methods of treatment.

The newsletter is an attempt to disseminate information about the Mission and its efforts to fulfill the objectives drawn. We would welcome any suggestions or criticism and would be happy if new contributions could be made which would help us serve the people better.

D P Wahlang
Commissioner & secretary
Govt. of Meghalaya
Health & Family
Welfare Department
& Mission Director, NRHM

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EDITORIAL

PEOPLE'S HEALTH IN PEOPLE'S HANDS

Greetings!!!

It gives us immense pleasure in extending a warm welcome to you through this first edition of the NRHM Newsletter, Meghalaya. In this edition we introduce you to the goals, objectives and achievements of the programme from April 2006 onwards. Alongside, we also have been able to bring out case studies and success stories.

We hope that our initiative will be useful to our readers and our future editions. We anticipate more participation and inputs from all levels so that information is disseminated for the benefit of the people.

The real issue...

The question you should be asking yourself is: **"how much you are involved in the NRHM Meghalaya?"**

Before I share with you the details of the NRHM programme and its success, take a pledge that you will help spread the message and will contribute towards the success of the program. Please join us in the fight towards the illnesses of women and child in the state.

Regards
Editor

NATIONAL RURAL HEALTH MISSION (NRHM) – What is it all about?.

National Rural Health Mission (NRHM) is a National effort at ensuring effective health care through a range of intervention at individual, household, community and most critically at the Health System Levels. It was launched in April 2005 with a view to bring about dramatic improvement in the health system and health status of the people in the country.

The mission seeks to provide universal access to equitable, affordable and quality health care to the people and especially the poor and the vulnerable sections of community residing in the rural areas throughout the country.

NATIONAL RURAL HEALTH MISSION (NRHM) – Expected outcomes

IN MEGHALAYA

1. Present IMR is 56 (SRS 2007) to be reduced to 30/1000 live births by 2012.
2. MMR is 327 (Service data 2007-08) to be reduced to 100/100,000 live births by 2012.
3. TFR is 3.8 (NFHS-3) to be reduced to 2.1 by 2012.
4. Malaria Mortality Reduction Rate - 50% up to 2010, additional 10% by 2012.
5. Cataract operations-increasing to 10,000 until 2012.
6. Leprosy Prevalence Rate –reduce from 1.8 per 10,000 in 2005 to less than 1 per 10,000 thereafter.
7. Tuberculosis DOTS series - maintain 85% cure rate through entire Mission Period and also sustain planned case detection rate.
8. Upgrading all Community Health Centers to Indian Public Health Standards.
9. Increase utilization of First Referral units from bed occupancy by referred cases of less than 20% to over 75%.



AT COMMUNITY LEVEL

Availability of ASHA volunteers at village level, with a drug kit for generic ailments.

2. Organisation of Health Day at Anganwadi level on a fixed day/month for provision of immunization, ante/post natal check ups and services related to mother and child health care, including nutrition.
3. Availability of generic drugs for common ailments at sub Centre and Hospital level.
4. Access to good hospital care through assured availability of doctors, drugs and quality services at PHC/CHC level and assured referral-transport-communication systems to reach these facilities in time.
5. Improved access to universal immunization through induction of Auto Disabled Syringes, alternate vaccine delivery and improved mobilization services under the programme.
6. Improved facilities for institutional deliveries through provision of referral transport, escort and improved hospital care subsidized under the Janani Suraksha Yojana (JSY) for the below poverty line families.
7. Availability of assured health care at reduced financial risk through pilots of Community Health Insurance under the Mission.
8. Availability of safe drinking water.
9. Provision of household toilets.
10. Improved outreach services to medically under-served remote areas through mobile medical units.
11. Increase awareness about preventive health including nutrition.

NATIONAL RURAL HEALTH MISSION (NRHM) – Progress so far.

ASHAs

6250 ASHAs are selected and are placed in each village.
 ASHA books from 1 to 5 are translated in local Khasi and Garo languages and are printed.
 6180 ASHAs are trained on book 1 to 4.
 State level NGOs are trained on book 5 so that they can train the ASHAs on the same.
 6180 ASHA were provided with drug kits.
 6180 ASHA were provided with one set of dress.
 ASHA mentoring group is formed at state level.
 ASHA nodal officers at state and district level are notified.
 ASHA program manager is in place.

Institutional Delivery

Total of 4959 new pregnant women registered under JSY scheme during 2008-09.
 Total of 3003 mother received cash benefits under JSY scheme for institutional delivery during 2008-09.
 During the first quarter (Apr-Jun 09) total of 6276 new pregnant women register under JSY scheme.
 During the first quarter (Apr-Jun 09) total of 2472 mother received cash benefits under JSY scheme.

Village Health & Nutrition Days

Total of 17205 VHND have been organized during the year 2008-09.
 Total of 2982 VHND have been organized till date during the first quarter (April-June 09).

Manpower

13 Doctors, 125 ANMs, 41 Staff nurses, 7 PHNs have been appointed by the State on contractual basis under RCH-2/NRHM.

Management Support

18 professionals (MBA/MSW/BE Comp) have been appointed in the State, 7 District Level Programme Management Units, 39 Block Programme Management Units and 39 Block Account Management Units, 71 PHC Accountant, 7

Revised Compensation Package to acceptors of Sterilization

Category	Breaking the Compensation Package	Acceptor	Motivator	Drugs And Dressings	Surgeon charge	Anesthetist	Staff Nurse	OT Technician/Helper	Refreshment	Camp Management	Total
High Focus 18 States	Vasectomy (ALL)	1100	200	50	100	-	15	15	10	10	1500
	Tubectomy (ALL)	600	150	100	75	25	15	15	10	10	1000

INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

To strengthen the disease surveillance system so that early warning signals of outbreaks are recognized
Appropriate timely follow up action is initiated Coordinated by NIC

THE PROJECT STRUCTURE

At the State Level there is the State Surveillance Committee headed by the Principal Secretary, Health & FW Dept. and the State Surveillance Unit (SSU) consisting of the State Surveillance Officer (SSO) with supporting staff.
At the District Level there is the District Surveillance Committee headed by the Deputy Commissioner and the District Surveillance Unit (DSU) consisting of District Surveillance Officer (DSO) with supporting staff.

DISEASE OUTBREAKS DETECTED & RESPONDED

2006 - 4 :: 2007 - 2 :: 2008 - 8 :: 2009 - 1

MENINGOCOCCAL MENINGITIS/COCCAEMIA

Year	Cases	Deaths out of the Cases detected
2008	935	130
2009	1221	135
Total	2156	265

Chemoprophylaxis

2008	66,433
2009	2,36,060
Total	3,02,493

Immunization

District	Target	Beneficiaries	Coverage (%)
East Khasi Hills	6,58,411	4,53,887	68.94
Jaintia Hills	3,17,859	2,65,265	83.45
West Khasi Hills	1,27,694	89,690	66.41(up to 11/7/09,vaccination still going on)
Grand Total	11,03,964	8,08,042	73.19

A Meningitis vaccination camp at Keniong village under Rangthong PHC, West Khasi Hills



Accredited Social Health Activist (ASHA)

"A ray of hope"

"Women of courage, women of strength,

Women of faith and devotion.

Mothers of children with spirits so strong

I vow to you

I would be the shoulder of your pain &

sorrow

To you

I give my trust...."

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health volunteer- 'ASHA' or Accredited Social Health Activist., who will be a link between the community and the rural health system. Selected from the village itself and accountable to it, she is a ray of hope for the poor, especially women and children who have difficulty in accessing the health services in rural areas at the time of need. Several efforts are undertaken by the GOI through NRHM in enhancing the role of ASHA in the rural especially the underserved areas of the country.

National Rural Health Mission (NRHM) Meghalaya also has left no stone unturned in making every effort to strengthen the ASHA programme in the state. With the setting up of the ASHA Resource Centre (ARC) and with the State ASHA Nodal Officer and the ASHA Programme Manager in position, the ASHA programme in the state is expected to gain new heights.

Various mechanisms which will act as support system to ASHAs in every village have been initiated. The ASHA Mentoring Group (AMG) being one of them. The AMG is a group of experts and practitioners in the field of Community Health

training from research institutions, NGO, representatives from Academia and medical colleges available in the state, having credentials and well known in a state. This group is essentially required to advise the Mission Director in states in the areas of policy, operationalization and capacity issues relevant to ASHA operations in the state. Further District ASHA Nodal Officers at every district, ASHA facilitators at every PHC, CHC of the state will be in position by the month of September 2009.

ASHA undergoes series of trainings to acquire the necessary knowledge and skills to build up her confidence in performing the roles and responsibility assigned to her in the most effective manner. In the state, training for ASHAs on module 1 to 4 which deals with familiarizing ASHA and enhancing her knowledge about various diseases have been completed and training of ASHA on the 5th module is due to take off by the mid of August 2009.

The success of NRHM to a great extent depends on the performance of ASHA and her linkage with functional health system. It is thus important to make the ASHA feel recognized and equally important as any health activist working in the health system.

"Why should we talk ill of her, who gives birth to kings?"

ASHA Resource Centre



RASHTRIYA SWASTHYA BIMA YOJANA IN THE STATE OF MEGHALAYA

A number of studies have revealed that risk owing to low level of health security is endemic for informal sector workers (BPL Families). The vulnerability of the poor informal worker (BPL Families) increases when they have to pay fully for their medical care with no subsidy or support. On the one hand, such a worker (BPL Person) does not have the financial resources to bear the cost of medical treatment, on the other; the health infrastructure leaves a lot to be desired. Large number of people, especially those below poverty line, borrows money or sells assets to pay for the treatment in private hospitals. Thus, Health Insurance could be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses. The "Rashtriya Swasthya Bima Yojana" announced by the Central Government attempts to address such issues.

Objective:

To improve access of BPL families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of health care providers.

Beneficiaries:

The scheme is intended to benefit Below Poverty Line (BPL) population in all the seven districts of Meghalaya viz. East Khasi Hills, West Khasi Hills, Ri-Bhoi, Jaintia, West Garo Hills, East Garo Hills, South Garo Hills.

Unit of Enrolment:

The unit of enrolment for this scheme is family. Coverage under the scheme would be provided for BPL workers and their families [up to a unit of five). This would comprise the Household Head, spouse, and up to three dependents. Head of the household will need to identify three members (In cases where spouse is not on the BPL list, four members can be identified) who will be enrolled in the scheme. Issue of smart card would be the proof of the eligibility of BPL households for the purpose of the scheme.

Benefits:

The Benefits within this scheme, to be provided on a cashless basis to the Beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions.

The scheme shall provide coverage for meeting expenses of hospitalization for medical and/or surgical procedures **including maternity benefit**, to the enrolled BPL families up to Rs.30, 000/- per family per year subject to limits, in any of the network hospitals. The benefit to the family will be on floater basis, i.e., the total reimbursement of Rs.30, 000/- can be availed of individually or collectively by members of the family per year by paying Rs 30 as a nominal registration fee.

The process of implementation in Meghalaya has been initiated with Open Tender floated on the 25th of June 2009.

SHOWING PROGRESS AND ACHIEVEMENT OF HEALTH CENTRE



PAHAMBIR SUB-CENTRE



STATE MEDICAL WAREHOUSE (NRHM)

EMERGENCY RESPONSE SERVICE (EMRI) in Meghalaya

EMRI signed MoU with the Government of Meghalaya on 5th November 2008. The 108 emergency response services were launched on February 2nd 2009. A total of over 500 calls has already been handled by EMRI since the launch.

It is a 24x7 emergency service.
Toll Free number accessible from land-line or mobile.
Emergency help will reach you in an average of 18 minutes.
Call 1-0-8 for all emergencies (Medical, Police and Fire).

108 Emergency Response Services is a 24X7 emergency service for medical, police and fire emergencies. The service is available for the entire state of Andhra Pradesh, Gujarat, Uttarakhand, Goa, Chennai, Rajasthan, Karnataka, Assam, Meghalaya and Madhya Pradesh.

108 is dialled for the purposes to save a life, to report a crime in progress, to report a fire.



Vision 2010

1. To provide Free emergency response services for Medical, Police and Fire emergencies across India by 2011 in PPP (Public Private Partnership) framework
2. To respond to 30 million emergencies and save 1 million lives annually by 2011.
3. To deliver services at global standards through Leadership, Innovation, Research & Training and Technology.
4. To be recognized as best-in-class and become 1 Of 8 wonders of the World

Pics: Launch of EMRI Services



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Feb-09						
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ANNUAL HEALTH EVENTS 2009

World Cancer Day - 4 February 2009

World Glaucoma Day - 12 March 2009

World TB Day - 24 March 2009

World Health Day - 7 April 2009

World Hemophilia Day - 16 April 2009

World Malaria Day - 25 April 2009

World Asthma Day - 5 May 2009

World Hepatitis Day - 12 May 2009

World Multiple Sclerosis - 27 May 2009

World No Tobacco Day - 31 May 2009

World Blood Donor Day - 14 June 2009

World Breastfeeding Week - 1-7 August 2009

World Suicide Prevention Day - 10 September 2009

World Rabies Day - 28 September 2009

World Heart Day - 28 September 2009

World Sight Day - 8 October 2009

World Mental Health Day - 10 October 2009

World Diabetes Day - 14 November 2009

World Day of Remembrance for Road Traffic Victims - 16 November 2009

World Chronic Obstructive Pulmonary Disease Day - 19 November 2009

International Day for the Elimination of Violence against Women - 25 November 2009

World AIDS Day - 1 December 2009

International Day of Persons with Disabilities - 3 December 2009

Apr-09						
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May-09						
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Jun-09						
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Jul-09						
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Aug-09						
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Sep-09						
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Nov-09						
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