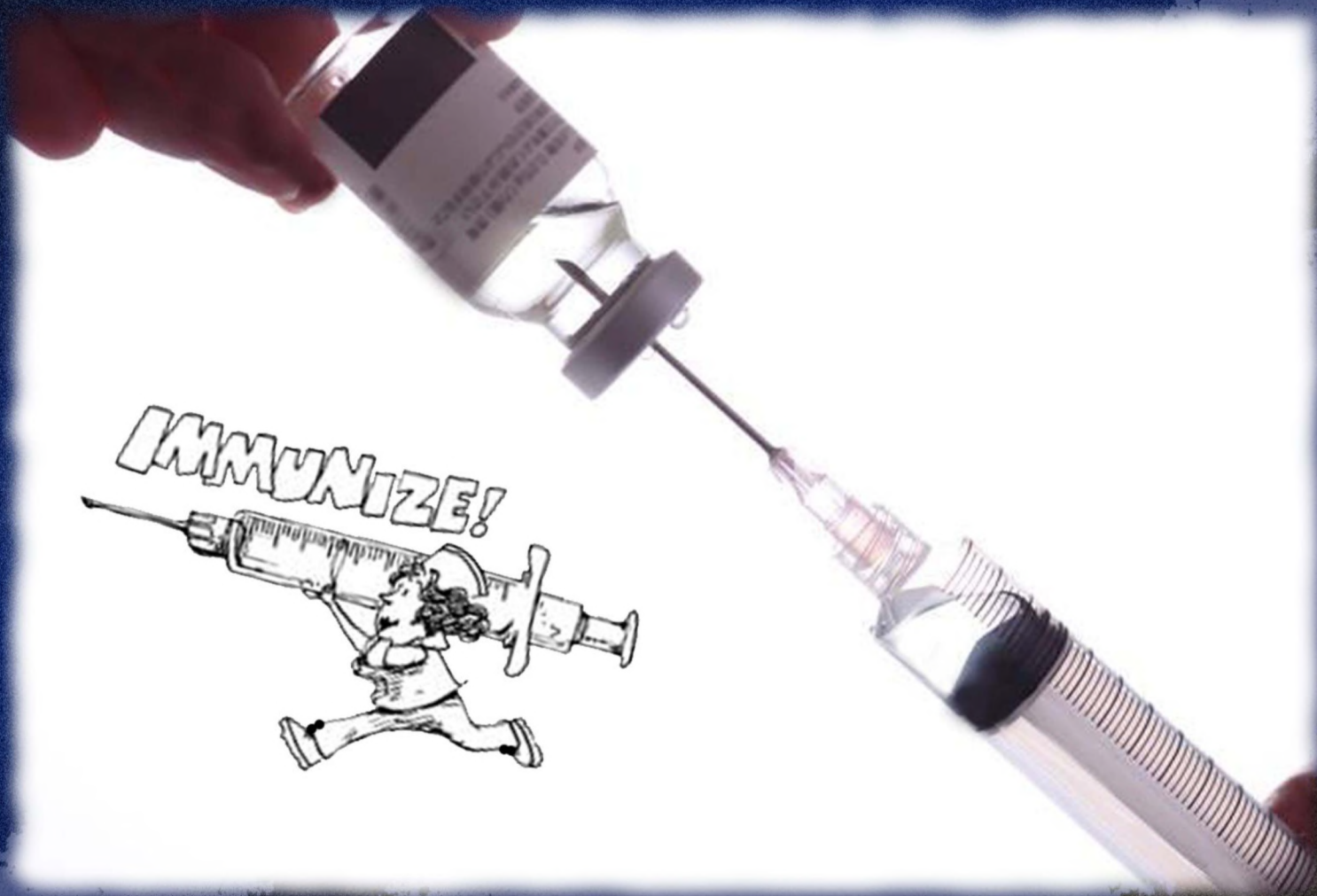


NRHM NEWSLETTER

MEGHALAYA



TIMELY IMMUNIZATION CAN SAVE
THE LIFE OF YOUR CHILD

KA JINGAI TIKA KABA BIANG, KA PYLLAIT
IA KI KHYLLUNG NA KI JAIT' JINGPANG

CHU'ONGE ARO NAME SAM ARO BIJIRANGKO
SU'ANICHI NA'A AN'TANGNI ARO NANGNI BI'SANI
JANGGIKO JOKATNA MAN'GEN



Dr. (Mrs) C.B. Sangma
Director of Health Services
(MCH&FW)
cum Joint Mission Director, NRHM
Government of Meghalaya

From the Director's desk:

I am proud to say that NRHM Meghalaya has been producing regular features of the Newsletter. This is one medium wherein everyone can see the work that the Mission is doing for our State. We can see the different progresses and improvements that it has made in the Health Sector.

Knowing that this is already the third Volume, it is quite encouraging and appreciative. I also take this opportunity to encourage the different districts and blocks to send in their success stories and bring forward the various innovations that they have done so that these achievements may be

highlighted in this platform. My congratulations go to the editorial team for relentlessly putting out these issues. All the best and God bless.

From the editor:

A picture speaks a thousand words, they say... people love to go through photo albums... people tend to look at the pictures rather than read a ten page note... these are just some philosophies which are being brought into play in this issue of Newsletter. Using these philosophies, I have decided to use more pictures than words here, knowing that the readers can put their own thoughts and ideas into these pictures. The graphical representations show the progress of the different trends. Nevertheless, information and data are provided for your benefit. Look out for the photo story on IEC Community events in this issue and not forgetting the omnipresent success stories. Enjoy!

Editorial Board:

Advisor – Shri D. P. Wahlang IAS,
Commissioner and Secretary, Health &
Family Welfare cum Mission Director,
NRHM Meghalaya

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To keep the body in good health is a duty... otherwise we shall not be able to keep our mind strong and clear.

Buddha

Meeting of the State Advisory Group on Community Action on 23rd August 2011

The first ever State Advisory Group meeting (SAGM) of Community Monitoring under NRHM Meghalaya was held on 23rd August 2011, at the NRHM conference hall, chaired by Shri D.P. Wahlang, Commissioner & Secretary, Health and Family Welfare Department Cum Mission Director, NRHM. The meeting was also attended by Dr. A.C Hazarika, Director of Health Services (MCH&FW) Cum Joint Director, NRHM. The meeting was briefed to all the members about the objectives of Community Monitoring and highlighted that the health services delivered are reached to the last end that is the community.



Smti D. Passah, Programme Executive giving presentation on Community Monitoring



Interaction among the Members of SAGCA on Community Monitoring during the Meeting

Meeting of the State Advisory Group on Community Monitoring with the State Nodal NGO (VHAM) on the 30th September 2011

A meeting of the State Advisory Group on Community Monitoring with the State Nodal NGO (VHAM) was held at the Mission Director's chamber, NRHM, Laitumkhrah on the 30th September 2011. The purpose of the meeting was to discuss the implementation strategy of the Community Monitoring process of Health Services in the 3 (three) pilot Districts, East Khasi Hills, Jaintia Hills and West Garo Hills.

State Level Workshop on Community Monitoring



A 2 (two) day **State Level Workshop on Community Monitoring** for the members of the State Advisory Group on Community Action (SAGCA), State Mentoring Team, State Nodal NGO (VHAM), District Medical & Health Officer, District Nodal Officers on Community Monitoring and District Cum Block Nodal NGO was held at Pinewood hotel on the **29th and 30th November 2011**.

State Level Training of trainers for District cum Block Nodal NGOs East Khasi Hills, Jaintia Hills and West Garo Hills District

The Training of Trainers for District cum Block NGOs implementing the community monitoring project under NRHM in the 3 districts of Meghalaya was held on 20th of November 2011 to 21st of November 2011 at the High winds Guest House. The training programme was organized by the NRHM Meghalaya in collaboration with VHAM.

The objective of the training is to:

1. Locate community monitoring within the larger NRHM implementation frame work
2. Share process of implementation at different levels, the financial flow and the organizational set up
3. Finalize blocks PHCs and list of villages
4. Develop a realistic time plan for implementation of the activities
5. chart out final action plans with time lines
6. Familiarize the participants with the monitoring tools and formats



Organizers from NRHM, State Nodal NGO (VHAM) and participants from the Grass root NGO (EKH), Mih Myntdu Community Social Welfare Association (JH) and Socio Economic Welfare Society (WGH)

Gender Equity and Mainstreaming in Health Services

Support centre for women facing violence set up at Civil Hospital, Shillong



similar one in Meghalaya.

NEN has been consistently working on creating a separate support space for abused women and girls in a threat free environment. Over the years, several people and organizations have played different roles that aim at making this effort a reality. NEN have been fortunate to have found support and encouragement from the department of Health & Family Welfare, Government of Meghalaya from the beginning and we are partners in this project since 2007. With the cooperation of the health department, NEN have contributed significantly in training health care providers of Civil Hospital and Ganesh Das Hospital on gender issues and violence against women.

The Support Centre named, *Iohlynti*, was officially opened on 28th November 2011, at the Civil Hospital, Shillong. The programme was hosted by Dr. A. Marwein, Joint Director of Health Services (S.S) Civil Hospital, Shillong. Shri Rowell Lyngdoh, Deputy Chief Minister of Meghalaya inaugurated the support centre. He appreciated NEN's dedication and hoped that the joint venture will go a long way in addressing the problems faced by women and their genuine attempt for the betterment of the society.



Guests from different fields of work like the Police, Health, Law and Social Welfare Department, Educational Institutions, Civil Societies, Religious and Traditional Institutions participated in this remarkable event. Dr. N. Wanswett, Senior Gynecologist, Ganesh Das Hospital, Shillong who have been the focal person since the start of the collaborative project with the health department was also present in the event. The Nursing Superintendent and Sisters-in-Charge, Civil Hospital, Shillong supported this programme through their presence. The event was also covered in various local newspapers.

The Support Centre also networks with the Law Department for free legal aid and other support mechanisms providing services to women.

Objective of the support centre: **To provide immediate psychological and social support to women and girls facing violence.**

Services available: Counseling, Free legal aid, Referral services

Achievement:

Following the inauguration of the support centre, cases have started coming steadily. A summary of the cases seeking remedial from *Iohlynti*, support centre for women in Civil Hospital, Shillong from the month of December 2011. Till date the centre was able to provide counseling services to around 12 clients including follow up services. Majority of the clients are in the age group of 15-40 years of age. Some of the cases have been referred to the state commission for women for further action.

DECEMBER 2011, JANUARY & FEBRUARY 2012 (Total cases – 12)

Sl no	Assault		Ref by	Others	Details
	Known	Unknown			
1			Friend and Sister	Rape	CHS/DV/2012/1 20years Rape by known person Not admitted
2	√		Female OPD		CHS/DV/2012/2 25years Assault by known person Not admitted
3			Police/ SB office (CBI Dept.)	Verbal and emotional abuse	CHS/DV/2012/3 31years Abuse by known person Not admitted
4	√		ICTC, CHS		CHS/DV/2012/4 24years Assault by known person Not admitted
5	√		ICTC, CHS		CHS/DV/2012/5 27years Assault by known person Not admitted
6	√		Daughter		CHS/DV/2011/1 42years Assault by known person Admitted
7	√		Community member		CHS/DV/2011/2 22years Assault by known person Not admitted
8	√		Neighbour		CHS/DV/2011/3 40years Assault by known person Admitted
9	√		ICTC, Civil Hospital Shillong (CHS)		CHS/DV/2011/4 29years Assault by known person Not admitted
10	√		ICTC, CHS		CHS/DV/2011/5 30years Assault by known person Not admitted
11	√		ICTC, CHS		CHS/DV/2011/6 28years Assault by known person Not admitted
12	√		ICTC, CHS		CHS/DV/2011/7 34years Assault by known person Not admitted

IECBCC Activities: Programmes for the Community across the State - *A photo story...*

Chapter 1 - Road Shows with Live Bands which included Health Talks, open quiz competitions and handing out of IEC materials like pamphlets, t-shirts, umbrellas and caps



**Nor love, not honour, wealth nor pow'r,
Can give the heart a cheerful
hour When health is lost. Be timely wise;
With health all taste of
pleasure flies**

John Gay

Chapter 2- Dancing Competitions- which included Health Talks, open quiz competitions and handing out of IEC materials like pamphlets, t-shirts, umbrellas and caps



Chapter 3 - Healthy Baby Shows



Health is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity.

World Health Organization, 1948

ASHA DIVAS - Ri-Bhoi District



ASHA Divas is a concept designed in that manner that all the ASHAs in the district may get together on one stipulated place so that they can interact with one another share their experiences, ideas and problems. On the stipulated date there will be an open meeting followed by various programs including session on experience sharing by the ASHAs, competition for ASHAs from various blocks, declaring and giving away prizes for the best performing ASHAs from each block, seminar on improving their performances and solving their problems, skits/ role plays etc, dignitaries will be invited from the district (specially women/popular in that area/district). The concept of ASHA Divas will not only motivate ASHAs to better their performances but it will also enable the State & district to draw in ideas from the ASHAs themselves on how to further improve the Programme as a whole.

Ri-Bhoi was one of the first district to organize this event in the State on the 22nd of December 2011 at Paham Syiem Ground, Nongpoh. Out of the total of 540 ASHAs in the district 348 ASHA were present for the event.

The inaugural programme started at 11:00 am and was chaired by Dr. L.M. Pdah District Tuberculosis Officer cum District ASHA Nodal Officer. The Welcome Address was delivered by Dr. A. Makri, District Medical & Health Officer, he welcomed all the dignitaries and ASHAs present for the occasion. This was followed by a beautiful and meaningful welcome song self composed by the ASHAs from Nongpoh (Umling Block).

After the Welcome song all the dignitaries were presented with bouquets. This was followed by a speech delivered by the State Programme Manager- NRHM Meghalaya, Shri. A.S.Nongbri. In his speech he appreciated the efforts made by each and every ASHA and their great contribution towards improving the health status of the state despite being volunteers. He assured them that their efforts have not gone unnoticed by the department and efforts are

being made to increase their earning capacity by introducing new programme and scheme through which they could be incentivized. He ended his speech by congratulating all the ASHAs and appreciating the district for their efforts in motivating and supporting the ASHAs in every possible way.

This was further followed by a speech from the State ASHA Programme Manager- NRHM Meghalaya, Smt. A.Suchiang. In her speech she began by



appreciating the district which was the first to organize such event in the state despite limited resources and thanked the ASHAs who willingly came from different blocks to attend the event and make it a successful one. During her speech she urged the ASHAs to be committed to what they do and take every advantage of the training frequently organized for them as it will enable them to gather enough knowledge to work in the community and handle all kinds of health related issues that may come up in future. She also stressed on the importance of retaining the ASHAs to better the performance of the overall health scenario of the state. After the speech by the State ASHA Programme Manager- NRHM Meghalaya a special performance was given by the ASHAs from Bhoirymbong (Umsning Block).

Shri. Akash Deep, IAS –Deputy Commissioner cum Chairman District Health Society, Ri Bhoi District was the Guest of Honour for the event. During his speech he appreciated the health department of the state and the district who have made every possible efforts to organize the event. He also mentioned that he was proud that the district was amongst the first to organize the ASHA Divas. He went on to explain how important this day was and how it will improve and motivate all the ASHA in performing better as this was a platform for them to be recognized for what they do and by interacting with each other they will be able to draw knowledge and information to improve their performance further.

The Chief Guest for the occasion was Dr. Celesine B. Lyngdoh, Member of Khasi Hills District Council Nongpoh Constituency. The honourable Chief Guest being from the medical profession himself shared his experience as a doctor and mentioned the importance of each and every role and responsibility that the ASHA carries out in the community. During his speech he mentioned that spreading awareness regarding Maternal and Child Health is the most important responsibility of an ASHA, especially because the state of Meghalaya is currently combating with the problem of having one of the highest rates of IMR & MMR in the Country. He concluded his speech by congratulating the health department of the state and the district for organizing such an event for the ASHAs and this being the first time it will motivate more and more ASHA to attend such event in future.



This was followed by distribution of awards to the best performing ASHA from different blocks and the best performing ASHA of the District which went out to Mrs. Ester Nongrum from Marngar PHC.

The inaugural programme was concluded by the vote of thanks from the District Programme Manager Smt. L. Marbaniang.

In order to make the day a memorable one for the ASHAs different athletic events, quiz competitions, skit competition, extemporary speech competitions etc. were also organized. Different IEC stalls were also put up so that the ASHAs could pick up different IEC materials relating to various health programmes.



Mawlong PHC (PPP with Karuna Trust) *One of its Kind...*



Mawlong PHC was inaugurated in the year 1990. It started out as a dispensary back when it was inaugurated, but has now been upgraded to a PHC. The PHC is 68kms from Shillong. Earlier, the PHC was run by the State Government but since March 2009, it has sought the help of an NGO named Karuna Trust. The PHC covers a total number of nine villages.

Prior to the Trust taking over, there were significant differences between then and now. There were no water and electricity connections in the quarters. Immunization was low and there were no deliveries conducted as there was no labour room. According to Dr S. Sagar, MO I/c of the PHC, the condition of the PHC were, in a word 'untidy'. The grounds area was covered with tall grass and the PHC itself gave a poor service. Once the Trust took over, one of the first things they did was to construct a labour room out of the RKS Fund so that they may conduct deliveries. The labour room was inaugurated by the BDO and the Sardar of the Village. The infrastructure although earlier was mediocre, they did however repainted the whole building and cleared off the grass and constructed a parking space and paveway for people to walk.



Dr. S. Sagar, MO I/c Mawlong PHC

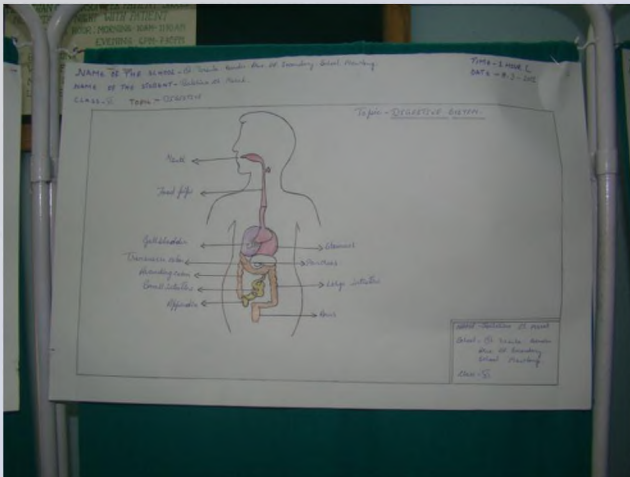
The people of the village and surrounding areas were not easily welcoming towards the arrival and taking over of the NGO of the PHC. They had beliefs that the medicines



prescribed by the NGO were 'poisoned'. Such were some of the various obstacles faced by the NGO from the people of the village and surrounding areas. It was not until 2010, that they finally conducted a first ever delivery at the PHC. The mother, Kong Bina, was overwhelmed with gratitude towards the NGO and the doctors that she decided to name her son after the NGO – Karansan Bina born on 27th July, 2010.

The PHC has been conducting several Health Talks in the villages and this has helped in motivating the people to come to the PHC for treatment. Due to the several health talks on Immunization, the percentage of Immunization coverage has risen from 0% to over 70% till date. These health talks, health camps and Health Education activities are held during VHNDs. Even in those villages where there is no VHND, the staff from the PHC still covers those areas which are known as Health Units. After the several numbers of health talks and health education activities, the people of the villages and surrounding areas have started to accept their presence and the PHC has since received a positive response from the people. The topics usually discussed during such activities are immunization, family planning, spacing of birth, use of contraceptives, hand washing, oral and personal hygiene, ANC, RCH, HIV AIDS, safe drinking water, cancer with the help of Roko Cancer, balanced diet, homemade ORS, total sanitation, TB, common cold, malaria and helminthiasis. These activities are held about 3 – 4 times a month even in areas where there are no Anganwadi Centers.

the fact that the PHC is so popular among the villages and the people.



Drawings by the participants during the Inter School Competition organized by Mawlong PHC



Laboratory



Female Ward



Labour Room



Male Ward



Dr. S. Sagar, MO i/C with the staff of Mawlong PHC



Mawlong PHC



A view from Mawlong PHC

STATUS REPORT ON IMPLEMENTATION OF RSBY - MEGHALAYA

Update for the period till: 29-02-12

BACKGROUND:

The enrollment in the State of Meghalaya commenced in the month of December 2009.

Round 1& 2 is completed for East Khasi Hills, Jaintia Hills, Ri-Bhoi district and West Khasi.

Presently (2011): The RSBY scheme is operational in Five Districts of Meghalaya State.

First Phase Enrollment has also commenced in West Garo Hills with an enrolment percentage of >70%

The Third Phase Enrollment in East Khasi Hills has started since February 2012.

Enrollment for East Khasi Hills- Building and Construction Workers for East Khasi Hills has been completed covering 115 families out of 143 families so far.

Enrollment of Construction Workers for East Khasi Hills District held at the premises of Directorate of Health Services, Government of Meghalaya.



Journey till date: Enrollment

S.No	District	Round	Smart Card Issued Till Date
1	East Khasi Hills	1	27330
2	East Khasi Hills	2	30391
	East Khasi Hills	3	5456
4	Jaintia Hills	1	8693
5	Jaintia Hills	2	7390
6	Ri Bhoi	1	8323
7	Ri Bhoi	2	8372
8	West Garo Hills	1	12912
9	West Khasi Hills	1	19327
10	West Khasi Hills	2	11254

CLAIMS:

District	Round	No. of Claims/Claims Amount (Rs.)				No. of Claims/Claims Amount (Rs.)		
		Male	Female	Others	Total	Public	Private	Total
East Khasi Hills	1	116	185	0	301	43	258	301
		514950	756309	0	1231917	222441	1009476	1231917
East Khasi Hills	2	318	515	1	834	168	666	834
		1881200	3E+06	9000	4748151	527000	4221151	4748151
East Khasi Hills	3	0	0	0	0	0	0	0
		0	0	0	0	0	0	0
West Khasi Hills	1	350	444	0	794	273	521	794
		2019676	2E+06	0	4514892	1019925	3494967	4514892
West Khasi Hills	2	25	38	0	63	0	63	63
		209100	270300	0	479400	0	479400	479400
Ri Bhoi	1	87	117	0	204	54	150	204
		431633	686760	0	1118393	140000	978393	1118393
Ri Bhoi	2	5	10	0	15	0	15	15
		25000	55000	0	80000	0	80000	80000
Jaintia Hills	1	95	131	0	226	26	200	226
		508300	668862	0	1177162	105500	1071662	1177162
Jaintia Hills	2	12	11	0	23	1	22	23
		77800	77800	0	155600	4000	151600	155600



RSBY Community Events

Snippets from GVK EMRI

GVK EMRI – Meghalaya observed World First Aid



GVK EMRI – Meghalaya observed World First Aid by conducting a demo for students of Meghalaya Police Public School (standard 9 and 10) on the 12th of September, 2011 at the school premises.

First Responder is advance training for First Aid and is the first and vital link to a good emergency response system for any society. The aim of conducting the demo with the students is to strengthen the chain of survival in society as it can be done using minimal equipment to educate the students in simple life saving medical technique.

Children's Day with GVK EMRI

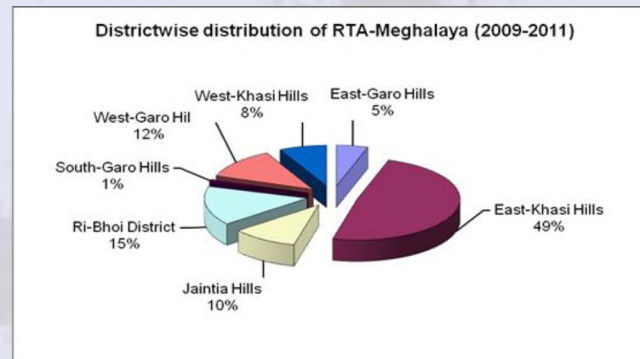
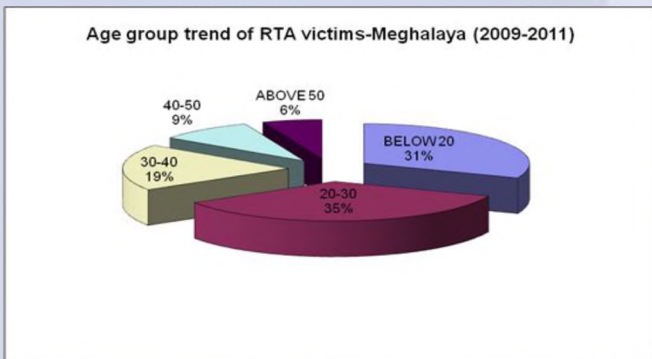
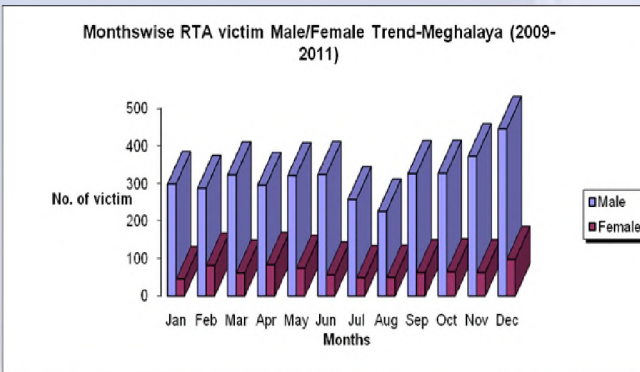
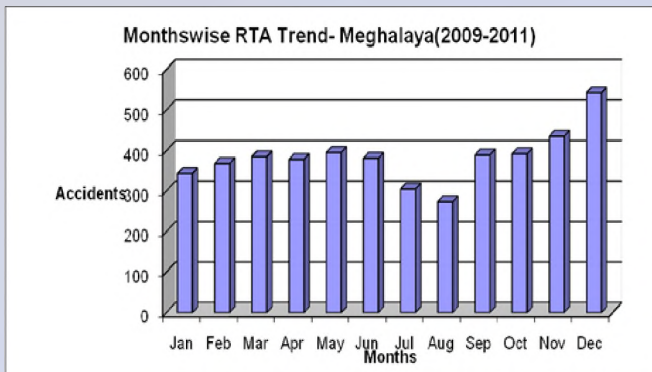
On the occasion of Children's Day, GVK EMRI – Meghalaya organized a day long program at the Orphanage & Poor Children's Home at Laitmyrieng under Pynursla Block. The orphanage which was started this year has 23 children from the age group of 3 years to 13 years staying in the orphanage which also has a school from nursery to class 2 and it is aided by the North East India Mission Association.



A medical check up along with free medicine for the children was conducted by the doctors from GVK EMRI – Meghalaya followed by games and songs. To conclude the program, gifts were distributed to the children and prizes were awarded to the winners of the drawing competition held earlier.

“Accident brings Tears, Safety brings Cheers” – the theme for this year’s Road Safety Week which started from the 1st - 7th of January, 2012.

To create more awareness about safe driving GVK EMRI – Meghalaya in collaboration with xBHP, Knacks and Shillong Traffic Police conducted program for trucker, drivers of public transport vehicle and the general public at Mawiong, Lad Smit and Polo parking space. The activity flow during these programs was a dance routine and accident reenactment by Knacks and xBHP followed by speech on safety precaution and traffic rules by Baburam Adhikari, Head Constable of Laitumkhrah Traffic Branch. To conclude the program a signature campaign was held and the display of road traffic accident data generated by GVK EMRI – Meghalaya since its inception till date.



In its endeavor to create awareness about emergency care in the general local population, GVK EMRI – Meghalaya conducted a one day training program for 24 police personal on First Responder and Basic Life Support on the 29th of October, 2011 and officials of Meghalaya Tourism Development Corporation on the 13th of October, 2012.



First Responder is advance training for First Aid and is the first and vital link to a good emergency response system for any society. The aim of conducting the training is to strengthen the chain of survival in society as it can be done using minimal equipment to educate the people in simple life saving medical technique.

The training program included a class room session where the delegates where taught about general principles of first aid and CPR, followed by a practical session on chest compression, positive ventilation using BMV (Bag Mask Valve) and use of AED (Automated External Defibrillator).

On completion of the training all the participants were awarded certificates.

Success Stories:

It is the little things that make a big difference...



This is an incident shared by PASPATI DKHAR an ASHA from Ladmynrieng.

Ladmynrieng is a village with a small population of 260 houses and 24 Kms from Pynursla CHC under Pynursla Block of East Khasi Hills District.

Smt. Paspati Dkhar is known among the people of her community as a hardworking and very sincere lady. Smt. Banriti Khongtani is one amongst the many woman which Smt. Paspati Dkhar had followed up from the very day she was informed that Smt. Banriti Khongtani was expecting her first child. Here is the

incident as narrated by Smt. Paspati Dkhar.

“This is an incident which happened on the morning of 28th November 2009. At 5.00 am in the morning Smt. Banriti Khongtani felt that she was having labour contractions and knowing this she asked her husband to call me immediately. Her husband did as he was told and when he reached my house he told me everything that happened and without wasting much time I took my bag and shawl and immediately rushed to their house. On reaching the house I realized that the condition was quite critical and so I called a local taxi driver known to me and rushed the pregnant lady to Pynursla CHC.

It so happened that there was just one doctor at the CHC who was handling the OPD, as the doctor in charge had gone for his further studies. The doctor who was present there saw the serious condition of Kong Banriti and referred her to Ganesh Das Hospital, Shillong which is about 80 kms from Pynursla.

Wasting no time with the same vehicle that we hired from the village we went to Ganesh Das Hospital, Shillong. When we reached Mawlieh Village which falls on the way to Shillong and 24 kms away from Pynursla CHC the pregnant lady called me and asked me to help her as she felt that the baby was moving up towards her chest and she was feeling very uneasy. I gave her a slight massage on the chest making an effort to ease her of her uneasiness. Almost half way, at Rynngngian village Kong Banriti requested me to ask the driver to stop the car as she wanted to use a toilet. I did as she requested but before we could find a suitable place to stop the car the baby was already out and it was a baby boy. At that moment I was going through a mixture of feelings happiness, nervousness and a whole lot, but at the same time I knew I had to be as calm as possible and use all the knowledge that I gained from my trainings and experience and handle the situation wisely.

As the car was small and congested and I could not move around the vehicle nor could Kong Banriti lie straight, moreover both Kong Banriti and I were the only women in the vehicle and I could not take any body's help as we had to stop in a deserted place. To add to the chaotic situation, Kong Banriti's husband had

forgotten to pack the baby's clothes. I had no choice but to use my shawl to wrap the baby. Then I waited for a while for the placenta to come out. I don't know if it was because of my nervousness or something else but I felt like it was taking quite some time. I was scared and praying to God as I was worried about the woman's health, but just after 30-35 minutes the placenta was out and I was relieved. I had no sterilized instrument with me to cut the baby's umbilical cord and I did not want to use just anything which was available there at that moment for fear of risking the baby's life. At that point we decided that we would not proceed to Shillong or to the CHC so we went back to Kong Banriti's house and on reaching it I used a sterilized blade to cut the baby's umbilical cord with, wiped the baby clean kept it warm and gave the baby to the mother to be fed. What a day that was!

From that day on I knew how important it is for an ASHA to update her knowledge on various aspects of Maternal & Child Health. I am grateful that the Government of India realized this and introduced the 6 & 7 Module which enhances the knowledge to us (the ASHAs) about the Home Based Newborn Care & Child Health and enable us to handle such situation in a better manner in future".

Diligence always pays off

An ASHA from MAWKYRWAT BLOCK

Bandalin Thongni was the ASHA of Ngunraw under Mawkyrwat Block. She joined as an ASHA since the year 2006. She has to look after the village with 420 numbers of household and which covered a population of 1813.

Bandalin wishes to tell the story of one of the mothers from her village - A mother of 26 years old who delivered a premature child at home in the month of April, 2011.

The ASHA after hearing about this went and visited the mother and child immediately. Firstly, she measured the weight of the newborn child and found that the child was very underweight weighing only 1 kg. At that moment, she realized she was the only person who can help her. In her mind she knew that the child was not in good health. The ASHA advised the mother to go to the Hospital but no one was willing to accompany her. The ASHA herself also could not accompany her at that time either because she was unwell. Finally, the mother decided to keep the child at home and in her words, 'leave it to God'. The ASHA decided that she has to take matters into her own hands. Every evening she would go and meet the mother and child and she would prepare food for the baby and decided that she would keep doing so until the child would start to show signs of improvement by starting to gain weight. She tried her best to follow the techniques that she had received from the ASHA Training from Book-6&7 on how to care for the newborn child.



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The child finally showed the first evidence of responding to her treatment by getting better after three weeks. Bandalin felt very happy, relieved and proud that her method of helping and taking care of the

newborn child was bearing fruit and that she was the one responsible for it through her patience and diligence.

Helping hands

A story about people of a village lending their unconditional help

Mawshongkhyndew is a Village which falls under Mawthadraishan Block which is about 20kms from Markasa PHC and about 3kms from Laitkseh Sub Centre in the district of West Khasi Hills. It has population of around 450 house holds. It is a village which has a limited source of water supply. Regular source of water supply can only be obtained from the spring water situated on the hilly parts of the village which is also quite a distance away. On seeing this the VHSC Members and the village as a whole took up a decision to connect the spring water through a pipe line and also to construct a water tank which would act as storage of water for the village. But after estimating the total cost of the work, it was found that the money received from the VHSC Fund was not sufficient to complete the whole construction. Appreciatively the people of the village came forward to contribute some amount for the work to be completed. The spring water which is connected through the pipe line would be collected in the water tank which is constructed at the upper part of the village, and from the tank the water is distributed to different parts of the village. In this way the village has really benefitted from this project and they have only themselves to thank.



If you have health, you probably will be happy, and if you have health and happiness, you have all the wealth you need, even if it is not all you want

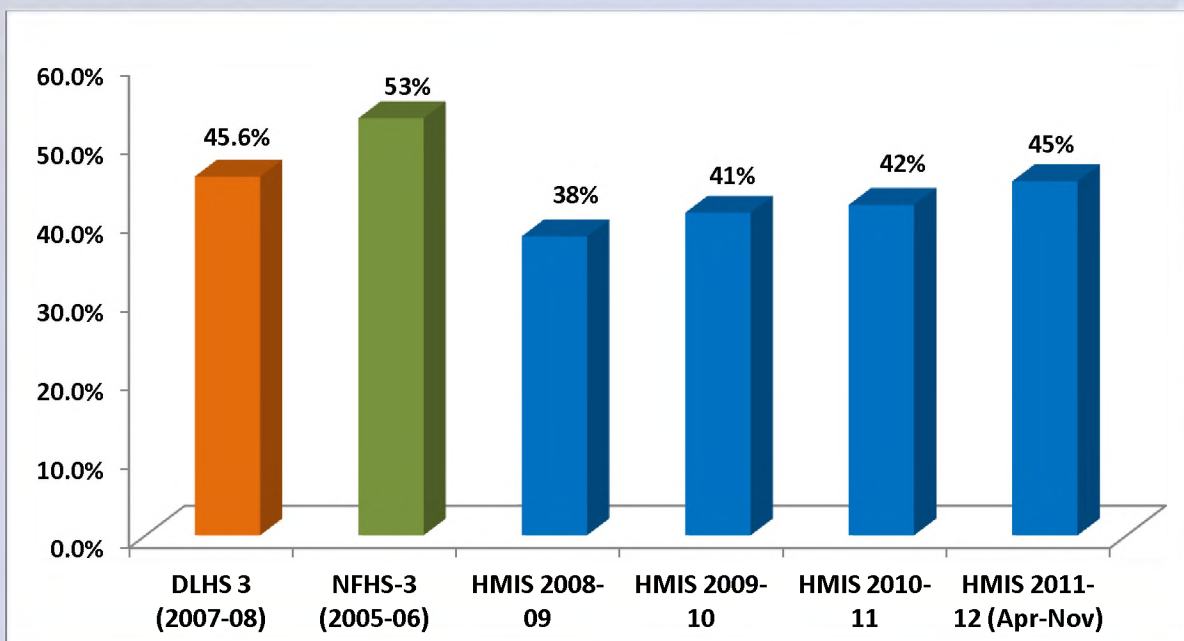
Elbert Hubbard

Outcome Analysis – a graphical representation

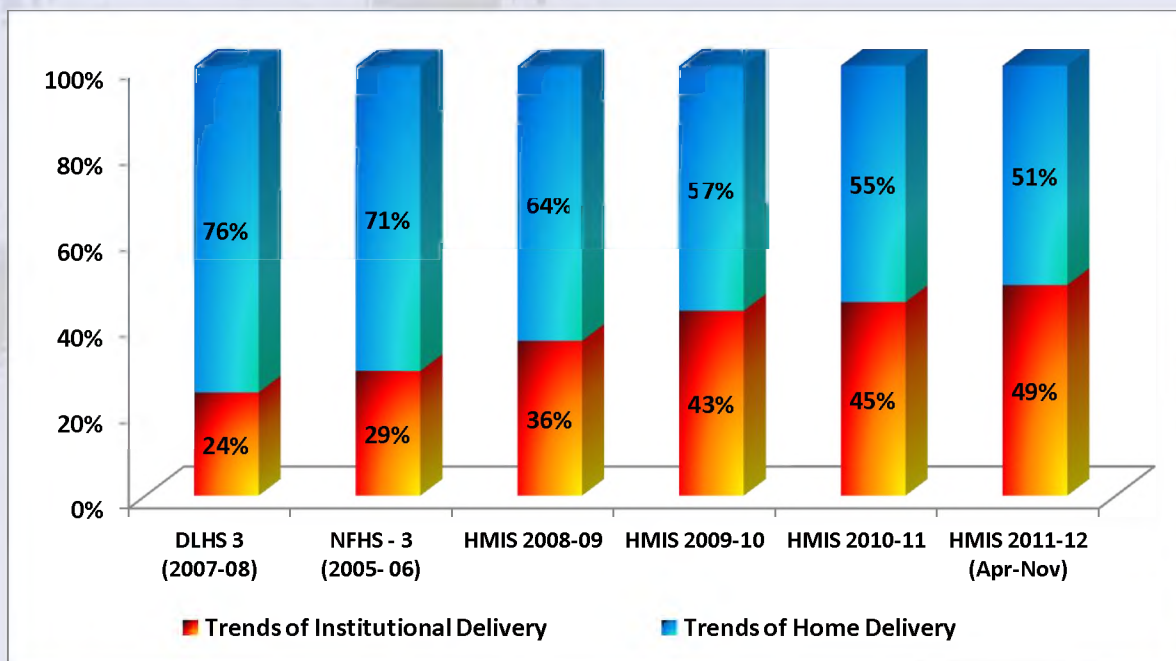
The best way to evaluate a certain progress or trend of advancement is through a graphical representation where in everything is seen in graphs and bar diagrams.

One can compare and contrast the different trends starting from 2007 – 08 to 2011 – 12 (April – November)

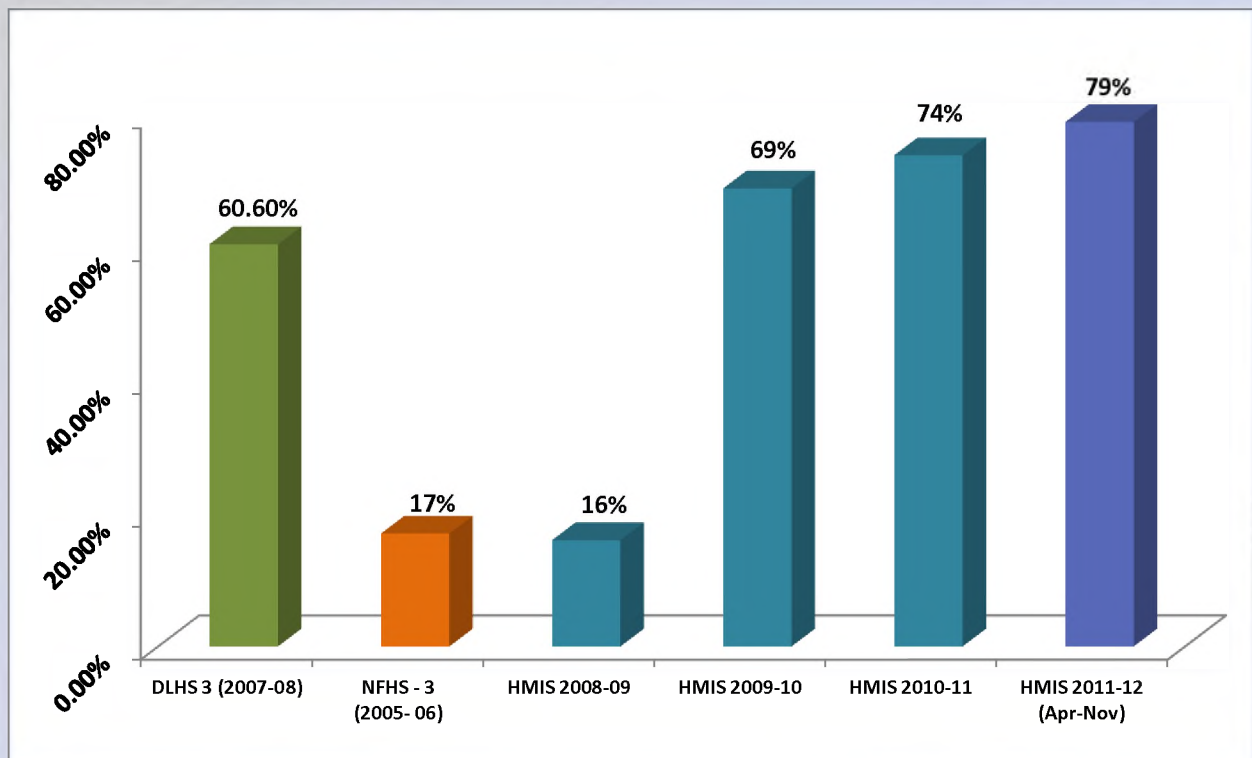
% of pregnant women receiving 3 ANC check-up



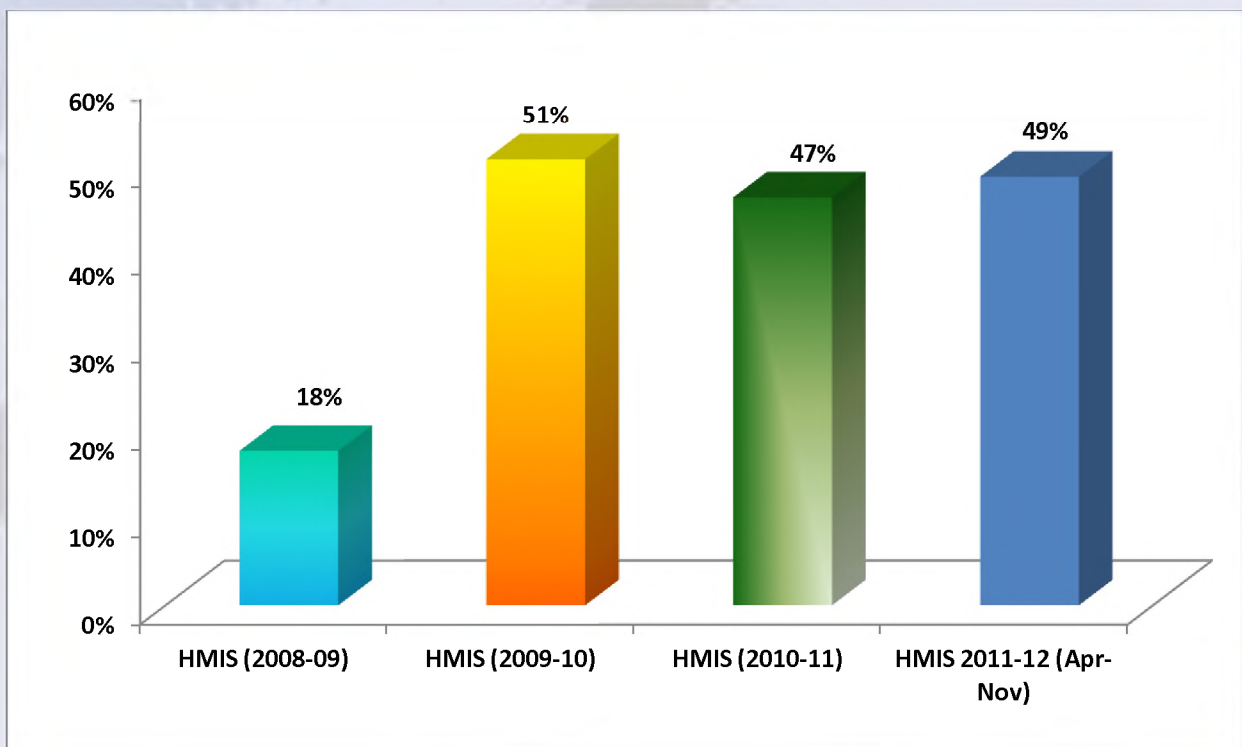
Trend of Deliveries



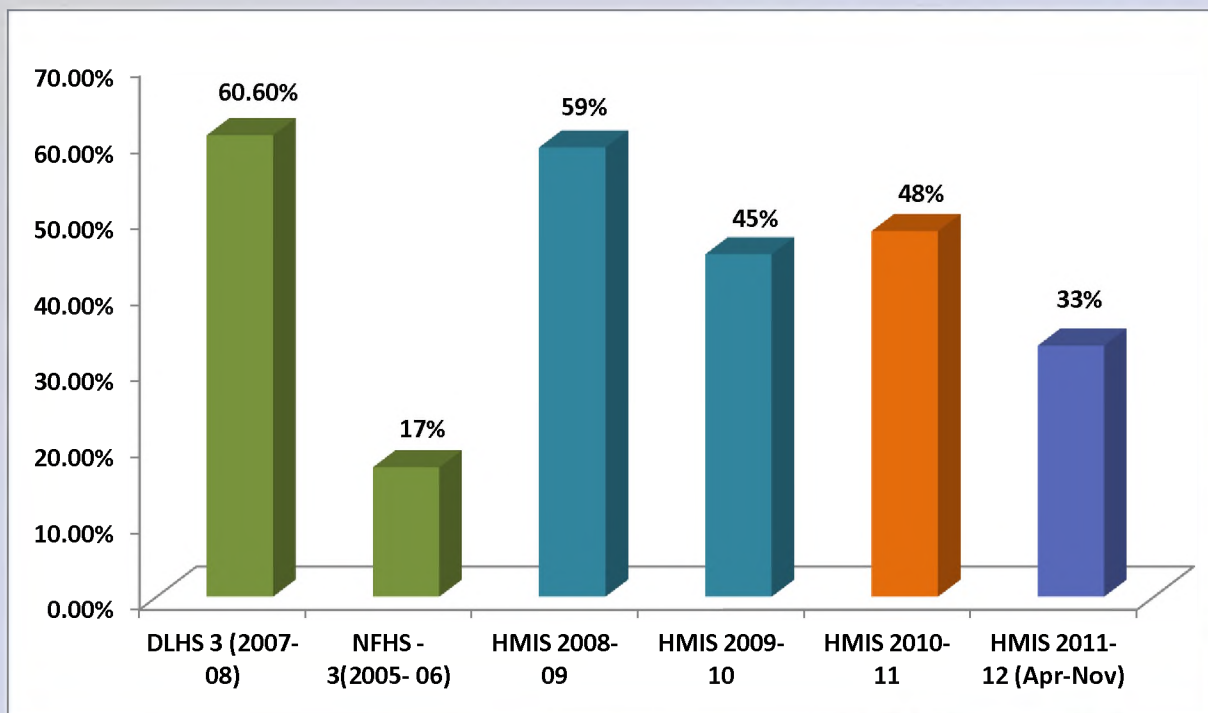
% of newborns breastfed within 1 hour of birth



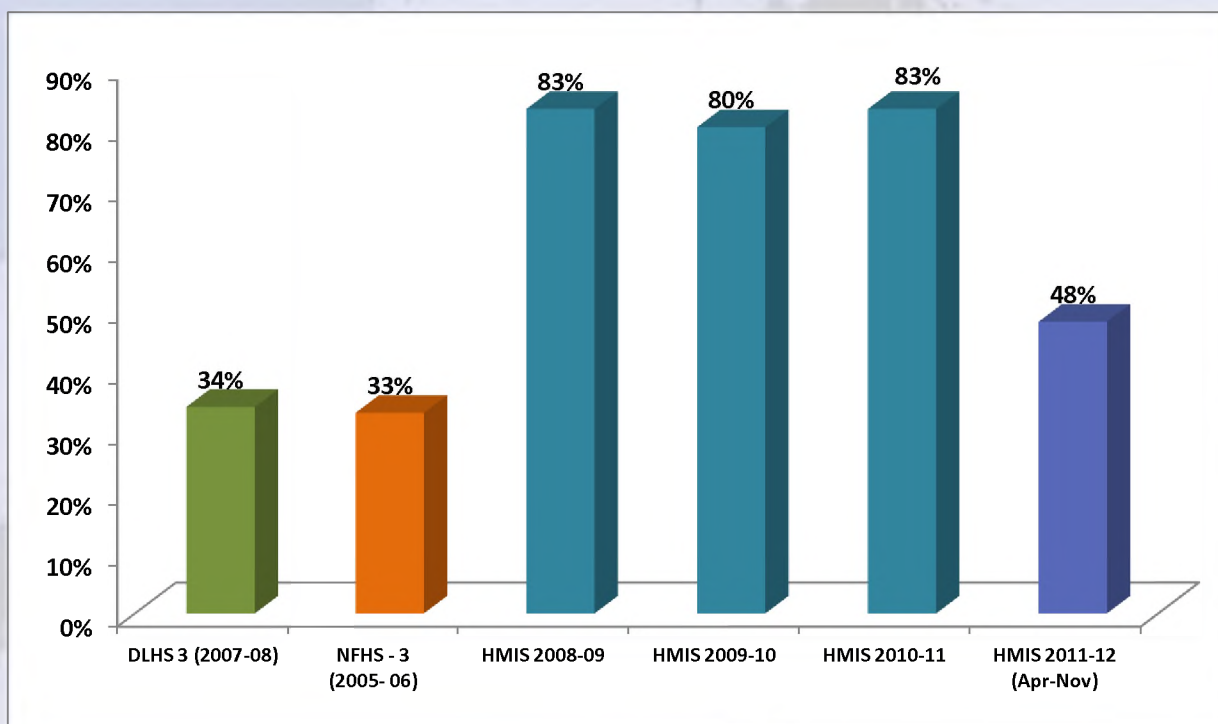
% of women receiving Post-Partum check-up within 48 hours after delivery



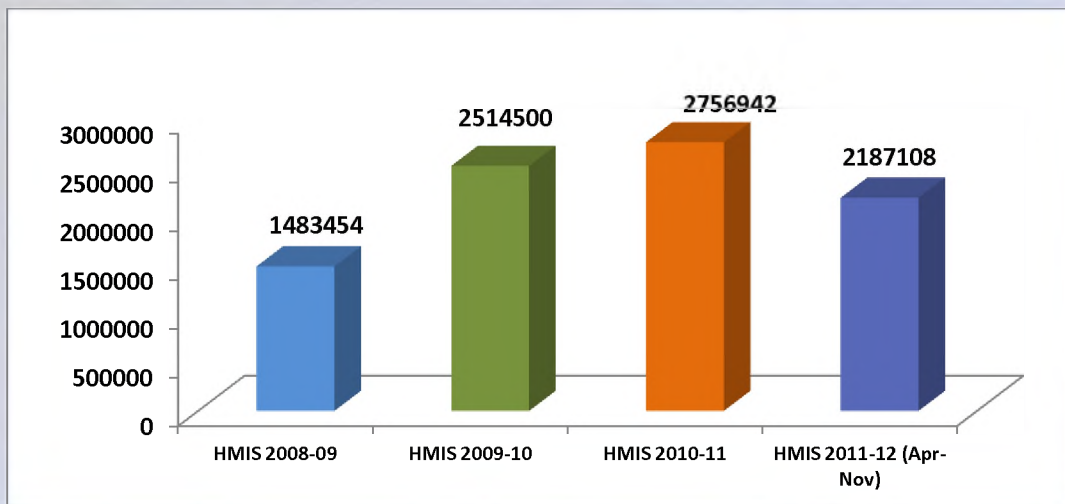
% of mothers who consumed 100 IFA tablets



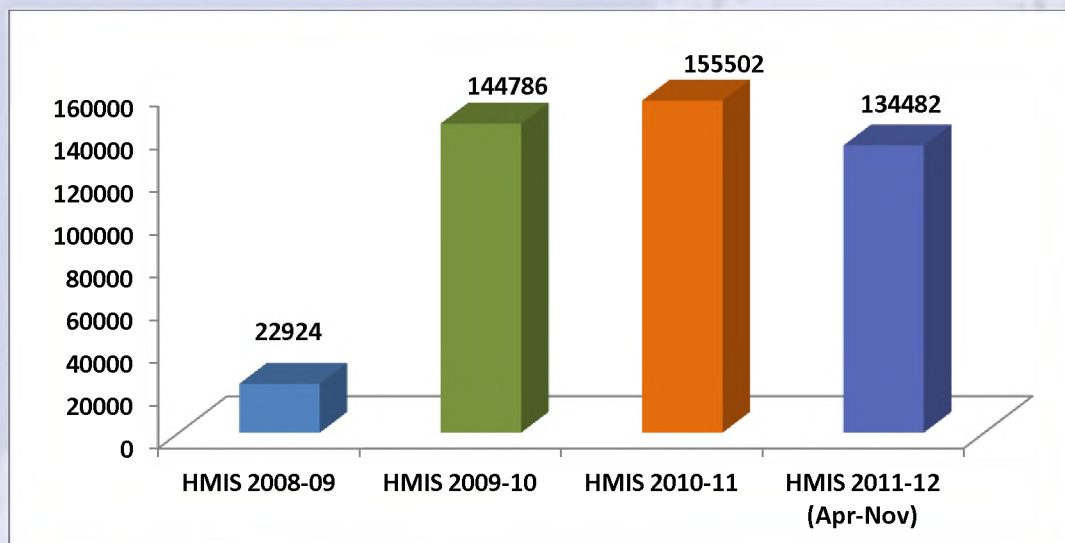
% of children 0-11 months of age fully immunized



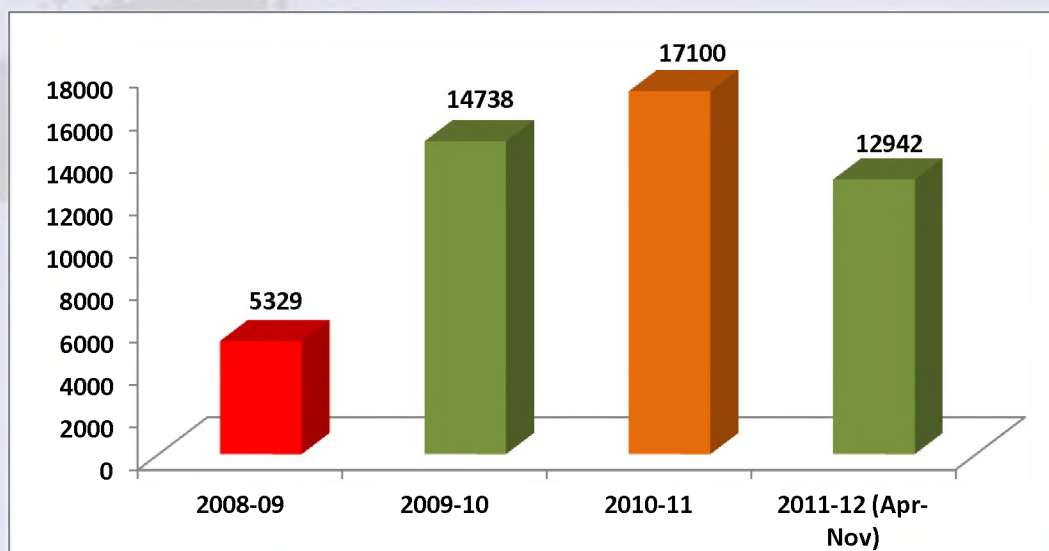
Trend OPD in Meghalaya (Public Institution)



Trend IPD in Meghalaya (Public Institution)



Trend of JSY beneficiaries in Meghalaya



IMMUNIZATION WEEK

1ST WEEK - 23RD JANUARY TO 30TH JANUARY, 2012

2ND WEEK - 27TH FEBRUARY TO 3RD MARCH, 2012

3RD WEEK - 16TH APRIL TO 21ST APRIL, 2012



NATIONAL RURAL HEALTH MISSION

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