

Meghalaya NRHM Newsletter



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Review meeting of NRHM

A review meeting of NRHM was held on the 2nd and 3rd of July 2009 where Dr. Mukul Sangma, Deputy Chief Minister incharge of Health, Mr. D.P.Wahlang, Mission Director, NRHM, all the District Medical & Health Officers, District Programme Managers and other staff of NRHM were present. This was also a platform where everyone could share their experiences and air their views.



Health Minister & Mission Director interacts with the participants

*Live
Healthily
and
Proceed
Happily*

Greetings!

We are happy to present you the 2nd Issue of NRHM Newsletter. As promised, we have some experiences from our intervention to share with you. Stories from an ASHA on institutional delivery, Nartiang PHC (functioning as 24X7) being awarded the best performing health institution and many more as you read. Mainstreaming of AYUSH is one of the success of NRHM which is worth mentioning. The department of AYUSH under the Ministry of Health & Family Welfare, Govt. of Meghalaya also promotes & propagate Indian System of Medicine. Homeopathic is committed to infused the wisdom of traditional medicine with the methodologies of Modern Sciences and under the NRHM, AYUSH facilities are being setup in PHC's & CHC's and are being mend by qualified AYUSH doctors appointed on contractual basis.

Meghalaya is rich in indigenous medical herbs, so the AYUSH sector has a critical role to play in a new and emerging situation.

Regards
Editor

ASHA — THE NIGHTINGALE OF HOPE



Mrs. Fulgida Dkhar
(ASHA)

Mrs. Fulgida Dkhar an ASHA from Mawtaraw village, Myllem block shares her experience as an ASHA. She was selected as an ASHA on the 20th March 2008 by the village Dorbar to work for the community and improve the health situation in the village.

To her, ASHA's are missionaries, a vocation where certain problems have to be faced. Her first aim after being selected, was to create awareness about Immunization and Family Planning which are rarely practiced by the people especially in her village. According to her immunization is one of the important means which helps in prevention against many diseases but not all are of the same view. There are families who believe that the nature of God is protecting them from any sort of diseases and hence they find immunization is of no importance. In one incident, this ASHA met a pregnant women who was in a serious stage, affected by severe anemia, but refuses to be immunized, sticking strongly to her believes.

One day, this ASHA visited the pregnant women in her house and started talking to her openly as a friend and discussing about her health. After a week, during the immunization period, the ASHA met the pregnant women's husband where she shared the condition of his wife's health and the danger to her and to be born baby. After two days, the ASHA invited the pregnant women to the Village Health & Nutrition Day at the ICDS centre. There, a talk was given by an ANM about the benefits of TT, immunization during ANC and PNC. The pregnant women still hesitated, but along with the other women from the community they managed to convince her and finally accepted the ANC and TT with a smiling face, but she was still not convinced about delivering the baby in the hospital.

The second time when this ASHA visited the pregnant women's house, she observed that she was unable to stand and move her swollen legs, she was also informed that the baby in her womb no longer made any movements. Hearing this, the ASHA convinced the husband to take his wife to the hospital immediately. The ASHA gave Rs. 400 as a taxi fare (VHSC fund) and that night itself she was admitted and gave birth to a healthy baby boy, and the next time the women met the ASHA, she said **"Because of you I and my baby survived"** and that was the happiest day in the ASHA's life because she was able to save two lives.

Another observation of the ASHA is that Family Planning is considered as a sinful act by some people in her locality. Her attention was especially drawn to one particular family in the village with 5 children, age 5, 4, 3, 2 years and an 8 month old baby. The head of the family works as a daily wage labourer- strongly against the family planning concept. Having made a discussion with the family about the poor health condition of all the children, the ASHA explained to the parents that the reason for it was that, no proper spacing method adopted by the couple between the birth of each child. The mother was somehow convinced about the matter but the father was not. The ASHA advised the mother to use condom because she was not fit for any treatment due to her poor health. The father said **"Why are you interfering in my family life, God blessed us with children and he will help us to provide them with all necessities"**. Despite the father disliking the ASHA's frequent visit to the family, she continued to do so and finally managed to convince the wife to visit the sub centre and ask the ANM for condoms-giving the ASHA a smile who was standing next to her.

These were the two incidence, ASHA will never forget.

Interestingly, this ASHA was also offered a job as a teacher in a nearby school but she refused the offer as she preferred to be a fulltime volunteer and activist instead.

**"Be humble,
friendly, courageous
and devoted and
remember you are
missionaries"**

Mrs. Fulgida Dkhar

**"YOU CAN HAVE PEACE OF
MIND, IMPROVED HEALTH
AND AN EVER-INCREASING
FLOW OF ENERGY. LIFE CAN
BE FULL OF JOY AND SATIS-
FACTION".**

- NORMAN VINCENT PEALE



Inauguration by Dr. A. Mar-
wein, DM&HO, EKH

TRAINING OF BLOCK TRAINERS

The District Medical & Health Officer, East Khasi Hills, organized a training for block trainers on alternative training methodology in IUCD (Cu T 380 A) under RCH-II.

The training was held at Ganesh Das Hospital, Shillong on the 13th to 18th of July 2009.

DEPARTMENT OF AYUSH

A separate Department of AYUSH has been setup in Meghalaya in 1976 with only one Homeopathy Dispensary in Shillong. Since then with an increase life style related disorder there is a world wide resurgence of interest in holistic system of Health Care. Particularly in respect to the prevention & management of chronic, non-communicable & systemic diseases. It is increasingly understood that no single Health Care System can provide satisfactory answers to all the health needs of modern society. Evidently, there is a need for a new inclusive un-integrated Health Care Regime that should guide Health Policy & Programs in future. Meghalaya has an advantage in this global resurgence of interest in holistic therapy as it has a rich heritage of indigenous medical knowledge coupled with strong infrastructure & skill man power in modern medicine. Medical pluralism is here to stay and the AYUSH sector has a critical role to play in a new and emerging situation.

The Department of AYUSH under the Ministry of Health & Family Welfare, Govt. of Meghalaya promotes & propagate Indian System of Medicine & Homeopathic is committed to infused the wisdom of traditional medicine with the methodologies of Modern Sciences, scientifically validating the system and presenting them in the scientific idioms. the Govt. of India Policy.

The Department has over the year developed a broad Institutional frame work to carry out its activities. The State Medical Plant Board function under the department of Horticulture Department to coordinate activities relating to conversation, cultivatism, marketing, exported and policy making for the development of the medical plant sectors. A drug quality control cell is also being setup in the State with grants from GoI to deal with the matters pertaining to licensing, regulation and control of drug and the spurious manufacture of AYUSH medicines. One AYUSH Drug testing Lab is also being setup in Meghalaya with the grant from GoI which will states function very soon.

Bringing AYUSH to mainstream the Health Care Delivery System of the State has been a success under the NRHM, AYUSH facilities are being setup in PHC's & CHC's and are being mend by qualified AYUSH doctors appointed on contractual basis. Since the creation of separate department there has been a substantial increase in the infrastructure facilities under AYUSH system in the State.

Presently there are 14 AYUSH Hospital i.e. 7 Homoeopathic & 7 Ayurvedic (with 140 beds). Under NRHM, AYUSH facilities have been co-located with 7 District Hospital PHC (36) & CHC (12) and one (1) Yoga in Civil Hospital, Shillong.

2ND ROUND TRAINING OF TRAINERS ON ASHA MODULE 5

ASHA Module 5 brought along a new concept of training the ASHAs, where the trainers involved in training the ASHAs are representatives from reputed NGOs of the State.



Assistant Commissioner (Training), GOI, Advisor Community Participation (CP), NHSRC, State Facilitator (CP), Orissa, NHSRC, Resource Persons, Staff (NRHM) & Trainees during the 1st round training

This encourages community participation and also most importantly eliminates the information loss caused by adopting the cascade model used during training of ASHA on Module 1 to 4.

The objective of the training in Module 5 is to strengthen the role of ASHA as a social health activist, enhancing her leadership skills, communication skills, negotiation skills and upgrading her knowledge in areas of human rights and health rights in particular as compared to Modules 1 to 4 which exclusively covered thematic lessons relating to various diseases and the curative measures. Keeping this in view the State has conducted the 1st round Training of Trainers on ASHA Module 5 on the 23rd to 26th of June 2008 and the 2nd round on the 25th to 28th August 2009 and this was organized by National Rural Health Mission (NRHM), Meghalaya and jointly supported by Regional Resource Center for North Eastern States (RRC-NE)-Guwahati at the UNODC- MSJE Lecture Hall Sympli Building, Malki, Meghalaya. The State now has 46 Master trainers who will directly involved in training the ASHAs in various districts of the State.



Mr. Shome, Consultant, RRC-NE discussing with the group during the 2nd round training



An ASHA interacts with the participants during the 2nd round training



NRHM A HAND THAT SAYS I CARE



Deputy Commissioner cum Chairman, District Health Society Jaintia Hills, Shri Sanjay Goyal, IAS, giving away the award for best performing health institution to Nartiang PHC, Dr. R. Pohsnem, MO I/C (right).

Primary Health Centre at Nartiang was inaugurated on the 1st October 2001 with an aim to cater to the felt needs of a community of 21000 people reporting from 6 subcentres and living in 26 villages. Infrastructures viz., building, electricity were already in place at the time of inauguration. However, bogged down by manpower shortages, lack of

equipment, insufficient supplies, and, failure to provide 24x7 running water the health centre could never live up to expectations of the public. It ended up providing only OPD services besides, ANC and immunization for the children. Often, poor patients would hire costly private transportation for seeking treatment or delivering a normal baby at a district hospital. Institutional delivery was unheard of and inpatients' bed occupancy rate was zero.

All that has changed now ever since the state Govt. has identified the PHC to function 24x7 under the ambit of National Rural Health Mission. Problem of man power shortages has been addressed by program input from NRHM, through the appointment of three contractual GNM. To bridge the gap generated by vacancy of a second medical officer a lady AYUSH doctor has been posted at the PHC.

Day to day issues of inpatients' hygiene & sanitation have now been overcome by financial input from NRHM through outsourcing of laundry services to the locals on a weekly basis as well as cleaning the toilets and labor room, bearing in mind the fact that the amount of untied fund released to a PHC is only Rs. 25,000/ per annum which, besides meeting all the above expenses, nonetheless, has to meet all the emergency purchase of essential supplies viz., surgical gloves, inj. Oxytocin, Suture materials, etc., Problem of providing 24x7 running water, maintenance of sewage pipes of toilets, electricity in all the rooms of the PHC have been fixed by Maintenance grant. Upgradation of existing infrastructure for better utilization temporary partition of the existing wards into maternity ward, sick children, male and female wards have been met by RKS fund of the PHC. Nevertheless, rendering a non-functioning room into a 24x7 labor room has been met by RKS fund of the PHC. Basic laboratory services viz., Hb estimation, ABO grouping & Rh typing, urine sugar & urine albumin are now available at the PHC besides, other lab services like sputum microscopy and malaria microscopy. Subcentres have recorded an increase in the OPD attendance and full immunization coverage increased from 421 in 2007 to 578 in 2008 because of release of untied fund to the subcentres and organization of Village Health and Nutrition Days by the ASHAs at the AWW centres.

This is the success story of the Nartiang PHC, which has been awarded as the best performing health institution.

Financial year	Programme (NRHM) Input	No. of OPD Patients	Indoor Patients	Total area Delivery	Institutional Delivery (PHC)	MMR
April '06 - March '07	0	11,622 (out-break of malaria)	0	459	0	2.5 per 1000 live births
April '07 - March '08	GNM:1+Untied fund + Maintenance grant.	8181	11	517	11	1.9 per 1000 live births
April '08 - March '09	GNM :3 + AYUSH doctor+ Untied fund + maintenance grant + RKS fund.	9229	429	630	119	1.5 per 1000 live births



Group Photograph of the Staff along with Dr. Pohsnem



HEALTH MELA AT NONGKHLAW CHC



A speech being given by Principal Secretary Shri. A. K. Shrivastava

Two days Health Mela was organized by the office of the District Medical & Health Officer (DM&HO), West Khasi Hills, Nongstoin under the aegis of the National Rural Health Mission (NRHM) from 04th September to 05th September 2009 at Nongkhlaw CHC, Mairang C&RD Block. Nongkhlaw CHC is about 70 kms from the District headquarter and covers a population of **8889** (as on 1st April 2009) which include **12 villages** and **1532** households.

At the inaugural function on 04th September 2009, Shri. Metbah Lyngdoh, MLA of Mairang Constituency was the Chief Guest, Shri. R. Rani, MDC Mairang Constituency and Shri. A.K. Srivastava, IAS Principal Secretary of Health & Family Welfare, Govt. of Meghalaya was the guest of honour. Others who were present at the function were Shri. Vijay Kumar Mantri, Sub-divisional Officer I/c of Mairang Civil Sub-division, Dr. A.S. Kynjing DHS (MCH&FW) cum joint Director of National Rural Health Mission (NRHM) Meghalaya, Dr. R.L. Kyndiah, DM&HO, Nongstoin, Dr. (Mrs) P. Kharbuli Addl. DM&HO, Nongstoin, Dr (Mrs) J.V. Basaiawmoit, Medical Director, BECC Shillong,

Sordar of Nongkhlaw Village, Officers and staffs of Health and Family Welfare department and other Officers from other Government departments.

Shri. A.K. Srivastava stated that the Government has implemented many programmes under the NRHM to improve the quality of Health Services especially in the rural area where the people cannot afford to go to private Hospitals for treatment. He also stressed that **Prevention is better than cure**, so he stated that people should concentrate more on the preventive measures rather than curative aspects.

The Chief Guest in his speech stated that the Government of India (GOI) seeks to provide effective and affordable health care to the rural population. He encouraged the people to avail the services rendered by the Health department to improve access of people, especially the poor women and children. He also thanked the Citizen Foundation (NGO) who has taken charge the Nongkhlaw CHC for their services to the people and to rendered 100 % effective health care to the public through Public Private Partnership (PPP) with the Office of District Medical & Health Officer (DM&HO), Nongstoin.

The MDC of Mairang Constituency stated that people should take this Health Mela as a knowledge base to enable them to prevent from various Health problems and also to avoid from indulging themselves from bad habits like Alcohol, drugs etc. The Sordar of Nongkhlaw thanked the Office of DM&HO and he also urged the people to avail the services provided by it.



The participants



A mother being examined by the Doctor

“IN HEALTH THERE IS-FREEDOM. HEALTH IS THE FIRST OF ALL LIBERTIES.”
HENRI FREDERIC AMIEL QUOTES

PUBLIC PRIVATE PARTNERSHIP (PPP) MANAGEMENT MODEL OF CHC/PHC

The Govt. of Meghalaya intends to involve Voluntary Organization/Agency for running certain difficult CHCs and PHCs in the State on a Public Private Partnership management model. This came about due to many issues and problems in many CHC/PHC which have led to non/malfunctioning of the same. Reasons like shortage of doctors and qualified skilled man power particularly in the remote PHC and CHC has adversely affect the overall health care delivery services in the state In order to tackle this problem the government has decided to involve experience, resourceful and committed NGO/Voluntary Agency to function as management model of these CHCs and PHC on a Public Private Partnership as pilot project.

There are 7 NGOs/Voluntary Agency in 7 districts of Meghalaya who has taken over the management of these CHC/PHC and have entered into Public Private Partnership. Out of 29 difficult CHC/PHC selected for Public Private Partnership (PPP) Management Model, 20 has been handed over to NGOs/Voluntary Agencies.



HMIS Workshop in Shillong

Health Management Information System workshop was held on the 18th to 21st August 2009, a 4 days period and the target audience were DHS (MI), DHS (MCH&FW), State Nodal Officers of Vertical Programmes, Staff of Line Department supporting SPMU, SPMU Coordinators and Consultants, District Medical & Health Officer, District Programme Managers, District Accounts Manager, District Data Managers, State Finance Unit, Block Programme Manager.



Smti. A. Mukerjee, Resource Person from NSHRC, New Delhi

The contents of the workshop were:

- ❖ Background on NRHM (Goals, expected outcomes)
- ❖ Orientation on DHIS-2
- ❖ Discussion of problems faced
- ❖ Macro level feedback session of implementation issues
- ❖ Financial Monitoring Reports (Detailed discussions)
- ❖ Hands on training (data entry of some randomly selected Blocks)



The Participants

❖ Open session Outcomes of session / on-site facilities in Blocks (IT infrastructure)/Problems faced Mr. G. P. Singh (IT Consultant, Statistics Division , MoHFW), Ms. N. Sing (Info. Systems Expert, Data Triangulation Cell, MoHFW), Dr. Sundeep Sahay (Adviser, HMIS, NHSRC), Ms. A. Mukherjee (Member, HMIS Team , NHSRC), Mr. Bhaswat K. Das (HMIS Consultant, RRC NE) were the Resource Persons during the workshop.

URBAN SCHOOL TEACHERS TRAINING

A one day School Teacher’s Training was organized by School Health Programme, National Rural Health Mission on the 31st August 2009, at Simpli Building, Dhanketi, Shillong.

During the inauguration the Chairperson was Dr. Das and the Chief Guest was Dr. A.S.Kynjing, DHS (MCH & FW) cum Joint Mission Director, NRHM. There are around twenty five school teachers who participated the training. The topics spoken by the Resource Person were on swine flu, nutrition, tuberculosis, immunization, drug abuse, HIV AIDS and child development. The participants found the training very interesting .



Dr. Kharkangor, Nodal Officer taking a session

Implementation of Mother NGO Scheme

The status of implementation of Mother NGO Scheme in Meghalaya was in a very slow pace. The reason being, non availability of strong NGO working in the field of Health Sector which leads to delay in appointment of a fulltime State NGO Coordinator. Presently there are two MNGO who are implementing the Scheme:

Voluntary Health Association of Meghalaya (VHAM) implementing in East Khasi Hills District and Jaintia Hills District. This NGO has 8 Field NGO working with them for carrying out the Baseline Survey/Community Needs Assessment and it is almost completed so as to continue with the next phase.

Paham Khadi Gram Udyog Songha from West Garo Hills has implemented the Scheme for the preparatory phase in West Garo Hills District. Presently this NGO has just identified the Field NGO for carrying out the activity in conducting Baseline Survey/Community Needs Assessment and making proposal also.

4 Districts are yet to implement the MNGO

Sl. no	Name of NGO	Address	District sought for Implementation
1	Bakdil Sipsed	West Garo Hills Tura	East Garo Hills & South Garo Hills
2	Rilum Foundation for Sustainable Development	Smit, Shillong Meghalaya	West Khasi Hills District
3	Khasi Jaintia Presbyterian Assembly	Mission Compound, Mawkhar Shillong	West Khasi Hills District
4	Bosco Reach Out	Bosco Reach Out, Don Bosco Technical School Shillong	Ri Bhoi District

Scheme, i.e West Khasi Hills, East Garo Hills, South Garo Hills and Ri Bhoi District. 4 NGOs



Resource Person taking a session during the teachers training

have applied and they have been scrutinized, field appraisal is in process and this will be put forward in the NGO Selection Committee for final selection.



RASHTRIYA SWASTHYA BIMA YOJNA (RSBY)



Dy. CM. Dr. Mukul Sangma displaying the RSBY Beneficiary Card

On 17th September, RSBY Workshop was held at The Yojana Bhavan, Main Secreteriat, Shillong, Meghalaya. The Invitees were Shri A. K. Srivastava (Principal Secretary H & FW), Shri A. V. Singh (Director, MoL&E, GOI), Shri R. Chatterjee (IAS, Chief Secretary), Shri Nishant Jain (GTZ), Shri D. P. Wahlang (IAS, Mission Director, NRHM) and Shri Anthony Jacob (CEO Apollo DKV Insurance Co. Ltd.). Mr. Mukul Sangma, Deputy Chief Minister graced the occasion during the valedictory session. Presentations were given with clarification on various queries and finalization of the signing of the MoU between the Centre and the State in the near future and also to be followed side by side with the signing of the

contract between the State and the Insurance Company.

Maximum penetration to the rural poor and coverage of BPL households/ families which is 2, 05,234 in the 7 districts of Meghalaya. This outreach will be done in accordance with the networking with the various stakeholders (Government- State and Central, Insurance Company, Health service Providers, Third Party Administrator, NGOs, etc.), these are the expectation in the future.



Dr. A.S. Kynjing, DHS (MCH&FW) cum Jt. Mission Director, NRHM, Dr. K.H. Lakiang DHS (MI) & the participants

EMRI SERVICES LAUNCHED IN RI BHOI AND TURA

NONGPOH, Sept.10 Chief Minister Dr DD Lapang on 10th Sept 2009 launched the EMRI service for Ri Bhoi district at Nongpoh where three ambulances, one at Nongpoh, Bhoirymbong and Byrnihat, were released in the presence of Deputy Chief Minister incharge of Health, Dr Mukul Sangma.



EMRI services

It may be mentioned that EMRI was launched in 2006. The NRHM is the funding agency in the state. Meghalaya is the second state in the Northeast to get the service after Assam. Meghalaya will be getting another seven ambulances which will cater to other parts of the state.

TURA, Sept.25: The much awaited EMRI service was launched in Rongram Block Friday. Dr. Mukul Sangma, Deputy Chief Minister in the presence of Minister i/c Transport, Ismail R Marak. present at the launching function were Dr. Malti K Marak, District Health and Medical Officer, Sanjay Goyal, District Commissioner, West Garo Hills, Dr. Angeles Sangma, Doctor, Asanang PHC, Director EMRI operations and other medical officers. On last, two such were flagged off in Garo Hills, one each in Tura and Ampati respectively. While another one was launched Thursday Mahendraganj by Dr. Mukul Sangma. Two more ambulances are being planned to be added in the near future.



Dr Mukul Sangma, Deputy Chief Minister incharge of Health, flagging off the EMRI service

**“HEALTH IS THE
CONDITION OF WIS-
DOM, AND THE SIGN
IS CHEERFULNESS, --
AN OPEN AND NO-
BLE TEMPER”.**
RALPH WALDO EMER-
SON QUOTES

REVISED NATIONAL TUBERCULOSIS PROGRAMME (RNTCP)

Revised National Tuberculosis Programme (RNTCP) in Meghalaya was launched on 2nd October 2003 and its **main objectives** are:

1. To achieve and maintain a cure rate of at least 85% among newly detected infectious cases, i.e, the New Sputum Smear positive.
2. To achieve and maintain a detection rate of at least 70% of such cases in the population.

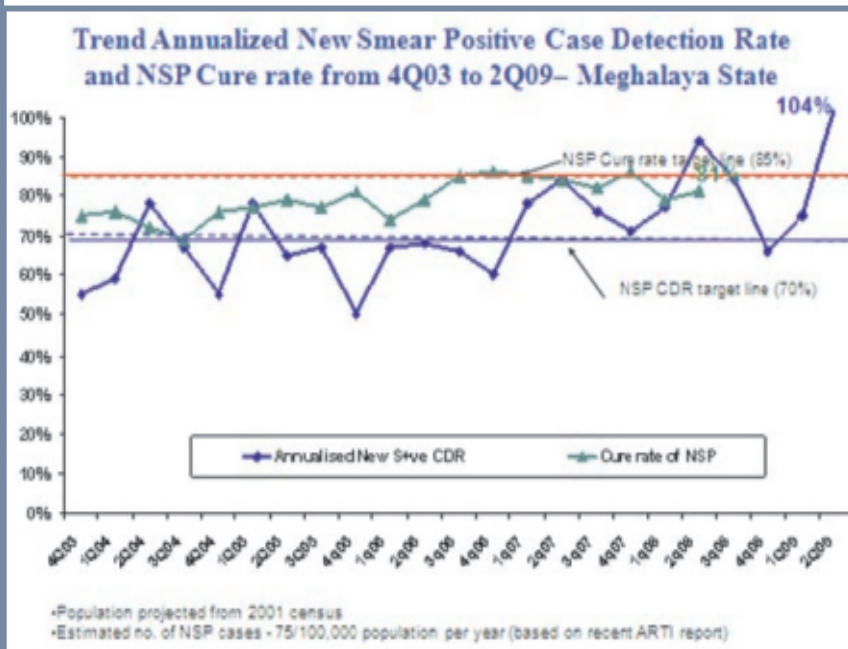
Our state is now equipped with a State TB Cell (Meghalaya State TB Control society), 7(seven) District TB Centres acting as reporting units. There are 12 TB units (TU) and 53 Designated Microscopy Centres (DMCs) including Public Sector (Medical College, Govt. health department and other Govt. Department) and NGOs. 92% Medical Officers have been trained in RNTCP. 85% Multi Purpose Worker are trained in RNTCP.

RNTCP has involved the only Medical college, NEIGRIHMS along with 26 NGOs. Nazareth and Roberts Gordon Hospitals are Designated Microscopy centres in urban Shillong, There are 28 private practitioners and community volunteers in the programme.

The total No. of patients since implementation is 21791 and the number of registered cases increased from

3698 in 2004 to 4640 in 2008. There is an increase of New Smear Positive Cases put on treatment from 1214 in 2004-05 to 1505 in 2008-09

Though the achievements are amplified due to various factors, it does not stop here, there is a need to improve the quality of implementation of the programme, to increase the case detection improving treatment adherence, tackling stigma and strengthen implementation of DOT (Direct Observed Treatment), the state reviews its performance once every quarter with the fullest co-operation of the districts, the Principal Secretary, the Director of Health Services and Programme Consultant to evaluate and provide directions and guidance to progress further.



RNTCP - A success story

"I work as a reporter now in one of the local newspaper, my name is Kitborlang residing in Lummawbah. A few years back I was suffering from TB, lost so much weight, could not eat and could not sleep, I was coughing continuously. I was scared. But thanks to DOTS, I am now free from TB. I took my medicines regularly from Laimer DOT Centre under direct Supervision. I am thankful and I am deeply grateful to DOTS and the people who took keen interest in my recovery"- Mr. Kitborlang Kharkongor

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