



National Health Mission, Assam

Swasthya Dapoon

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স্বাস্থ্য আৰু পৰিয়াল কল্যাণ মন্ত্ৰালয়, ভাৰত চৰকাৰৰ অভিলাষী
আঁচনি 'আয়ুশ্মান ভাৰত'ৰ অধীনৰ এক নৱ প্ৰবৰ্ত্তন
স্বাস্থ্য আৰু কল্যাণ কেন্দ্ৰ (Health and Wellness Centre)



তৃণমূল পৰ্যায়ৰ স্বাস্থ্য সেৱাক কল্যাণকামী কৰাৰ মানসেৰে
কৰা এই প্ৰবৰ্ত্তনে সামৰি ল'ব-

- ◆ গৰ্ভাৱস্থাৰ যতন আৰু প্ৰসৱকালীন সেৱা
- ◆ নৱজাতক আৰু কেচুৱাৰ যতন
- ◆ টীকাকৰণক সামৰি শৈশৱকাল আৰু কৈশোৰ কালৰ স্বাস্থ্য সেৱা
- ◆ পৰিয়াল পৰিকল্পনা সেৱা
- ◆ সাধাৰণতে হোৱা সংক্ৰমিত ৰোগসমূহৰ যতন আৰু বৰ্হিবিভাগীয় সেৱা (জ্বৰ আৰু অন্যান্য লঘু স্বাস্থ্য সমস্যাসমূহক সামৰি)
- ◆ ৰাষ্ট্ৰীয় স্বাস্থ্য কাৰ্যসূচীসমূহৰ অধীনত সংক্ৰমক ৰোগৰ ব্যৱস্থাপনা
- ◆ অসংক্ৰমক ৰোগসমূহৰ স্ক্ৰীনিং আৰু ব্যৱস্থাপনা
- ◆ সাধাৰণতে হোৱা চকুৰ সমস্যা আৰু নাক-কাণ-ডিঙিৰ সমস্যাৰ প্ৰাথমিক যতন
- ◆ মানসিক স্বাস্থ্য সম্পৰ্কীয় ব্যৱস্থাপনা
- ◆ প্ৰাথমিক দস্ত স্বাস্থ্যৰ যতন
- ◆ বয়োজ্যেষ্ঠ আৰু শিশু স্বাস্থ্যৰ সেৱা
- ◆ মূল ট্ৰমা কেয়াৰ আৰু জৰুৰীকালীন চিকিৎসাৰ বাবে যাৱতীয় ব্যৱস্থা গ্ৰহণ



National Health Mission, Assam



Anurag Goel, IAS
Principal Secretary
Health & Family
Welfare Department

SWASTHYA DAPOON

MESSAGE

The quarterly health journal "**Swasthya Dapoon**" has given an opportunity to all officials of Health & Family Welfare Department, Assam to share the achievements of their works being done to larger audience so that people get the information and can take all benefits of the services being rendered. It has also opened up window for the larger audience to react in constructive manner on some of the initiatives taken by the Department so that the program implementation modalities can further be improved with the value-added inputs from the readers. Already, two (2) issues of "**Swasthya Dapoon**" are published and both the issues generated interested among readers, as reported.

Swasthya Dapoon, an integrated approach between a purely scientific medical journal and a magazine to discuss issues related to public health in an understandable manner. I am glad that many officials from health department working at different capacities have been contributing their programmatic achievements for informing to larger audience. These stories carry important messages, which will certainly generate awareness among readers on different health issues and this is how we can ensure better bondage between health service providers and health service seekers, which is one of the important goals of Public Health. Improved bondage between health service providers and health service seekers ensures better utilization of health care facilities.

Dr Himanta Biswa Sarma, Hon'ble Chief Minister of Assam has been kind enough to bless the first edition of Swasthya Dapoon, with his words of encouragement and continuous guidance. The 1st edition was released on the occasion of "**Doctor's Day**" on 1st July, 2021.

Sri Keshab Mahanta, Hon'ble Health Minister has been the constant guiding mentor and strength behind the efforts of getting a health journal published. I am sure that under the visionary leadership of Hon'ble Health Minister, we will be more action-oriented, transparent, communicative and scientific in all our approaches towards attaining better public health status in Assam.

The members of the editorial team have been coordinating with different divisions of health department and getting the journal published on time.

I hope, each reader will be able to enrich their knowledge by reading the contents of Swasthya Dapoon and will contribute for a healthier Assam.

Sincerely yours,

(Anurag Goel, IAS)

Principal Secretary

Health & Family Welfare Department



National Health Mission, Assam

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Assam's readiness to face fresh challenges posed by new COVID variant "Omicron"

Dr. Lakshmanan S, IAS
Mission Director,
National Health Mission, Assam

Assam has been managing COVID-19 using the robust approach of **3Ts - TEST, TRACE, TREAT** coupled with adherence of **CAB** (COVID Appropriate Behaviour) and **COVID-19 Vaccination** of targeted population. With these multipronged approaches, state has been performing well in terms of maintaining high recovery rate of COVID-19 with more than 98% (as on 26th December 2021) and comparatively low mortality rate. The test positivity rate is hovering around 0.4% to 0.6% in last 15 days.

In almost last 2 years, to manage COVID-19 pandemic, Assam took lots of initiatives (keeping **3Ts** at the center stage) in strengthening the health systems, which include:

- Infrastructure strengthening of the identified health facilities, including ramping up of dedicated beds for COVID-19, ICU and ventilation facilities,
- using latest COVID management treatment protocols, as it comes from time to time,
- engagement and rationalization of all necessary Human Resources (from specialists to cleaning staff),
- effective crowd management at different hospitals,
- introducing strong linkage among facilities (from PHC to medical

college) so as to segregate patients and to respond as per patient's need,

- effective community engagement so as to have mass awareness on "**COVID appropriate behavior**" - detailing on how to keep oneself safe from COVID-19 and in case of having COVID-19 symptoms, what exactly are to be done,
- mega vaccination campaign with the support of all stakeholders;
- managing non-COVID essential healthcare services at different facilities while continuing the COVID-19 fight.

After managing the 2 previous COVID-19 waves successfully, Assam is now experienced and confident that any further challenges, if comes then Assam will be able to manage the challenge successfully with the support of all stakeholders. The officials from health and other departments, who directly or indirectly got involved in COVID management, are also confident and prepared to face any eventuality, if need arises. So, the health system is fully ready with all guns to beat any further wave and to save precious human lives.

- The recent emergence of new COVID variant "**Omicron**" in different parts of world (on 24th November 2021, 1st Omicron case was reported to WHO from 2 countries-South Africa in Gauteng Province and Botswana) has brought the COVID-19 management again at



center stage and each country is redefining its strategies to deal with the new crisis. On **26th November, 2021**, WHO designated **B.1.1.529** as Variant of Concern (**VOC**). India has already recorded a total of 578 Omicron cases (as on 27.12.2021) with Delhi on top with 142 cases, followed by Maharashtra 141 cases, Kerala with 57 cases. Each day, the number of Omicron cases is going up in India, which is a matter of concern. Already, 19 states reported cases of Omicron till 26.12.2021 and more cases are being reported from different states. Most of these cases are returnee from abroad and many of them are asymptomatic. Ministry of Health & Family Welfare, Government of India has issued strict SoP for screening of each international traveler, on entry to India and at different states and to track those passengers even during mandatory quarantine (on being tested negative at entry) so that further spread can be reduced to a large extent. As Omicron has very high transmissibility, so it is very important to keep each suspected person under strict vigil so as to keep spread under control.

As advised by Ministry of Health & Family Welfare, Government of India, Assam has been keeping strict vigil of the situation around with a focus on the travelers entering state by different routes. Immediate testing of such group of population is kept on high agenda. In fact, Assam did not stop testing since 2020, state has been continuing with the policy of testing for the targeted population (as per the SoP issued from time to time) and state has been immensely benefitted by this policy of keeping "testing" always at the

centre of fight.

To manage the probable threat of new COVID variant "Omicron", state has been getting ready and for this identified health facilities are given all necessary supports, including re-deployment of critical HR and support staff, medicines and other logistics. State has been keeping close watch of the situation around and has been taking necessary steps. Different steps, which are being planned to manage any further wave is discussed below.

1. As experienced in earlier waves, "**surveillance**" is the most useful tool. So, it is emphasized to keep maximum focus on surveillance, containment efforts so as to make best efforts to prevent occurrence of 3rd wave of COVID infection in Assam. As such, it is necessary to test, trace and quarantine the primary and secondary contacts of COVID positive person and to extend appropriate treatment to the COVID positive person at appropriate health facility;

2. Regular Video Conferencing (VC) with the districts by Principal Secretary, Health & Family Welfare, Assam to take stock of the situation and to guide districts;

3. Activation of the War rooms/control rooms in state and district level;

4. Added focus is given on completing vaccination of the 1st dose (if not yet done) and to complete the 2nd dose vaccination as per schedule;

5. The door-to-door vaccination is further strengthened to expedite vaccination.

6. Deputy Commissioner of the respective district is to hold regular meeting with the district health team members to ensure full proof readiness in all fronts (infrastructure, HR, treatment) so that in any emergency situation, proper treatment response can be given. Deputy Commissioners are asked to personally



ensure full-fledged functioning of PSA plant so as to ensure that patients get oxygen.

7. Deputy Commissioners are to keep analyzing all trends and surges, no matter how small be the number; and to keep taking proactive action at the district/local level.

8. District COVID Nodal Officer (Circle Officers) must keep analyzing the surge in cases and taking timely steps on containment measures;

9. Latest clinical protocols for COVID treatment are to be adhered to. The Director of Medical Education is requested to keep team members updated about protocols;

10. Deputy Commissioners are empowered to decide on micro containment zone, buffer zone, perimeter control in consultation with all related officers;

11. Public Health measures has to be strictly enforced though active community engagement - CAB (COVID Appropriate Behaviour - hand washing, social distancing and use of mask);

12. All cluster samples are being sent to INSACOG Labs (The Indian SARS-CoV-2 Genomics Consortium) for Genome Sequencing without delay;

13. Districts are asked that if any omicron case is admitted then s/he has to be admitted in a separate building and not in the hospital where regular cases are admitted;

14. Transparent communication on hospital and testing infrastructure availability;

15. Regular press briefing is to be conducted by Deputy Commissioner so that through press, people are aware about government's initiative and latest SoP on COVID-19;

16. All International travelers of the state going out or coming into Assam must

submit self-declaration form on the online Air Subidha Portal before the scheduled travel, including last 14 days travel details;

17. Any foreign traveler, entering district must go for mandatory 14 days quarantine and on 4th or 5th day, RTPCR testing must be done including whole genome sequencing (WGS). State is even doing genome sequencing of the locally found cases;

18. Strict home quarantine is to be at any cost to keep the spread under control.

19. Principals of Medical Colleges are suggested to train/orient/mentor district health response team members fall in their cluster of districts zone so that staff handling COVID become more professional in managing COVID-19 crisis.

20. Mapping of referral transport has to be done properly and dedicated transport needs to be earmarked for seamless referral for patients.

21. Night curfew from 11.30 pm to 5 am has been imposed from 26.12.2021 in Assam;

Assam is highly alert and has been closely monitoring the COVID situation at the highest level and necessary guidance/suggestion/ SoP is being issued from time to time. Support from all stakeholders, mainly active community support is the key to fight such a pandemic. So, all out efforts are being made to generate meaningful community awareness (using 3600 media approaches) so that people themselves continue to behave as a responsible citizen, which itself will make the job of managing pandemic will be easier and thus many unwanted suffering and untimely deaths will be avoided. So, all concerned are requested to follow the directives issued by Government of Assam and to follow those directives. We are sure that jointly we will be able to avoid any further wave of COVID-19 in Assam.



Mobile Medical Unit

Taking health care to the door step...

Smt. Pomi Baruah, ACS
*Officer on Special Duty,
National Health Mission, Assam*

Government of Assam is working extensively to improve the health care system of the state, especially for the people of tea garden and unreached areas of the state. The project Mobile Medical Unit (MMU) commenced on 20th June 2017 to provide preventive, promotive and curative health care services to these marginalised and deprived people with the joint effort of Govt. of Assam and National Health Mission, Assam. The project is outsourced and Hindustan Latex Family Planning Promotion Trust (HLFPPT) was selected to operate the MMU services in the state of Assam by National Competitive Bidding.

MMU at a glance: At present, total 130 MMU teams are operational in the state, of which 80 MMUs are serving in tea garden areas of state. Rest 50 MMU teams are placed in Non Tea Garden (NTG) areas to served the people of hard to reach areas across the state.

The MMU Team: The MMU team is led by a Medical Officer who is supported by two ANMs, one Pharmacist, one Lab Technician, one Ophthalmic Assistant, two drivers and a handyman.

Package of services provided by the MMU: The package of comprehensive Primary Healthcare Services provided by MMU includes the following–

- Primary health services
- Maternal Health Services
- Child Health Services
- Family Planning Services
- Adolescent Health Services
- Communicable disease Services
- NCD services
- Nutritional services
- BCC services
- Diagnostic Services
- Higher facility referral for management

of complicated cases needing further treatment.

- Participating in the various activities/campaigns as per State health calendar.

Performance: The project has made significant contribution in strengthening the primary health care facilities in across the state. Till 30th November 2021, the MMUs have served more than 74 Lakh beneficiaries, organized 1.44 lakh camps and conducted more than 17 lakh diagnostic laboratory tests, including 145822 ANC & 38796 PNC, 449409 Ophthalmic Advances and 23925 ECGs. The quality antenatal check-up of pregnant women has also led to early detection of high-risk pregnancies in the region and hence supported the Government's vision of reducing Maternal Mortality and Infant Mortality Ratio. It also promotes safe institutional delivery to reduce the risk of maternal mortality and Infant mortality. Prevention of disease as well as providing medical care during emergencies, especially for the people residing in the remote and hard to reach areas across the state is another mile stone of the service.

Role in COVID-19: The Mobile Medical teams are acting as a Rapid Response Team across the state to make the community aware in social distancing, hand washing, usages of masks, disease prevention etc in respect to the COVID-19 pandemic apart from the normal health camp. It is also involved in vaccination drive for both Tea Garden and Non Tea Garden areas of the state.

- Total nos of sample (RAT/RTPCR) collected 643703 (till November' 21)
- Total nos of vaccination done 245267 (till November' 21)

The widespread usage of Mobile Medical Unit has enabled hospital facilities closer to the community for faster and affordable treatment at the their door step.





Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana

Jiten Gogoi

*Operations Manager, Atal
Amrit Abhiyan Society*

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana is a national health assurance scheme that aims to provide cashless treatment upto Rs 5.0 lakhs to already identified 27 lakhs families in the State of Assam as per Socio Economic Caste Census 2011. This family floater scheme covers 1578 procedures under 25 specialties. Since inception of the scheme, 205284 beneficiaries have availed cashless treatment under General Medicine, General Surgery, Obstetrics & Gynaecology, etc.

335 hospitals have been empanelled under the Scheme. TA/DA of Rs. 300/- per day for a maximum of 10 days within Assam and Rs.1000/- per day for a maximum of 10 days outside Assam is given to the beneficiaries. Air Fare for a maximum of Rs. 30,000/- per year is given to the beneficiaries for treatment outside the State. Pradhan Mantri Arogya Mitras deployed in the empaneled Government hospitals to hand hold and guide the beneficiaries.

Beneficiary Identification System (BIS) is done for PMJAY. Golden Cards are issued prior to treatment which was not the case



*Presented By Hon'ble
Chief Minister of Assam*

earlier. Modifications and customization was done like in the absence of marriage certificate, Mother & Child Protection Card (MCP) could be uploaded to establish the relationship of a wife. Again incentives are provided to the members of the medical team involved in a procedure/package in case of treatment of a patient under PMJAY. The honorarium amount would not exceed 20% of the concerned package rate.

A State Anti Fraud Unit has been established in the State where field audits are done to prevent and detect frauds. Each PMJAY empanelled hospital is provided with leaflets/flex banners and standees.

In the continued effort to make the scheme more accessible for the beneficiaries and to increase the usage of Ayushman Cards, an initiative "AAP KE DWAR AYUSHMAN" is also being launched shortly.

Citizens of Assam are encouraged to visit their nearest District Hospitals and Medical College & Hospitals to check their eligibility for availing the benefits of AB-PMJAY or can also log into <https://mera.pmjay.gov.in> to check their eligibility.

Tobacco Free Educational Institutions and enforcement of related laws to protect youth

Tobacco-free education is a human right for all young people as tobacco is the world's leading killer causing five million deaths a year. Although it is a growing trend for educational institutions worldwide to have some form of tobacco-free policy in place, not all are comprehensive or equal to best practice. A tobacco-free policy is defined as tobacco less environment, environments that are free of all forms of tobacco advertising, promotion, sponsorship and sale.

As our country is in the early stages of developing enforceable tobacco-free laws, it has not yet implemented effective and enforceable laws and regulations to protect their populations from the known harm caused by tobacco products. Tobacco use impairs mental development and physical performance; there are undeniable health and moral reasons for all campuses to be made safe and free from the harm caused by tobacco use.

An institute has to develop, implement and support a comprehensive tobacco-free campus policy, which is comprehensive for:

- Improving the health of students and staff by ending tobacco use of all forms
- Ending all forms of tobacco advertising, promotion, sponsorship and sale near the campus
- Establishing an ethical and socially responsible mandatory standard or core principle that ensures that the

Arzoo Dutta, *Senior Consultant*
State Tobacco Control Cell,
Guwahati, Assam

institution, its staff and students are not financially or materially associated through the institution with the tobacco industry.

A tobacco free institution has great potential to improve the health, productivity and performances of both students and staff in universities, colleges, schools and wherever young people are engaged in learning and education.

Benefits include:

- Providing a safer and healthier environment for both smokers and non-smokers.
- Improving fitness, productivity and performances of students and staff.
- Supporting government or pre-existing programs to build healthy environments.
- Providing safer and cleaner environments with reduced litter and risks of fires.
- Enhancing the institution's profile as more socially responsible and ethical by putting the health of students and staff ahead of commercial interests of the tobacco industry.

Section 6 of '**Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce,**



Production, Supply and Distribution) Act, 2003, also known as Tobacco Control Act, 2003, prohibits sale of tobacco products to a person below the age of 18 years and within a radius of 100 yards of any educational institution.

Any violation of this provision is a punishable offence with fine upto **Rs. 200 (two hundred)**, as per section 24 of the Act. Any offence committed under this section is compoundable and shall be tried summarily in accordance with code of criminal procedure, 1973.

Section 6 (a) & (b) of Tobacco Control Act, 2003

- Prohibition of sale of tobacco products to and by persons under the age of 18 {Section - 6(a)}
- Prohibition of sale of tobacco products near educational institutions. Section - 6(b)}
- Sale of tobacco products to persons under the age of 18 years is prohibited.
- The seller should ensure that the person who is buying the tobacco product is not a minor.

Display the boards outside shops

I. Rules to enforce the provision related to prohibition on sale to minors were notified on 11th, August, 2011. As per the Rules:

A mandatory prohibitory display board to be put up at the point of sale declaring that "Sale of tobacco products to minors is prohibited"

- A board must be minimum size of 60 cm by 30cm of white back ground, containing the warning 'sale of tobacco products to a person below the age of eighteen years is a punishable offence', in Indian language (s) as applicable and a pictorial depiction of the ill effects of tobacco use on health, covering 50% of the board, is to be displayed at the

entrance of the shops where cigarettes or other tobacco products are sold.

The owner or the manager or the in-charge of the affairs of a place where cigarettes or other tobacco products are sold shall ensure the following:

- (i) The warning board shall not have any advertisement or promotional messages or pictures or images of cigarettes or any other tobacco products.
- (ii) no tobacco product is sold through a vending machine
- (iii) no tobacco product is handled or sold by a person below the age of eighteen years
- (iv) Tobacco products are not displayed in a manner that enables easy access of tobacco products to persons below the age of eighteen years.

Display the boards outside educational institutes-

2. Rules to enforce the provision related to ban on sale of tobacco products around educational Institutions [section 6(b)] was notified on 19th January, 2010, In order to, restrict access of tobacco products by youth, the sale of the same is prohibited in an area within radius of 100 yards of any educational institutions.

- The Rules make it mandatory for the owner or manager or any person in-charge of affairs of the educational institution to display and exhibit a prohibitory board at a conspicuous place(s) outside the premises, prominently stating that 'Sale of any form of tobacco products in an area within a radius of one hundred yards of the educational institution is strictly prohibited and that it is a punishable offence'. A display board must be put up outside all educational institutions declaring the same.
- The radius of one hundred yards of any



educational institution is to be measured radially starting from the outer limit of boundary wall, fence or as the case may be, of the educational institution.

There is an immediate need to declare educational institutes of the state and in its districts as a 'tobacco free'. Following is a guideline to facilitate the process. Start by assigning overall responsibility to a manager to coordinate the development and implementation of the tobacco-free policy. Form a Working Group, including student representatives, with designated responsibilities. Document the existing pattern of: tobacco advertising, promotion, sponsorship and sale. Conduct a survey of students and staff to identify: knowledge and awareness of tobacco harm; tobacco use prevalence; and the level of support for key elements of the policy.

Norms for Tobacco free schools/Educational Institutions:

- Display of "Tobacco free School" or "Tobacco- free Institutions" board at a prominent place on the boundary wall outside the main entrance.
 - No sale of Tobacco products inside the premises and within the radius of 100 yards from school/educational institutions and mandatory signage in this regard shall be displayed prominently near the main gate and on boundary wall of school/institute.
 - No smoking or chewing of tobacco inside the premises of institutions by students/teacher/other staff members/visitors.
 - Display of signboards "No Smoking Area-Smoking here is an Offence", of 60x 30 cm size inside the institutions.
- Posters with information about the harm effects of tobacco shall be displayed at prominent places in the School/Institutions. Students shall be encouraged to make their own posters on tobacco control themes.
 - A copy of the Cigarette and Other tobacco products Act (COTPA)2003 shall be available with the principal / head of school/institutions. (May be download from the website of the Ministry of Health & Family Welfare - www.mohfw.nic.in)
 - A Tobacco Control Committee shall be in place. It may be chaired by school head/principal, with members comprising of a science teacher, or any other teacher, school counselor , at least two NSS/NCC // Scout students at least two parents representative, area MLA, area SHO, Municipal councilor, member of PRIs, any other member. The committee shall monitor the tobacco control imitative of the school/institute. The committee shall meet quarterly and report to the district administration.
 - Integrate tobacco control activities with ongoing school Health Program of the State.
 - Promote writing of Anti-tobacco slogans on the school/institute stationary.
 - The Principal/Head of school/ institute shall recognize tobacco control initiatives by students/ teacher/other staff and certificates of application or awards may be given
 - State/ District Tobacco Control Cell in the State/ District Health Directorate may be consulted for technical or any other inputs.



The Journey of eSanjeevani in Assam

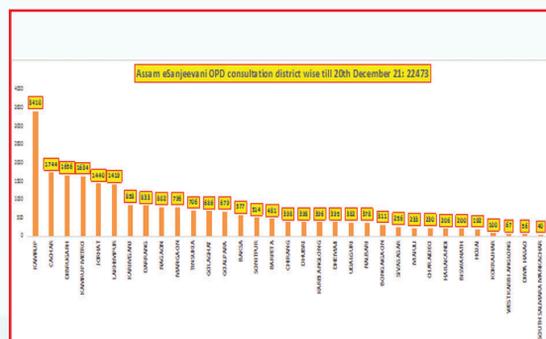
Dr. Mandeep Sarma Basistha
Dr. Rama Shankar

Assam has completed more than 3 lakh teleconsultation through eSanjeevani, a Government of India's National Telemedicine Service, rapidly shaping into the state's most popular and the largest telemedicine service. The state ranked 11th among the states and steadily making its way to top 10 states in the country. At present the National Telemedicine Service is serving daily around 1 lakh patients across the country reflecting wide adoption by patients as well as doctors, and specialists across the country. Ministry of Health & Family Welfare's National Telemedicine Service eSanjeevani is operational through two modes viz. - eSanjeevani AB-HWC (doctor to doctor telemedicine platform) that is based on hub and spoke model and eSanjeevaniOPD - (patient to doctor telemedicine platform) which provides outpatient services to the citizens in the confines of their homes.

eSanjeevani OPD in Assam

eSanjeevani OPD is a telemedicine variant for citizens to seek non-COVID19 & COVID19 related outpatient health services. It was rolled out on 13th of April 2020 during the first lockdown in the country when people were reluctant visiting OPD. State Assam commissioned this during the first wave of COVID but as expected in the initial days, the response to it was below expectations. Mission Director of NHM along with his team swotted the performance and understood the importance of telemedicine by creating a

strategy named SAMPARK and in this, a state Hub was created at National Health Mission (NHM) Head office. Deputation of specialist, medical officers, counsellors was done with their training by CDAC officials. The overall journey of eSanjeevani OPD to date (20th December 2021) is as shown below;



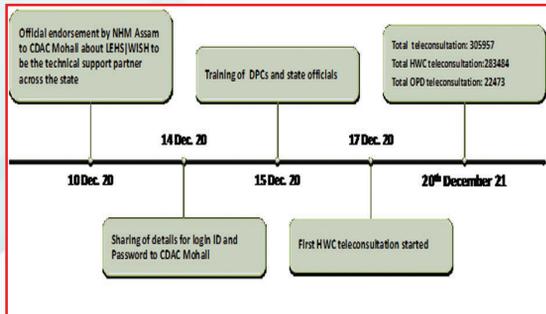
eSanjeevani AB-HWC in Assam

It is being implemented at Health & Wellness Centres under Ayushman Bharat Scheme. It was rolled out in November 2019. Andhra Pradesh was the first State to roll out eSanjeevani AB-HWC services. State Assam after triumphant start of eSanjeevani OPD decided to start eSanjeevani HWC. Subsequently, on 10th December 2020, official



SWASTHYA DAPOON

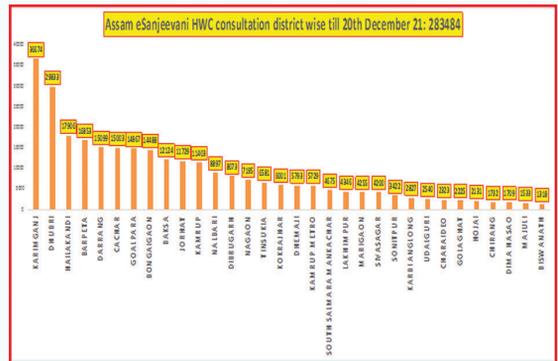
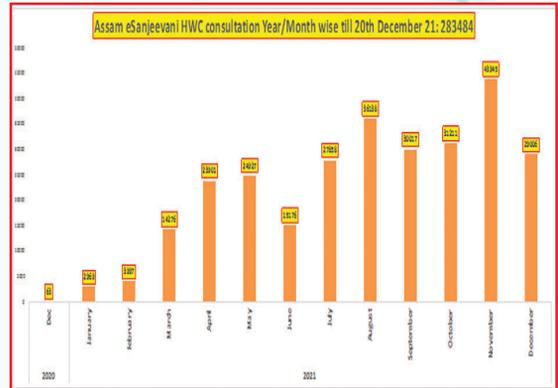
communication to CDAC by Mission Director NHM was done informing LEHS|WISH being the technical support partner in rolling out e-Sanjeevani HWC in Assam. Kamrup Metro was selected to start HWC consultation. All prerequisite work before the first HWC consultation was done within one week (between 10th Dec 20 and 16th Dec 20). The first HWC consultation was on 17th December 2020, the landmark day. The overall endeavour and the turnaround time (TAT) can be comprehended and cherished as shown below;



The roll out was initially in Kamrup Metro followed by gradual expansion in other districts. Training of all CHOs and even doctors at the hub was and is an ongoing phenomenon where the State Nodal Officer (SNO) of NHM Assam along with WISH officials participate and conduct these trainings. Today all the districts of Assam is doing eSanjeevani HWC consultation. An inimitable feature which has been one of the force behind this successful voyage is daily and concurrent sharing of data with all state/district and block level officials including CHOs. Appreciation and acknowledgement of top performers simultaneously motivating others by Mission Director on regular basis is the testimony to the team work. The details of hubs and Spokes are as mentioned below;

Number of Hubs	Number of PHC as Spokes	Number of SC as Spokes
19	686	1697

Performance of the state and district right from inception has been quite exceptional and same can be appreciated by the below data analytics.



HWC consultation in Tea Garden Hospitals: 150 Tea garden hospitals in Assam across 11 districts are functioning under PPP mode. NHM Assam along with LEHS|WISH has been coordinating with the tea garden hospitals and we have been able to do 131 HWC teleconsultation from these tea garden also.

Conclusion with way forward

State government has established eSanjeevani teleconsultation network across length and breadth of Assam. Its time to make a tectonic shift with quality. NHM Assam is in process of making all district hospitals as hub and all HWC functional by this financial year. This will for sure augment the comprehensive primary healthcare services in Assam.

Enhancing Public Trust in Covid -19 Vaccination

The Role of Religious Leaders



Meeting with Religious Leader, Local Villagers and NGO members at A.K High Madrassa, Tantoo, Lala Block in presence of Mr. Sujam Uddin Laskar, Hon'ble MLA, LA7, Katlicherra, Dr. Jahidul Islam, Lala BPHC, on 10/06/2021.

Monika Das

District Media Expert, NHM, Hailakandi

Introduction

The world is suffering from a Global pandemic – SARS CoV-2 disease and so is our state. Hailakandi district was nominated as an aspirational district out of seven (7) aspirational districts in the state under NITI Aayog's 'Aspirational District Programme'-initiative in the year 2018. As per the census, 2011 total population of the district is 6,59,296 and out of which 60.31% of people belong to the Minority community, 38.10% are from the Hindu community, and 1.29% are from the Christian community.

The first Covid -19 case was identified in the district on 7th April 2020 and till date (i.e. on 24th December 2021) total of 7,933 people diagnosed with Covid-19 disease in the

district. To fight against the disease district has adopted various preventive strategies and safety measures for benefits of the people. Soon after the availability of the Covid 19 vaccine, district has also initiated the covid-19 vaccination process for the eligible target group people in a phase-wise manner as per the strategies made and guided by the state authority.

The Covid 19 vaccine inaugural session was done on 16th January 2021 at S. K. Roy Civil Hospital, Hailakandi targeting the health care workers of the District Civil Hospital followed by arrangement of vaccination sessions in other health facilities and appropriate arrangement of Covid Vaccination Centers (CVCs) based on the GOI guidelines at various other places. Though at the beginning of the vaccination process there were multiple myths, hesitancy among the eligible target groups however conducting thorough sensitization and awareness generation



session at the facility, community level and by using the media many people were turned to get the vaccine. The district has vaccinated and achieved 89% of the targeted health care workers (HCWs) and front-line workers (FLWs) against the two doses of the Covid-19 vaccine till date.

In spite of regular sensitization and awareness building activities conducted by the HCWs, the vaccination process was sluggish in nature in the district and a large number of people haven't shown their genuine interests to take the vaccine specifically from the minority community. As a result, there were very low footfall in the CVCs as majority of people of the district belong to that community. Based on the data evaluation and slow progress of vaccination rate, the decision was made by the district Health Department to involve the district's positive influencer personalities in the awareness campaign to communicate, motivate and sensitize the minority community as well as the involvement of other renowned persons and the local religious leaders for creating community-level awareness so that vaccination rate could be increased and people could be turned towards the CVCs for vaccination and can take the maximum benefits of free covid-19 vaccination at their respective nearby session site.

Rationale

It has been observed low foot fall in the covid vaccination session sites possibly due to lack of acceptance of the covid vaccine by the community people in the initial days leads to poor vaccination coverage in the district. A large resistance group of people from different blocks of the district denied to take the vaccine which was a matter of concern. Covid -19 is a deadly disease with adverse effects on human health as well as have significant impact on the country's socio, economic condition. Burden of covid 19 disease creates a devastating situation across the globe and continuity of the spread

of this disease proven fatal for the mankind. It has been scientifically illustrated vaccination against the disease along with the other covid appropriate behavior practices is the only way to stop the disease spread and reduce its vulnerability. Hence to fight against this disease it was essential to vaccinate all the eligible target group of people as early as possible to limit the disease. As majority of the resistant group people were not turning up possibly due to the fear of the newly launched vaccine in a short time span. Moreover people have more faith on their local leaders and known positive influencers which was observed proven effective in earlier crisis. Hence to maximize the vaccination coverage and to reduce the covid-19 cases as well as to develop the immunity among the people involvement of religious leaders were crucial.

Description of the model

Demanding the situation meetings were conducted (June 2021) with the district's influencer personalities like Mr. Zakir Hussain Laskar (Hon'ble MLA, LA6, Hailakandi), Mr. Sujam Uddin Laskar (MLA, LA7 Lala and Katlicherra constituency), Maulana Sarimal Haque (President, North East India Ahle Sunnat Jamat). The situation was informed to them and requested their intervention to motivate and turn people towards the vaccination center by enhancing their knowledge on the covid vaccine and hesitancy removal as well as trust-building on the government health delivery system, vaccination process and services.

Small group sensitization sessions organized at the gaonpanchayat level with the local leaders and religious personalities to sensitize and create awareness at the village and mohalla level focusing the vaccine myths and hesitancy factors as well as people sensitized on the various modes of disease preventive strategies (taking the Covid-19 vaccine and proper follow up of



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Covid Appropriate Behaviour practices) for strengthening the mechanism to slow down the pandemic situation.

Mr. Zakir Hussain Laskar (MLA, LA6, Hailakandi), Mr. Sujam Uddin Laskar (MLA, LA7, Lala, Katlicherra constituency), Maulana Sarimal Haque (President, North East India Ahle Sunnat Jamat), took the Covid 19 vaccine in front of the mass media and appealed the minority community of the district to take two (2) doses of the vaccine for individual, family, and community benefits.

Mr. Anwar Hussain Laskar, Ex-MLA, LA-6, Hailakandi who have multiple health issues and had previous history of Cerebrovascular Accident (CVA) took the vaccine dose along with Maulana Sarimal Haque, President, North East India Ahle Sunnat Jamat at Indrakumari H. S (+2) School, Urban area, Hailakandi on 17th June 2021. This action encouraged and motivated many people to take the vaccine.

A part from this continuous sensitizations and trust-building at the local level with active community engagement by the district health and others inter departments motivated people to get the vaccine doses and also helps to improve the vaccination coverage rate of the district.

Human Resources

- Religious leaders - Religious leaders had the core role in turning out the coverage rate.
- District and block level health administrative officials
- Medical Officers
- ANM
- ASHA

Capacity building strategies

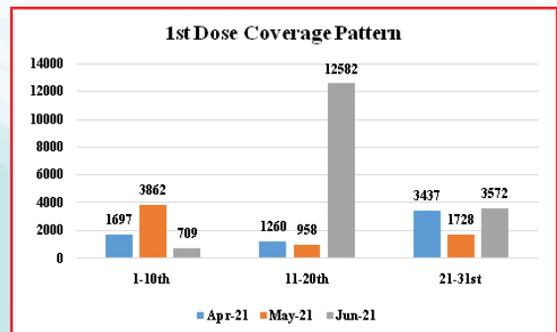
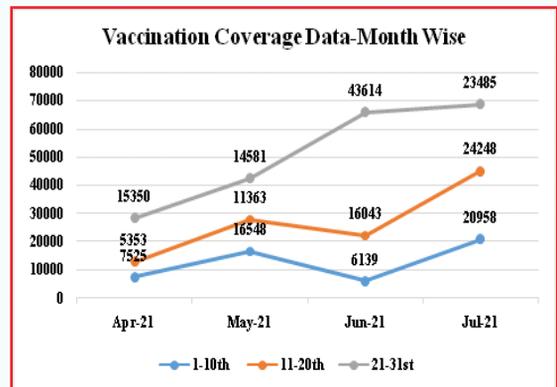
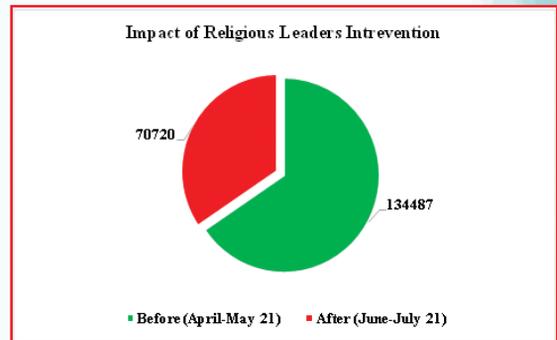
Religious leaders from different corners of the district were sensitized and briefed the need of the covid vaccination and challenges in vaccination process.

Moreover, cascade mode of training organized for orienting the staffs involved medical officers, CHOs, ANMs and LHVs from

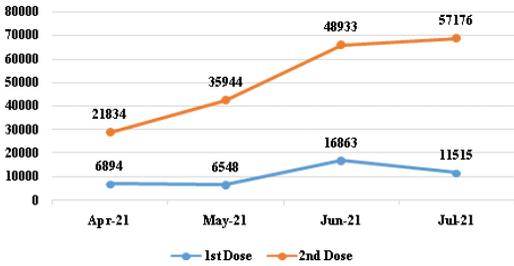
the block at the district level followed by trained representative gave training to the ASHA supervisors and ASHAs targeting their individuals responsibility in the process and mechanism. Teachers and volunteers were trained at the blocks to work as verifier.

Evidence of effectiveness

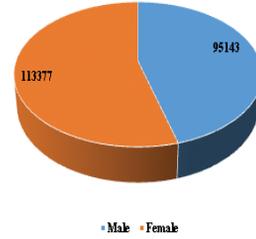
Outcome of the Intervention Strategy



1st & 2nd Dose Coverage Data-Month Wise



Gender Wise Vaccination status (16th Jan-29th July 2021)



Cost

No additional cost involved in this process.

Summary of lesson and challenges

Even though the involvement of religious has brought tremendous boost in the successful implementation of 1st of COVID Vaccination Programme but there were some challenges also. At first the religious and political leaders themselves were reluctant to come forward. Any kind of new vaccines needs educational awareness and sensitization to the prominent political and religious leaders.

Potential for scale

Involvement of religious leaders shows significance success rate in vaccination coverage. Hope this vaccination process will be efficacious enough along with the Covid Appropriate Behaviour (CAB) practices to break the chain of this deadly disease transmission process and will be proven a step forward to combat this Covid-19 pandemic situation.

Partners involved in implementation

UNICEF Hailakandi unit



এতিয়া মই এনিমিয়ামুক্ত, কাৰণ মই
প্রত্যেক সপ্তাহত এটা নীলা আয়ৰণ বড়িৰ
লগতে সেউজীয়া শাক-পাচলি
আৰু পুষ্টিৰ আহাৰ গ্ৰহণ কৰো



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম



Tuberculosis Preventive Treatment in Assam

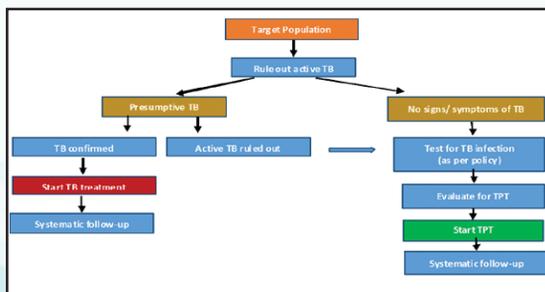
Dr. Pranamika Sarmah,
State Technical Advisor, The Union, Assam

India is a country with one of the highest estimated burden of tuberculosis infection (TBI) globally. There are nearly 35-40 crores Indian population having TBI, of which 26 lacks people develop tuberculosis (TB) disease annually. Several studies have shown that, on average, 5-10% of those infected will develop TB disease over the course of their lives, usually within the first 2 years after initial infection. It is found that overall 71% household contacts have TB infection and 2% Household contacts developed TB disease within their lifetime. Therefore, it becomes very crucial to find and treat TB infection along with the TB active cases amongst the high risk groups to end TB. Studies have shown that the risk of developing TB disease after TPT decreases approximately by 60%. To curb this issue, the National TB Elimination Programme (NTEP), the Ministry has successfully secured a Global Fund Grant for many key activities like addressing Latent TB Infection through TB preventive therapy, private sector engagement activities, supporting multi-sectoral response and operational research. TB Preventive Therapy (TPT) is best possible way to prevent the Latent TB Infection from converting into active TB cases. Like the rest of the country in Assam too, a substantial number of the household and close contacts of the active TB patients are estimated to develop the TB disease annually.

Prevention of TB diseases by



treatment of TBI is a critical component of the National Strategic Plan 2017-25 for Ending TB (NSP) in India by 2025. The Programmatic Management of TPT (PMTPT) has adopted an integrated and comprehensive 'cascade of care' approach as a core strategy for delivering TPT services across India. In the cascade of care approach, the population who is at high risk for developing TB disease or TB infection are reached out and screened for TB disease. After ruling out TB disease, everyone is provided with TB preventive therapy as a continuum of care. Through this approach, there will be a significant impact on an individual's health and help reduce the burden of TB disease. The cascade of care approach is explained in the below figure.



As per the recommendation of CTD & WHO, TPT to all household contacts of the Pulmonary TB patients residing in high TB burden areas like Kamrup and Kamrup Metro district of Assam is most effective way to prevent the TB disease. Scaling up TPT would

be key to hasten the decline in rate of TB incidence in Assam. Under the same grant the International Union Against Tuberculosis and Lung Disease (The Union) has implemented the project "Axshya Plus" in two districts of Assam which are Kamrup Metro and Kamrup district for addressing Latent TB Infection. The implementation period for the intervention is till 31st March, 2024. TB Preventive Therapy interventions will be undertaken in two models by the aforesaid project.

i) "Test and Treat": This encompasses symptom screening of household contacts of the active TB patients, testing for TB infection, preventive treatment and follow-up services.

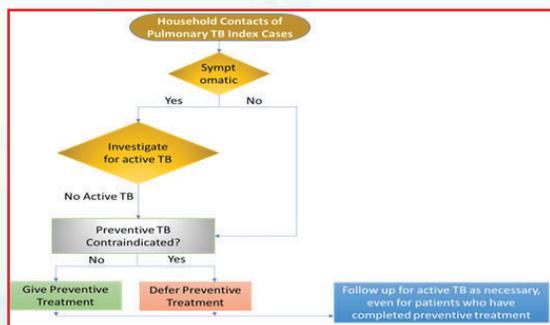
ii) "Treat only": This includes symptom screening of household contacts of the active TB patients, preventive treatment and follow-up services.

The "Treat only" model is being advocated for the state of Assam in both Kamrup Metro and Kamrup district for the time being. In Both district of Assam, we have initiated the program in October 2021 as per "Treat only" model.

Teams have successfully completed the resource mapping of the health facilities and the NTEP staff of the districts. Training of the SDM & HO, MOs, MOTCs and NTEP staff have been completed. Field activities have started since October, 2021. MIS assistants are scheduling the home visits of the index pulmonary TB patients based on the Nikshay data and also doing the initial counselling. LTBI Coordinators is doing house visits to counsel to household contacts of the index patients to convince them to initiate the TPT and also doing the 4S screening of the contacts. The teams are also actively participating various community engagement and awareness programs on the field like ACF and other local NGO initiatives.

The Union aims to have a significant impact on an individual's health by reducing TB transmission in the community. In order to keep everyone safe, everyone needs to be screened and treated to stop the spread of TB Infection. The successful implementation and uptake of TBP preventive Therapy will lead to a huge decrease of active TB disease in the near future and we as a country will be able to defeat TB by 2025.

Glimpses of The Union team - interacting with Community and Capacity building sessions of MOs & NTEP staff



District teams of the Axshya Plus project in Assam are in place and currently working actively in field areas of the two project districts as per the set service delivery model designed by The Union, National Team under the guidance of the State Technical Adviser.





DATA-DRIVEN EMERGENCY RESPONSE : KAMRUP MODEL

Nilakshi Medhi

District Media Expert, NHM, Kamrup (R)

Introduction

Kamrup (R) district is located in lower Assam. Owing to its unique topography, large population, presence of diverse industries and vital public infrastructures like airport and railways, it faced myriad of challenges in COVID management. Complete isolation or a full halt on the influx of people from outside the district was not an option for the district.

The resources at the disposal of district administration are limited. The number of Health professionals, Ambulances, and COVID beds could not be increased as rapidly as the positivity rate or caseload, which was steadily increasing in Kamrup (R) post-April 2021.

Kamrup model of emergency response was curated and implemented within a short span of a month. The district administration team envisaged a chain of activities and initiatives under the umbrella of "Data-driven Emergency response" led by two primary objectives - "efficient use of available resources" and "preventive care is better than curative care" to address the challenge.

With these objectives, the district administration chalked out a plan to optimize the available resources, better the service delivery, and control the spread of COVID in Kamrup (R).

Data is always available but either it is lying in silos or is present in a form unsuitable for processing. The approach of the Kamrup model was to integrate the data with critical physical infrastructure such that emergency

response teams' movement is driven by accurate and vetted data. The transition time between the call for help by the patient and reaching the COVID care center is a critical time. Interventions made during these critical hours can save many lives. The visits of ASHA are seminal in ensuring adequate medical support to the home quarantined patients. Proper medical support at home impedes the caseload of emergency patients hence lowers the pressure on limited resources.

Kamrup was able to contain the spread of COVID, decrease the positivity rate and save many lives through this multifaceted intervention in a phased manner.

Background

On 18th January 2021, Kamrup (R) reported the first 3 positive cases during the second wave. However, the situation remained under control. On 24th March 2021, three new cases were reported, and thereafter the district saw a continuous surge in COVID positive cases.

Due to the presence of vital public infrastructure, its proximity to the capital city and industries, putting a complete stop to the influx of people from outside the district was never an option for Kamrup (R).

The caseload increased to 465 in a day on 8th May 2021. On 16th May 2021 positivity rate peaked at 15.19%.

Unprecedented circumstances call for unprecedented measures and resource management is the key to solving issues in short term. With this objective, the district administration chalked out a plan to optimize the available resources, improve the service delivery, and control the spread of COVID in Kamrup (R). Various rounds of consultation with the team led to the birth of Kamrup

Model- Data-driven emergency response.

Data-driven emergency response: Kamrup Model

The motto of Kamrup Model: Data-driven emergency response is that preventive care is better than curative care.

If the COVID-positive patients under home quarantine are given appropriate medical support, the burden on critical medical resources can be minimized. Similarly, intervention at the critical transit time when the patient is on the way to the COVID Care Centre from home can help save precious lives. The biggest challenge in undertaking this intervention at a critical stage is the time gap between information dissemination and poor data collection methods. In order to address the challenges and improve the system this model was envisaged.

Data-driven emergency response -Kamrup Model has 3 components-

1. COVID Data Centre
2. Rapid response team (RR)
3. Emergency stabilization unit

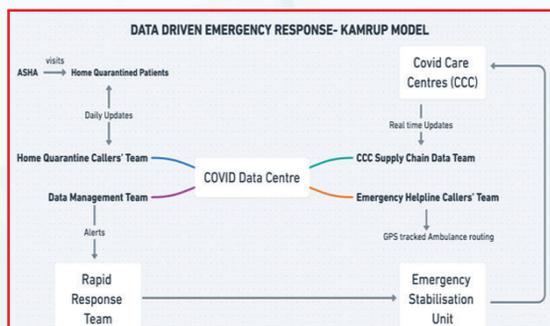


Fig 1: Interaction of nodes in Data-driven emergency response -Kamrup Model

COVID Data Centre:

COVID Data Centre was the control and planning unit. It was formed at the beginning of May 2021, when the caseload was nearing its peak after a steady rise. The Centre had 4 major parts-

The data management team, Home Quarantine callers' team, Emergency Helpline

callers' team, and COVID Care Centre Supply Chain data team.

After a series of brainstorming sessions, a few modules were developed to actualize the plan for data-driven emergency response.

COVID Data Centre team prepared the standard form for data collection at testing centers, a master data map of villages, blocks, and ASHAs, and training sessions for callers involved in data collection and dissemination work namely the Home Quarantine callers' team, Emergency Helpline callers' team, and COVID Care Centre Supply Chain data team.

The details of data encoding and prediction system-

Village and Health Block encoding: The Data management team developed a standard form for data collection at COVID testing centers, such that exact location and other relevant medical details are captured in a computer-friendly form. In order to develop a standard format, the location was encoded using a 6-digit code in which the first two digits represent a health block for example 01 is the code for Azara health block and the next 4 digits represent a village for example 0504 represents Agchia village.

ASHA encoding: There are 1742 ASHAs working in Kamrup (R) today. Once the block and village were encoded, each ASHA was assigned a code and mapped along the encoded health block and village data.

AZARA-01			
Village Name	Village Code	Asha Name	Asha Code
2nd Mateikhar Salsar	1402	Bishma Rava	091
Agchia	0504	Sumitra Das	024
Ahomgaon	1703	Erabati Boro	085
Alibari	2402	Sunoti Das	014
Aloibari	2407	Sabitri Boro	016
Ambori	0906	Nirupama Baruah	028
Amring	1001	Pakhila Bonjang	053

Fig 2: Snapshot of Encoded Data

Containment zone prediction: Village and Health Block encoding equipped the data management team to assess COVID-related data at the village level and block level. The



mechanism followed to declare a zone as a COVID containment zone is that the moment an area crosses a threshold of 10 cases per day for a week, it is declared as a COVID containment zone. Earlier the assessment of the threshold limit was based on an approximate assessment of the caseload. However, as the granularity of the data collected improved to the village level, the containment zone prediction became easier and accurate up to the village level.

District COVID website: The daily data captured is displayed on the district COVID website- <https://COVID19dashboardkamrup.in/COVID-19-testing-data/>

Detailed functions of four major parts of the Centre are-

1. Data management team:

The team was responsible for managing and disseminating the data generated by various teams appropriately. It worked 24*7 to ensure round the clock integrated data dissemination for better service delivery such as coordinating with the emergency helpline callers' team so that the ambulance (GPS tracked) in the closet vicinity reaches the patient instead of the one assigned to an area which may or may not be present near the location. The Data management team was also responsible for releasing the daily District COVID report.

2. Home Quarantine callers' team:

The team comprised of 100 teachers (during COVID lockdown, schools were closed) who made a call to every home-quarantined COVID positive patient every day using an IT platform. IT platform helped in tracking the number of calls, total duration of calls, and online data collection in MS form. The data was collected in a standard format which encapsulated four basic information-

1. Daily visit of ASHA at home
2. Availability of medicine
3. Health condition and symptoms

4. Vaccination status

Total Calls Made		171
Calls Connected		103
Symptoms	Cough	4
	Fever	0
	Shortness of breath	0
	Diarrhoea	1
	Sore Throat	0
ASHA	Visited	54
	Not visited	41
Vaccination status	First Dose	0
	Second Dose	2
Cases flagged as EMERGENCY		4

Fig 3: Snapshot of Daily report of Home Quarantine callers' team

The information thus collected was compiled and a daily report was made which helped in-

- Identifying and monitoring the ASHAs who were not visiting the home quarantined patients
- Flagging the potential emergency cases

The information helped in improving the rate of mandatory ASHA visits to the patients' homes. It was less than 20% before the start of regular calls. The effective monitoring and care at home ensured lowering of pressure on the health infrastructure and better preparedness for emergency response.

3. Emergency Helpline callers' team:

A team of 5 callers managed the 24x7 emergency helpline. It was connected to 108 in the front end. The team coordinated with the Data management team to ensure that the closest ambulance reaches the patient. All ambulances are GPS-tracked. The team also alerted the block level RR team which comprised of 1 doctor, 1 ANM, and 1 lab technician. The RR team was equipped with Oxygen Cylinders and essential medicines.



4. COVID Care Centre Supply Chain data team:

There were five dedicated COVID Care Centres (CCC) in the district namely IIT CCC, Patanjali CCC, Singimari CCC, Kalitakuchi CCC, and MSME CCC. The availability of ICU Beds, Oxygen Beds, and COVID isolation Beds were updated to the Data management team every two hours by the team of two on-site Supply Chain data team members. It helped route the incoming patients to those CCCs which had adequate facilities available as per the condition of the patient. The data on availability and frequency of Oxygen consumption too was captured by the on-site team members. The team fed this information to Data management team which analysed the daily Oxygen consumption data at a CCC. Thereafter the Oxygen Cylinders were supplied as per the schedule. The schedule was improvised iteratively after receiving the real time information from the on-site members.

Rapid Response (RR) team:

Kamrup (R) has 14 health blocks. At each block 3 rapid response (RR) teams, each comprising of 1 doctor, 1 ANM, 1 lab technician equipped with 4 B-type oxygen cylinders and essential medicines was formed. Each team worked for 8 hours ensuring a 24x7 RR coverage at the block. The RR team was formed to deal with medical emergencies and stabilize the condition of the patient in the critical hours before he/she reaches the COVID Care Centre. This intervention at the critical stage saved innumerable lives. If the RR team is incapable in stabilizing the patient, then the patient was brought to the

emergency stabilization unit located at the block PHC.

Emergency Stabilization Unit:

Each Block Primary Health Centre (BPHC) has an Emergency Stabilization Unit to handle such cases in which the RR team is rendered incapable. Each block PHC has 2-4 beds to deal with such emergency cases. Once the patient's condition is stabilized, he/she is taken to the COVID Care Centre for further treatment, if needed.

Conclusion

The comprehensive Data-Driven Emergency Response Model of Kamrup has helped in decreasing the death rate, lower pressure on COVID Care Centre, improved the recovery rate, and enabled effective COVID management in the district. After the peak positivity rate of 15.16% in May, the rate largely remained below 10%. In September, the positivity rate dropped to less than 0.7%. No COVID deaths have been reported for the last one month. The whole system evolved gradually over a period of time, one after the other. Each additional node improved the service delivery and enabled the district administration to manage COVID better. The key objective and driving force behind the model were to devise a quick system focused on the prevention of critical conditions and to provide medical support in critical hours. The data driven COVID management helped save many lives, by ensuring medical support during critical hours. Kamrup was able to contain the spread of COVID, decrease the positivity rate and save many lives through this multifaceted intervention.

বেদমন্ত্ৰ আৰু বিজ্ঞান

হৰ্ষবৰ্ধন কাশ্যপ

নিম্নবৰ্গ সহায়ক, স্বাস্থ্য সঞ্চালক

সনাতন হিন্দু ধৰ্ম বিশ্বৰ প্ৰাচীনতম ধৰ্ম। সনাতন ধৰ্ম এক বিশিষ্ট ধাৰণা আৰু জীৱন-নিৰ্বাহৰ গ্ৰণালী। সনাতন হিন্দু ধৰ্মৰ মূল ধৰ্ম গ্ৰন্থ হ'ল— বেদ। বেদত পূৰ্বতে ১,০০,০০০ (এক লাখ) মন্ত্ৰ বা শ্লোক আছিল। কিন্তু কালক্ৰমত বহুতো মন্ত্ৰ লোপ পায়। বেদৰ মন্ত্ৰবোৰ ছন্দত, গদ্যত আৰু গীত বা গানৰ উপযোগী ছন্দত প্ৰণিত। দ্বাপৰ যুগৰ আদিতে কৃষ্ণদ্বৈপায়ন নামৰ এজন ঋষিয়ে বেদৰ তিনি শ্ৰেণীৰ মন্ত্ৰসমূহ চাৰি ভাগত সংগৃহীত বা সংকলিত কৰি ঋক বেদ, যজুৰবেদ, সামবেদ আৰু অথৰ্ব বেদ এই চাৰি ভাগত ভাগ কৰে। বেদৰ মন্ত্ৰসমূহ শ্ৰেণীবিভাজন কৰি সংকলিত কৰা বাবেই কৃষ্ণদ্বৈপায়ন ঋষিক বেদব্যাস বোলা হয়। বেদত যিসমূহ মন্ত্ৰ, শ্লোক বা কৰ্ম পদ্ধতি আছে, সেয়া এনে যে মানুহৰ বিশ্বাসৰ ওপৰত লিপিবদ্ধ হোৱা নাই। বেদৰ প্ৰতিটো মন্ত্ৰ, শ্লোক আৰু কৰ্ম নিৰ্দেশনাৰ অস্ত্ৰালত আছে বিজ্ঞানসন্মত যুক্তি আৰু গভীৰ তত্ত্ব। সেয়েহে উত্তৰ-পূব ভাৰতৰ মহান বেদবিদ গুৰু শ্ৰীমৎ দেৱদামোদৰ দেৱে বেদক অত্ৰাস্ত আৰু অপৌৰুষেয় মান্যতা দি প্ৰকৃত জ্ঞান বা প্ৰজ্ঞা লাভৰ আহিলা হিচাপে ব্যৱহাৰ কৰিছিল। দেৱদামোদৰ দেৱ গুৰুৰ দৰ্শনৰ মূল বিষয়বস্তু আছিল বেদৰ অস্ত্ৰাত জ্ঞান, বিজ্ঞান, তদৎ আৰু বহসা।

সৰ্বসাধাৰণৰ দৃষ্টিত বেদ সনাতন হিন্দু ধৰ্মৰ ধৰ্মগ্ৰন্থ। চাৰিবেদৰ প্ৰত্যেকখন বেদ আকৌ উপনিষদ আৰু ব্ৰাহ্মণ এই দুই প্ৰধান ভাগত বিভক্ত। বেদক স্মৰণ কৰি, বেদৰ বাখ্যা খটুৱাই যি যি শাস্ত্ৰ সৃষ্টি হৈছে সেইবোৰক স্মৃতি বুলি কোৱা হয়। পুৰাণসমূহে বেদৰ কোনো কোনো জটিল বা সংক্ষেপ কথাক দৃষ্টান্ত বা সাধুকথা বা উদাহৰণ দি বাহুল্যকৈ বুজায়। অৰ্থাৎ সনাতন হিন্দু ধৰ্মৰ সকলো শাস্ত্ৰই বেদ। কেন্দ্ৰীক আৰু বেদৰ কোনো এক সিদ্ধান্তৰ ওপৰত প্ৰতিষ্ঠিত। ধৰ্মগ্ৰন্থ হ'লেও বেদ মানৱ সভ্যতাৰ জ্ঞান-বিজ্ঞানৰ ক্ষুদ্ৰ তত্ত্বটোৰ পৰা অস্তিম বৃহত্তম তত্ত্বটোলৈকে সামৰি লিপিবদ্ধ হোৱা এখন সম্পূৰ্ণ বিজ্ঞান গ্ৰন্থ। এই কথাৰ সত্যতা বিচাৰ কৰি আমি ইংৰাজ বিদুষী মহিলা এনি বেচাম্বৰ এটি উক্তি লক্ষ্য কৰিব পাৰো— "That within the Hindu scriptures, you may find philosophy, science and religious of the deepest, of the widest and of the most inspiring kind; that the science of the west is slowly beginning to tread the path which in these scriptures are clearly traced." অৰ্থাৎ, হিন্দু শাস্ত্ৰসমূহৰ ভিতৰত তুমি গভীৰ অথচ প্ৰশস্ত দৰ্শন, বিজ্ঞান আৰু ধৰ্ম পাব; আৰু পশ্চিমীয়া বিজ্ঞানে যি সমস্ত সত্য আজিকালি অলপ অলপকৈ পাব ধৰিছে, সেই সমস্ত সত্য আৰু জ্ঞান, বিজ্ঞান হিন্দু শাস্ত্ৰত বহু

আগৰ পৰা নিহিত আছে।

বৈজ্ঞানিকসকলৰ সাধাৰণ নিয়ম হৈছে তেখেতসকলে সকলো সত্য Deductive method ৰে গ্ৰহণ কৰে। অৰ্থাৎ কোনো এটা বৈজ্ঞানিক তত্ত্বক যন্ত্ৰৰ সহায়ত পৰীক্ষা কৰি লৈছে সেই তত্ত্ব গ্ৰহণ কৰে। বেদ উপাসক বা ঋষি-মুণিসকলে পূৰ্বতে Inductive method অৰ্থাৎ সংযম, তপস্যা, সাধনা ইত্যাদিৰ দ্বাৰা প্ৰথমে নিজৰ দেহটো অৰ্থাৎ ক্ষুদ্ৰ ব্ৰহ্মাণ্ড (Microcosm)ৰ সকলো বিলাক তত্ত্ব জানি লৈ সেই তত্ত্ব আলোচনা কৰি বাহিৰৰ বিশ্ব ব্ৰহ্মাণ্ডৰো তত্ত্ব উলিয়াইছিল। হিন্দু ঋষি-মুণি, যোগীসকলে প্ৰথমতে এই দেহটো যে পঞ্চভূতেৰে (ক্ষিত্ৰি, অপ, তেজ, মৰুৎ আৰু ব্যোম) গঠিত আৰু এই পঞ্চভূতৰ গুণ বা সহায় যে ৰূপ, বস, গন্ধ, স্পৰ্শ, শব্দ এইবোৰ ভালকৈ জানি লৈ পঞ্চতত্ত্ব আৰু তাৰ পঞ্চ গুণ বাহিৰৰ বিশ্ব ব্ৰহ্মাণ্ডত আৱিষ্কাৰ কৰিছিল। বৈজ্ঞানিকসকলে যাক First unknown cause বুলি কৈছে, বেদে তাক পৰম ব্ৰহ্ম বুলি কৈছে। বৈজ্ঞানিকসকলৰ মতে, গতি বা Motion হ'লেই লগে লগে শব্দ থাকে। বেদৰ মতে, আদিতে নিগুণ পৰম ব্ৰহ্ম ৰজঃগুণযুক্ত হৈ সঞ্চালন কৰা মাত্ৰকে শব্দৰ উৎপত্তি হ'ল। সেয়েহে বেদে শব্দ ব্ৰহ্ম বুলি কৈছে। 'ওঁকাৰ' শব্দটো বেদৰ আদি শব্দ, ওঁকাৰ অৰ্থাৎ গ্ৰন্থৰ বিশ্বৰ প্ৰথম শব্দ। ই অতি সহজ শব্দ বা sound আৰু সকলো প্ৰাণীৰে এই শব্দটোৱেই প্ৰথমে উচ্চাৰিত হয়। বহুলভাৱে ওঁ=অউম্ উচ্চাৰণে মানুহৰ শ্বাস-প্ৰশ্বাসজনিত ৰোগ নিৰ্মূল কৰে।

বেদৰ আধ্যাত্মিকতাৰ লগত সু-স্বাস্থ্যৰ এক বৃহৎ সম্পৰ্ক আছে। বেদত মানুহৰ গৃহ নিৰ্মাণ বাস্তৱ-বিজ্ঞান আদি সকলো আছে যিবোৰ পদ্ধতি আজিৰ বৈজ্ঞানিক যুগতো অতি প্ৰাসংগিক বুলি বৈজ্ঞানিকসকলেও স্বীকাৰ কৰিবলগীয়া হৈছে। বেদমন্ত্ৰই প্ৰকৃতিৰ সুস্থিৰতাৰ লগতে মানসিক সুস্থিৰতাও প্ৰদান কৰে। সনাতন হিন্দুৰ যৌথ পৰিয়াল ব্যৱস্থা, খাদ্যাভ্যাস, যাগ-যজ্ঞ, পূজা-পাতল, জীৱন-যাপনৰ গ্ৰণালী, পশুপালন ব্যৱস্থা আদিয়ে প্ৰকৃতিক সুস্থিৰতা প্ৰদান কৰে। বেদমন্ত্ৰ (বীতি-নীতি)ৰে পৰিচালিত আদৰ্শ হিন্দু ঘৰ বিজয়গুৰু, পৰিষ্কাৰ-পৰিচ্ছন্ন আৰু মানসিক শান্তিৰে পৰিপূৰ্ণ হৈ থাকে। এগৰাকী বৈদিক হিন্দুৰ খাদ্য গ্ৰহণ, স্নান, মল-মূত্ৰ ত্যাগ আদি যিকোনো কৰ্মৰ পূৰ্বে বা অন্তত থকা 'আচমন' হাত-ভৰি-মুখ আদি পৰিষ্কাৰ কৰা) সম্পূৰ্ণ স্বাস্থ্যসন্মত আৰু বৰ্তমান ক'ভিড-১৯ ৰোগৰ পৰিস্থিতিটো স্বাস্থ্যবিধিসন্মত কাৰ্য। আমেৰিকান মনোবিজ্ঞানী লিজা মিল্লাৰ (Lisa Miller)ৰ অধ্যয়ন মৰ্মে বৈদিক আধ্যাত্মিকতাত যোগদানে পৌৰ্ণ লগতে শিশুসকলৰ ৮০% বিকৃত যৌন আকাংক্ষা, মানসিক অস্থিৰতা আৰু অপৰাধ প্ৰৱণতা হ্ৰাস কৰে। অথৰ্ববেদ হ'ল আধুনিক চিকিৎসা শাস্ত্ৰৰ মূল। সকলো ধৰণৰ ৰোগৰ আয়ুৰ্বেদিক নিদান অথৰ্ববেদত উল্লেখ আছে। আজিৰ উন্নত বিজ্ঞানসন্মত চিকিৎসা পদ্ধতিৰ উদ্ভাৱন আৰু ঔষধৰ উদ্ভাৱনৰ ক্ষেত্ৰত অথৰ্ববেদৰ ভূমিকা কোনেও নুই কৰিব নোৱাৰে। এনেদৰে হাজাৰ হাজাৰ বছৰ পিছতো বেদমন্ত্ৰসমূহ আধুনিক বিজ্ঞান, স্বাস্থ্য আৰু অৰ্থনীতিৰে ফেৰ মাৰিব পৰাকৈ উজ্জীৱিত।

ফোন : ৯৮৫৪০৪৬৩১০



Hon'ble Chief Minister, Dr. Himanta Biswa Sarma, flagging off Mobile Blood Donation Van at Janta Bhawan in the presence of Hon'ble Health Minister, Shri. Keshab Mahanta, Hon'ble Ministers Shri. Ranoj Pegu and Shri. Ashok Singhal, BTR Chief Pramod Boro and other dignitaries.



Hon'ble Chief Minister, Dr. Himanta Biswa Sarma chaired the 12th State Health Mission meeting at Janta Bhawan in the presence of Hon'ble Health Minister, Shri. Keshab Mahanta, Hon'ble Ministers Shri. Ranjeet Kr Dass and Shri. UG Brahma, officials of NHM Assam and Health Department.



Hon'ble Health Minister, Shri. Keshab Mahanta chaired a programme organised by Assam State AIDS Control Society (ASACS) on World Aids Day 2021 at Sankardev Kalakshetra.



As a part of Har Ghar Dastak, the COVID Vaccination Completion Campaign Hon'ble Health Minister, Shri. Keshab Mahanta visited Deusur Sang and Phulaguri Sang in Kaliabor sub-division to participate in & take stock of the ongoing drive, & encourage people to get vaccinated.



Hon'ble Chief Minister, Dr. Himanta Biswa Sarma in the presence of Hon'ble Health Minister, Shri. Keshab Mahanta inaugurating a 30 bedded Pediatric ICU and a 30 bedded Covid ICU at Tezpur Medical College and Hospital.



Hon'ble Union Health Minister, Dr. Mansukh Mandaviya in the presence of Hon'ble Health Minister, Shri. Keshab Mahanta reviewed the progress of the construction work of AIIMS, Guwahati.



Hon'ble Health Minister, Shri. Keshab Mahanta in the presence of Mission Director and OSD NHM, Assam interacts with members of the 14th visiting Common Review Mission under the Ministry of Health and Family Welfare, Govt of India.



Interacting with the media, Hon'ble Chief Minister, Dr. Himanta Biswa Sarma shared Assam's remarkable achievement in fighting infant & neonatal mortality as per NFHS 5. "Recent rankings and statistics as per NFHS5 indicate that our commitment towards bringing positive changes to the lives of the people of Assam is right on track. In the coming years, we will enthusiastically work to achieve our goal," Hon'ble CM.



Hon'ble Health Minister, Shri. Keshab Mahanta participated in the review meeting chaired by Hon'ble Union Health Minister Dr. Mansukh Mandaviya with the Health Ministers of various States at New Delhi.



Hon'ble Health Minister, Shri. Keshab Mahanta at the launch of Japanese Encephalitis (JE) vaccination campaign at Sonapur District Hospital in Kamrup (M) in the presence of Mission Director NHM Assam, Director of Health Services (FW), DC Kamrup (M), Deputy Secretary Health and SEPIO.



Hon'ble Vice President of India Shri. M Venkaiah Naidu inaugurate the PET-MRI wing at State Cancer Institute, GMCH in the presence of Hon'ble Governor of Assam, Professor Jagadish Mukhi, Hon'ble Chief Minister, Dr. Himanta Biswa Sarma and Hon'ble Health Minister, Shri. Keshab Mahanta.



Hon'ble Health Minister, Shri. Keshab Mahanta in the presence of Hon'ble Minister Shri. Chandra Mohan Patowary, Director of Health Services (FW), Executive Director, NHM Assam, OSD NHM, Assam and other senior officials launched the Volume II of health journal "Swasthya Dapoon" in an event organised by Kamrup District Administration.



Hon'ble Chief Minister, Dr. Himanta Biswa Sarma in the presence of Hon'ble Health Minister, Shri. Keshab Mahanta, Principal Secretary Health, MD NHM, ED NHM, OSD NHM Assam and other senior officials reviews Snehasparsh scheme at Janata Bhawan.



Congratulations to our respected Mission Director, NHM, Dr Lakshmanan S, for the Assam Saurav Award. Even before the Coronavirus had struck Assam he has been leading from the front in the fight against Covid-19.



Shri. Munindra Nath Ngatey, Director of Health Services, FW, awarded with the prestigious Assam Gaurav award for his commendable contribution towards the State COVID vaccination drive.



Hon'ble Health Minister Shri. Keshab Mahanta chaired a meeting with religious leaders for a concerted effort to achieve 100% COVID Vaccination in the State. Chief Secretary, Comm & Secy. MD, DHS FW, ED, OSD and other official were present in the meet.



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম



স্বাস্থ্যমৈ জয়ন্তে
অসম চৰকাৰ



বহুমূত্র ৰোগক বুজি উঠক আৰু সাৰধান হওঁক

পানী সেৱন কৰক



স্বাস্থ্যসন্মত খাদ্য খাওক



নিয়মীয়াকৈ খোজকঢ়াৰ অভ্যাস কৰক



শাৰীৰিক অভ্যাসৰ বাবে অন্ততঃ এটা
খেল আন্তৰিকতাৰে অনুশীলন কৰক

বহুমূত্র ৰোগৰ শংকাৰ কাৰণসমূহে মন কৰিব



বংশগত বহুমূত্র ৰোগ



অস্বাস্থ্যকৰ খাদ্যভ্যাস



অত্যাধিক শাৰীৰিক ওজন



শাৰীৰিক পৰিশ্ৰমহীনতা

দৈনিক প্ৰায় ১৫০ মিনিটৰ
শাৰীৰিক অনুশীলনে বহুমূত্র
ৰোগৰ সৈতে কৰা যুঁজত
আপোনাক জয়ী কৰি ৰাখিব।

আপোনাৰ যদি এনে শংকা আছে তেন্তে চিকিৎসকৰ পৰামৰ্শ লওক

স্বাস্থ্য সম্পৰ্কীয় সহায়তাৰ বাবে ১০৪ ডায়াল কৰক আৰু এম্বুলেন্স সেৱাৰ বাবে ১০৮ ডায়াল কৰক