



# NRHM NEWSLETTER

## Meghalaya



*Featuring:*  
*ARSH Programme, JSSK - an Innovation, Launching of Ambulances,  
NRHM Sports & much more*

**From the Director's Desk:**



Dr. A. C. Hazarika, Director of Health Services (MCH & FW) cum Joint Mission Director NRHM, Meghalaya

I am proud to announce that this is the third Volume of the NRHM Newsletter. This Newsletter serves as a platform for which all the achievements and accomplishments that the Health Department has had so far. In accordance with this, most of the success stories and the like are collected from the state and districts wherein innovative ideas and actions were taken up by the individuals and for that they deserve an honorable mention in this Newsletter. Hoping for more

and more success stories and innovative steps, I sincerely commend the districts and the blocks for bringing up these stories to our notice. I wish the editorial team a wonderful success and hope that the team keeps aiming higher and continue with their positive attitude and commitment to this Newsletter.

**From the Editor:**

*This Issue of the Newsletter, unlike the different issues, features a special edition on sports. I think all the achievements deserve to be stated so that everyone can see for themselves all the good things that have been done by the department. Since there has been some negative reporting in the printing press which I may add are not always accurate, I hope this Issue of the Newsletter will correct those wrongs and discard the misconceptions that may have passed through one's thoughts at one moment or another. Look out for the special feature in this Issue regarding the innovative step under the JKKS scheme, carried out by the State. Enjoy!*

*\_Editor*

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## WORLD POPULATION FORTNIGHT: POPULATION STABILIZATION

### – A SUCCESS

The District Health Society, West Garo Hills was awarded the best performing district for a remarkable performance in promoting family planning during the observance of World Population Fortnight: Population Stabilization. A citation and cash award of Rs. 10, 000 was presented to the district in appreciation and recognition for this achievement by Shri D.P. Wahlang IAS, Commissioner & Secretary, Health & Family Welfare cum Mission Director, NRHM Meghalaya.

During the two weeks where Family Planning was the goal, the District had the most number of Family Planning activities conducted and achieved. These activities included Sterilization for Male and Female, IUCD Insertions, Condom Distribution and Oral Contraceptive Pills Distribution. It was an achievement that was highly appreciated by all as the dedication and commitment of this district was very encouraging.



Citation & cash award given to District Health Society, West Garo Hills District by Shri D. P. Wahlang IAS, Commissioner & Secretary, H & FW, cum Mission Director, NRHM Meghalaya

*Statistics of service delivery during the "Population stabilization Fortnight" 11<sup>th</sup> July – 24<sup>th</sup> July 2011 for West Garo Hills District*

Name of District: West Garo Hills										
Female Sterilization		Male Sterilization		IUD Insertions		OCPs Distributed in cycles		Condom Packets Distributed		
During the day	Cumulative Total	During the day	Cumulative Total	During the day	Cumulative Total	During the day	Cumulative Total	During the day	Cumulative Total	
0	193	0	9	6	376	54	1654	1530	23820	

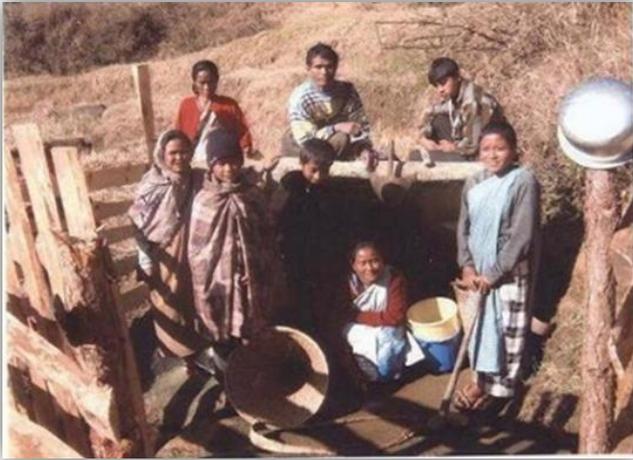
### OTHER AWARDS:

Similarly on the occasion of Republic Day this year, positive recognition in the form awards and citations were given to two doctors of the state for promoting institutional delivery in their respective areas. Dr. R. Pohsnem of Nartiang PHC, Jaintia Hills District has been very innovative in his methods of promoting institutional delivery. The PHC is well furnished with proper equipments and has very high standards of cleanliness which is very encouraging and appreciative.

Dr. N. A. Khan of Bhaitbari PHC, West Garo Hills District has also been as successful in promoting institutional delivery. His services boast of more than 50 institutional deliveries per month. For a PHC which at times has low supply of electricity, his services are never compromised.

## VILLAGE HEALTH SANITATION COMMITTEE

The VHSCs have been performing well in rendering the valuable services to the community. They have utilized the untied fund in cleaning drive, cleaning and renovation of water source, putting up waste bins in the roadside, construction of signboards, referral for patients in times of emergency, buying utensils for



### **Mawlieh VHSC in West Khasi Hills:**

Mawlieh is a village in West Khasi Hills which fall under Mairang Sub Division. It is about 8kms from Mairang Civil Hospital. The village has a population of around 781 and about 400 household. Mawlieh is a big village but the people of this village donot have safe drinking water. Traditionally the villagers depended on

the source of water which they usually dug from under the ground, but this source of water was never covered and sometimes it was also being used by the cattles therefore making it dirty.

Mawlieh VHSC has received VHSC untied funds twice i.e (2008-2009)&(2009-2010) and it was during this time that the Members of the VHSC decided to



construct a platform around the source of water so that villagers can draw water and even wash their clothes in two areas in the village. These sources of water were cemented and covered from all sides and even wooden fencing was built in one of the ponds which would protect it from the cattle. These constructions had been useful for the people of the village and even a letter of appreciation from the VHSC Members was also written to the Authority concern. The VHSC also used the fund for cleaning of the water source and also for a cleaning drive in the village itself.

The members of VHSC were grateful for receiving this amount as it had been a great help for the villagers and have also put forward a request for increasing the amount to the VHSC untied fund in the coming years.

## STRENGTHENING OF FINANCIAL SYSTEM TRAINING



A two week training program was taken up by the NRHM SPMU, Finance Division, Shillong, at the North Eastern Hill University Campus, Shillong, for its strengthening for financial system. Participants from all districts under the NRHM Finance Division right from the Districts to the different PHC accountants, the NGO accountants and the accountants of the different Vertical Programs had come together for the respective trainings.

The first week of training, “Implementation of Tally ERP 9” dated 6<sup>th</sup> – 10<sup>th</sup> of December was taken up very strongly by the SPMU in which supporting roles was played by Tally Solutions Pvt. Ltd., Kolkata and Data Crown Computer Consultancy, Guwahati. During the training HCL Lab-tops were distributed with licensed version of Tally ERP 9 customized for the use of NRHM personnel. The training was taken up by Mrs. Shivani Sinha and her team, representatives of Data Crown Computer Consultants, outsourced by Tally Solutions Pvt. Ltd. Kolkata. The participation for the first training included the District Accounts Managers and the Block Accountants Managers of respective Districts.

The second week of training, “Strengthening of Financial System” dated 13<sup>th</sup> – 17<sup>th</sup> of Dec '10 was inaugurated in the presence of, Mr. A.S. Nongbri, State Programme Manager, NRHM, Meghalaya, Mr. M. S. Kharshiing, State Finance Manager, NRHM, Meghalaya. The training was made to feel more special with the presence of Public Health Foundation of India which with their expertise in different fields provided us with better ways and means for the utilization of untied funds under RKS, VHSC and AMG.

In an initiative taken up by the SPMU keeping in view with the growing operations and importance of the Finance Division under the NRHM Programme, the training also brought about the introduction of the “Finance Manual” which was published by the SPMU Finance Division, NRHM, for the purpose of acting as a guide and support for all different issues relating to difficulties faced by the different finance personnel at different levels and locations. Sessions were also taken up by the State Finance Manager, on different issues relating to reporting and explanation of the Finance Manual. A special session was also set up with the respective concurrent auditors in which different issues relating to audit were taken into view and discussed upon. Mrs. A. Suchiang, ASHA Programme Manager and Ms. D. Passah, Programme Executive questions and problems relating to ASHA and JSY were clarified. A discussion on the mainstreaming the payment of ASHA as a pilot was also talked about.

A fitting ending was brought at the end of the training in the presence of Dr. A.K. Das, Director MCH, Mr. A.S. Nongbri, State Programme Manager, NRHM, Meghalaya, Mr. M. S. Kharshiing, State Finance Manager, NRHM, Meghalaya and all concerned staff of the SPMU. Special thanks were given to ICSSR-NERC, Shillong and North Eastern Hill University, Shillong for providing all available facilities for the training.

## ADOLESCENCE REPRODUCTIVE & SEXUAL HEALTH – STEPS TAKEN UP BY THE HEALTH DEPARTMENT



Wahlang, Commissioner of the Health and Family welfare department, Govt of Meghalaya cum Mission Director NRHM as the chief guest. The inaugural session was chaired by the Dr A. Das, Director Health Services (MI). The inaugural session also had the presence of Dr Annette Agardh, and Prof P Olof from Lund University, Sweden. Both have shared their experiences about the adolescent's clinics set up in Sweden and suggest a few tips for implementing similar clinics for adolescent girls and boys in the state. Experience sharing was also given by Dr .R. Pohnem on setting up of adolescent's clinics and its challenges. Besides the district hospital, adolescent clinics have been functional at the Rynjah Dispensary East Khasi Hills under the leadership of Dr (Mrs.) A.Lyngdoh,, At Nartiang PHC under the medical officer in charge Dr R.Pohnem, and at the Ampati CHC under the m/o in-charge Dr D.R. Sangma. All the three clinics are being part of the change project guided by Dr A. Agardh together with the support from the NRHM.

The chief guest in his speech has stressed on the need of reducing the cases of early marriages among adolescents and to find out ways and means to address these issues including improving the overall health condition of the Adolescents boys and girls in the state. However he insists on the co-operation of the various allied department for uplifting the overall health condition of the adolescents in the state. The chief guest finally declares the meeting open.

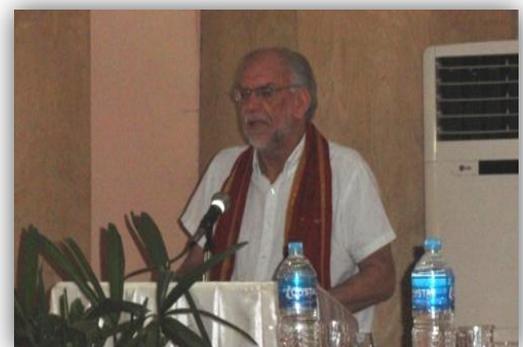
The One day Advocacy meeting on Adolescents Reproductive and Sexual Health was organized by the Directorate of Health Services (MCH&FW) and NRHM at the Shillong Club, Shillong on the 12/04/2011 .

The one day meeting was attended by various Districts Officers of the Health, Social Welfare, Education and Law Department representing the East Khasi and West Khasi Hills Districts, Ri Bhoi District and Jaintia Hills District and District Programmes Officers of the West and South Garo Hills Districts.

The meeting was inaugurated by Shri D.P.



*Dr. Annette Agardh*



*Professor Olof, Lund University*

## ADOLESCENCE CLINIC IN THE STATE DISPENSARY UNIT – RYNJAH RUN BY DR. (MRS) ALDRINA LYNGDOH



**“FRIEND’S CORNER” ADOLESCENTS CLINIC AT NARTIANG PHC – JAINTIA HILLS DISTRICT  
RUN BY DR. R. POHSNEM**



## ONCOLOGY DEPARTMENT AT CIVIL HOSPITAL, SHILLONG, MEGHALAYA



The department is headed by Dr. J. Syiemlieh (MBBS). According to Dr. Syiemlieh, the treatments have been going on for the past few months and as yet there has not been any case where a complete treatment has occurred as the ongoing treatment takes longer than the few months. Looking at the waiting area, there are quite a lot of patients. According to Mr. Lyngdoh, Pharmacist at the

Oncology department, the availability of medicines has brought about a positive change in the department, wherein there has not been a shortage of patients since and they feel encouraged to come to the hospital for treatment knowing that they will get proper care and medication.

According to the head nurse of the Oncology Department, some patients from the BPL families have to stay in the semi – private wards and pay for them due to overflow of patients since all the beds are being occupied in the general wards. Some patients come into the hospital early in the morning, but due to this same reason, they can only obtain their check up later into the evening.



*Patients in the Semi Private Male Ward*

Speaking to some of the family members of the patients, they say that since the availability of the free medicines there has been a lot of benefit on their side. Some of them say that if the medicines were not free, it would have been quite a burden to them since they will not be able to afford all of the essential medicines especially the families falling under BPL.

In the Chemotherapy ward, all the beds are occupied by the patients in male block.



Waiting area

## LAUNCHING OF 108 AMBULANCES ON 16<sup>TH</sup> AUGUST 2011



On the 16<sup>th</sup> August 2011, seven 108 Emergency Response Ambulances were launched in the presence of the Chief Minister Meghalaya, Dr. Mukul Sangma, Health Minister Shri Rowell Lyngdoh, the ambulances have been stationed at particular locations naming Tura – Guwahati, Dadengiri, Rari, Umsning, Civil Hospital – Shillong, Shillong – Guwahati and Baghmara.

The 108 Emergency Response Service Ambulance is operational in the mission of saving lives by providing pre – hospital care in the states of Andra Pradesh, Gujarat,

Uttarakhand, Goa, Tamil Nadu, Karnataka, Assam, Chhattisgarh, Himachal Pradesh, Madhya Pradesh and Meghalaya covering a population of 372 million.

Having completed two years of providing free emergency service to the people of the state, the “Wheels of Hope” – 108 Emergency Response Service Ambulance will be adding twenty four more ambulance to its existing fleet. The present strength of ambulances operates from thirty bases all over the state. The launch of the new vehicles will enable GVK EMRI to increase the area of coverage thereby attending to more emergency cases.

Amongst the new fleet of ambulance, six will consist of Advance Life Saving (ALS) Ambulance and eighteen

Basic Life Saving (BLS) Ambulances. With this addition Meghalaya is amongst the first state where GVK EMRI is operating to have a ratio of 1: 50, 000 coverage which is close to the WHO standards.

One of the significant aspects of the new ambulance is that two of the ALS ambulance will be specifically designated for interstate transfer from Shillong to Guwahati and Tura to Guwahati for all higher referral cases. Two backup ambulances will also be part of the new

launch so that systematic repairing and downtime can be achieved. Equipments like the suction machine, portable oxygen set, stretchers, glucometers and extrication tools, cervical collars, splints, BMV (bag mask valve) and emergency medicine will be available in both ALS and BLS ambulances. Multi Parameter Monitor and Automated External Defibrillator (AED) equipment are installed in the ALS ambulance.



## REFERRAL TRANSPORT – AN INNOVATION



Under the scheme JSSK (Janani Shishu Suraksha Karyakram) wherein free referral transport is to be given to pregnant women and children, the State of Meghalaya under NRHM has decided to use an innovative approach to help these pregnant women and children. Meghalaya has a unique association where there are women taxi drivers who drive the taxis and earn their living as daily taxi drivers catering only to women passengers earning around Rs. 200 – 300 per day. On seeing this, the Health Department approached the women taxi drivers and decided to give them an

offer. The health department offered them an MoU where they can drive the pregnant women and children to and from their residents and to and from the health institutions. The rates stand at Rs. 15 for the first kilometer and Rs 14 for the subsequent kilometers they will be paid on a coupon basis.

The women taxi drivers chose to take up this offer and signed an MoU with the State Health Department under NRHM on the 16<sup>th</sup> of August 2011 in the presence of the Chief Minister, Meghalaya Dr. Mukul Sangma, Health Minister Shri. Rowell Lyngdoh the Commissioner & Secretary (H&FW) cum Mission Director NRHM, Shri D. P Wahlang IAS, The Additional Secretaries Shri K.W. Marbaning IAS and Shri. M.R. Synrem IAS, the DHS MI Dr. A. Das, DHS MCH & FW Dr. A. C. Hazarika and other State health officials. On the 16<sup>th</sup> August 2011, the Women Taxi Drivers were officially flagged off by the Health Minister to attend to their first day of duty at Ganesh Das Hospital, Shillong where patients were already waiting for them to drop them home.

This innovative approach has proven to be a more effective way of generating the women taxi drivers' income and at the same time do so for the good of the people and most importantly, the women and children are able to attain the best in health care that are available to them at these facilities all for free.



## RSBY (RASHTRIYA SWASTHIYA BIMA YOJANA) – ROAD SHOWS

### *Yet another life saved.....*

This time in East Khasi Hills District of Meghalaya, the scheme saved the life of W. Nongbri, a 45 years old beneficiary belonging to Pongtung Village in East Khasi Hills District.

W. Nongbri is poor and helpless and lives alone. One day, she suddenly got a severe heart attack. Luckily her neighbour who was the headman of the village was present at that time. He brought her to Nazareth Hospital, 108 Ambulance (a service run by the State gave her primary under danger. She had estimate amount of Rs. had no money for disappointment gave remembered that she had the RSBY Smart Card. She was given the desired treatment as soon as it was made known that she was an RSBY Beneficiary. She was critical when she came to the hospital but on account of timely treatment she was soon out of danger.



Shillong with the help of the mobile van emergency Government). The doctor treatment but she was still no money for treatment. An 25, 000 was required. She treatment. Her initial way to hope when she

There are many more such W. Nongbris in villages, for which RSBY has brought a lifeline during medical emergencies providing protection to BPL households from financial liabilities arising out of health shocks that involve hospitalization.

### **Major achievement**

With an estimated enrolment of more than 50% of the BPL population in the four districts of the State, namely East Khasi Hills, West Khasi Hills, Jaintia Hills and Ri Bhoi, beneficiaries are receiving cashless benefits in the various empanelled public and private hospitals. The scheme in the state has also been recognized for innovations done in the approach towards enrollment of beneficiaries, especially in terms of BPL data collation and on field enrolment (2001 Census).

With major IEC/BCC initiatives undertaken by the State as well as the Insurance Company, the scheme is gaining grounds in terms of enrollment done and claim utilization by the BPL beneficiaries. With the scheme moving towards the three districts of Garo Hills, it is envisioned that beneficiaries are empowered with the right to free health care in hospitals across the country which are empanelled, thus easing the burden of financial liability arising from such health shocks.

**RSBY ROAD SHOWS USING THE RSBY IEC VAN**



**STATUS:**



District	Patients Admitted	Total Amount
East Khasi Hills	646	41, 47, 420
Jaintia Hills	135	7, 31, 909
Ri Bhoi	125	5, 92, 985
West Khasi	467	21, 60, 604

**ENROLLMENT:**

District	BPL Families	Enrolled
East Khasi Hills – Round 2	50, 997	27, 227
Jaintia Hills	19, 663	8, 693
Ri Bhoi	16, 276	8, 323
West Khasi	30, 481	19, 327

## ASHA (ACCREDITED SOCIAL HEALTH ACTIVIST)

### SUCCESS STORY

#### Story of an ASHA

**Name :** Smt. Daprasha Nongsiej

**Village :** Mawpharkrew

**District:** West Khasi Hills District

**Age:**42



Daprasha Nongsiej is the ASHA of Mawpharkrew village with a population of 215 households. She began her work as an ASHA in the year 2008. Before she started working and being known as the ASHA of her village she was known as the Dhai. In a span of 13 to 14 years working as the ASHA as well as a Dhai she has conducted as many as 200 safe deliveries in her village as well as in the neighboring villages. Hence she is well known to all in the village. She says she had less knowledge with regard to the health of women & children before she joined as an ASHA, which she realized as soon as she was selected by the Village committee as the ASHA of her village and received a series of training in various modules especially Module 6&7 which is a skilled based training and which teaches exclusively about maternal health, Newborn & Child health.

Presently Kong Daprasha Nongsiej is still known as a dhai as well as an ASHA. But whenever she is called for to conduct deliveries at home she makes sure to advice the family to go for Institutional deliveries. And if time does not permit and wherever possible she takes the assistances of the ANM. She has escorted many pregnant mothers to the health institution for delivery as well as mothers and children for immunization.

Kong Daprasha Nongsiej narrated one incident which happened in the month of January 2010 at around 3 AM. She heard a loud knock on her door when she woke up to open the door she found the headman and with two other people at her door step. They looked nervous when she ask them what brought them so early to her house, they said there was a woman at the neighboring village called Mawranglang who was having severe pain and contractions and was very serious. She immediately rushed to the woman's house

along with the headman and the others. When they reached the woman's house she found the woman lying in her bed with severe pain. Immediately with the help of the Headman she managed to arrange a vehicle and took the pregnant mother to Mawkyrwat CHC. As the woman's condition was quite serious she was referred to Ganesh Das Hospital, Shillong for delivery on that same morning. The ASHA without any hesitation accompanied the pregnant woman to the hospital and got her admitted for delivery. Today both the mother and child are safe and healthy.

Kong Daprasha Nongsiej through her work has managed to build a good reputation with all the women in her community especially with the pregnant mothers. Though she is a Dhai she has managed to motivate many pregnant mothers for institutional deliveries. In the village where she lives she had accompanied all pregnant mothers for ANC and there is also a record of 90% institutional deliveries and immunization of Children.

As an ASHA she has contributed many things to the village and also to the people in her community love & respect the work that she does. She also expresses that she wants to continue to work as an ASHA and contribute as much as she can to the society. She says it would be great if all ASHAs were trained on basic skills of conducting home as she feels that many people look up to them and it would be much safer for the women if she delivers her baby in the presence of a trained person.

## ASHA (ACCREDITED SOCIAL HEALTH ACTIVIST) SUCCESS STORY

### Story of an ASHA



*(bought from the VHSC fund 2009-10)*

**NAME: Manilla Ch Marak**

**AGE: 28 yrs**

**VILLAGE NAME: Rongsakgre (under Samanda block)**

**MARITAL STATUS: married**

**POPULATION COVERED: 992**

*ASHA is standing with the stretcher and baby weighing machine*

Manilla has been engaged as an ASHA since the year 2008 and she is the third ASHA from her village and is also the president of the Self Help Group. She has passion and commitment in being an ASHA and she says that she is interested in serving her village through the volunteer work. She also says that she has enough capacity to look after the village, has mercy for the villagers, and is interested in giving awareness on the different diseases.

According to her, being an ASHA does have its challenges. She faces several challenges in her work where for example some of the villagers do not do not support her and her reason was the fact that some of them do not attend any of the meetings. With the job, comes the challenges and she faces them wholeheartedly and she tries to overcome most of them as best she could.

She has quite an impressive performance record: till date she has escorted 10 JSY beneficiaries for institutional delivery, she goes for regular home visit, and she religiously conducts the VHNDs on a regular basis.

Since the day she joined as an ASHA of the village there has been an improvement from the villagers' attitude and behaviour towards health care and the various facilities that are available to them. There has been a significant rise in the number of beneficiaries who attend the VHNDs, she has been able to motivate more and more people to get the correct immunizations, sick people are more open to the idea of going to a health facility when the need occurs, convinced the people to adopt family planning methods and the overall condition of health has significantly improved in her village.



She has had one toilet facility constructed in the Community Hall with the first VHSC fund.



She has had 4 (four) dumping pits constructed from 2008-2009 VHSC fund

## INTER OFFICE CRICKET TOURNAMENT BETWEEN THE STATE GOVERNMENT DEPARTMENTS – NRHM REACHES THE FINALS



NRHM Cricket Team

A cricket tournament organized by the Sports Department was held from 26<sup>TH</sup> February to 30<sup>th</sup> April 2011. The NRHM team consisting of players from NRHM State and District Units and others from the State Department reached the finals on the 30<sup>th</sup> April 2011. The team had a consistent winning streak throughout the tournament losing only to the Meghalaya Police Department (MPL) at the debut match and at the finals. The NRHM team wore the

black NRHM T shirts bearing health messages in English, Khasi and Garo. The team had Larry Rymbai as the Captain which led the team to the finals.

On the final game, the team from NRHM opted to field first and the MPL managed an impressive score of 112 for 20 overs.

The NRHM team had a big score to chase with in the 20 overs. After an exciting first innings, it was time for NRHM to bat. The innings started off to an exciting note wherein the players gave their all to chase the score attained by MLP. But as the game progressed, it was clear that MLP was the team to beat. MLP having experience on their side gave an excellent performance on and off the pitch and sadly, NRHM were all out with 68 runs with an impressive four, hit by Malcolm Kharshiing off the last ball.

The finals also became an opportunity for the IEC Division to create a mini health campaign wherein the IEC van was used as a commentary box throughout the match. NRHM, spots were played on loudspeaker for everyone to hear. Needless to say, NRHM for its maiden season gave a good performance overall. Barry Rymbai from the NRHM Team got the Man of the Series Award.



SUPPORTERS & CHEERLEADERS WITH THE TEAM'S FLAG





**FRIENDLY FOOTBALL MATCH BETWEEN THE MISSION DIRECTOR’S TEAM VS SPMU (STATE PROGRAMME MANAGEMENT UNIT)**



The Mission Director’s Team (Blue) defeated the SPMU team (White) by an impressive four goals. The match was played as a friendly game between the two on a sunny Saturday morning. The game was challenged by the Mission Director himself. The SPMU accepted with full confidence. On the first half, the State Programme Manager was the Goal Keeper. MD’s team managed to score three goals with only a solitary goal by the SPMU Team

The second half had the SPMU team putting up a stronger defense against the MD’s Team where Larry (HR Manager i/c RSBY) scored another goal. The second half has Malcolm (State Finance Manager) as the goal keeper, but the MD’s team was unquestionable the stronger team and they managed to score a fourth goal in the second half.

Nevertheless, it was a game which was enjoyably played by both teams. The game ended with everyone, players and supporters having a hearty breakfast on the ground itself.





For Pregnant Women	
On confirmation of pregnancy	T.T. 1 <sup>st</sup> Dose/Booster Dose
After one month of giving T.T. 1 <sup>st</sup> Dose	T.T. 2 <sup>nd</sup> Dose

For children	
At Birth	B.C.G., O.P.V. 0 Dose
1 ½ Months	D.P.T. 1 <sup>st</sup> Dose, O.P.V. 1 <sup>st</sup> Dose
2 ½ Months	D.P.T. 2 <sup>nd</sup> Dose, O.P.V. 2 <sup>nd</sup> Dose
3 ½ Months	D.P.T. 3 <sup>rd</sup> Dose, O.P.V. 3 <sup>rd</sup> Dose
9 Months	Measles, Vitamin A Solution
10 Months	Measles 2 <sup>nd</sup> Dose
16 - 24 Months	D.P.T. Booster, O.P.V. Booster, Vitamin A Solution



**NATIONAL RURAL HEALTH MISSION**

Directorate of Health Services (MCH & FW), Red Hill, Laitumkhrah, Shillong - 793003, Meghalaya, Tel: 0364-2506455/2506244, E-mail: [iecbcc.nrhmmegh@gmail.com](mailto:iecbcc.nrhmmegh@gmail.com)

**National Rural Health Mission (NRHM), Government of Meghalaya**