



National Health Mission, Assam

Swasthya Dapoon

Volume: V | 1st July, 2022



Committed towards quality maternal health



Government of Assam



National Health Mission, Assam

Prevent Dehydration. Give O.R.S. Solution to the Infant.

Quantity of O.R.S. solution to be consumed after every loose motion/diarrhoea



Less than 2 months



5 spoons of solution after every motion



2 months – 2 years



¼ cup - ½ cup after every motion



2 - 10 years



½ cup - 1 cup after every motion



> 10 years

As much as required, up to 2 litres a day
Continue age appropriate feeding during diarrhoea

In case of diarrhoea, prescribed medicine/O.R.S. can be used along with exclusive breastfeeding for children below 06 months



Consult doctor, paramedical staff for any problems of the baby like loose motion or diarrhoea



How to make O.R.S. solution?



1 Wash your hands properly



2 Pour 1 litre drinking water in a clean utensil



3 Pour 1 packet of O.R.S. powder in it



4 With a clean spoon, stir the mixture of O.R.S. powder and water



5 Give O.R.S. solution to your child in small portions

Remember

- Use O.R.S. solution within 24 hours of preparation.
- Discard the leftover solution after that.
- ORS and Zinc are available free of cost with ASHA, ANM and at all health facilities
- Start O.R.S. and Zinc together when diarrhoea starts
- Continue with Zinc tablets till 14 days even after diarrhoea subsides



unicef

FOLLOW COVID APPROPRIATE BEHAVIOUR AT ALL TIMES ▶ WEAR A WELL FITTED MASK ▶ USE SANITIZER ▶ PHYSICAL DISTANCE ▶ WASH HANDS ▶ GET VACCINATED

75
Azadi Ka
Amrit Mahotsav



सत्यमेव जयते
Government of Assam



National Health Mission, Assam



**NATIONAL HEALTH MISSION, ASSAM
WISHES ALL THE DOCTORS**

A HAPPY DOCTORS' DAY

1ST JULY, 2022

*"The best way to find yourself is
to lose yourself in service of others"*

- Mahatma Gandhi

HONOURING THE DOCTORS FOR THEIR EFFORTS IN KEEPING US HEALTHY AND HAPPY



National Health Mission, Assam

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Special ANC Drive Targeting Reduction of MMR and IMR

Maternal Health Division
NHM-SHQ, Assam

Introduction

To commemorate the 75th year of India's Independence "Azadi Ka Amrit Mahotsav" a week long Special Antenatal Checkup (ANC) drive was carried out across the State by National Health Mission, Assam starting from 30th May to 5th June 2022.

Objective:

The campaign has been conducted:

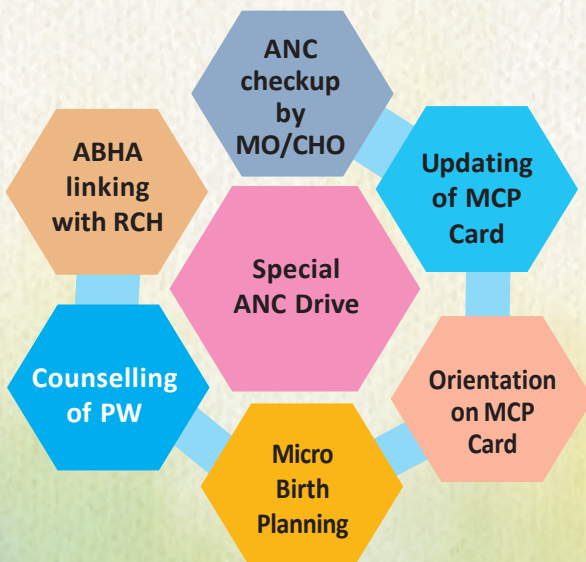
To track, follow up and manage (treat) each and every pregnant women and new born to reduce Maternal and Child Mortality in the State.

To provide one ANC checkup by a Medical Officer/Community Health Officer (CHO).

To identify and follow each and every High Risk Pregnant Woman for safe delivery.

Component of Special ANC Drive

The drive has six components:



- i) Antenatal check by Medical Officer/Community Health Worker.
- ii) Updating of MCP Card.
- iii) Orientation on MCP Card
- iv) Micro Birth Planning.
- v) Counseling of Pregnant Women
- vi) ABHA linking with RCH

Out Come:

- During ANC drive 1,71,948 pregnant women have received Antenatal Checkup.
- 67,133 pregnant women have received ANC checkup by Sectoral Medical Officer (SMO).
- 7,233 pregnant women have received ANC checkup by Medical Officer of Mobile Medical Unit (MMU).
- 3,463 pregnant women have received ANC checkup by Medical Officer of Boat Clinic.
- 94,119 pregnant women have received ANC checkup by Community Health Officer.
- 35014 High Risk Pregnant Women were identified.
- 1,32,718 (77%) MCP Cards were updated.
- 1,32,535 (77%) pregnant women received counseling based on MCP card.
- Micro-birth Plan prepared for 1,59,516 pregnant women.
- 8,521 ABHA Id of Pregnant Women created and linked with RCH ID.

Mop Up Round:

As 100% coverage could not be done in the **Special ANC Drive** from 30th May to 5th June 2022, hence, a mop up round was conducted from 22nd to 24th & 27th to 30th June 2022.



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District Wise Report of ANC Drive.

Sl. No.	District	Number of Pregnant Women Received ANC	No. of High Risk Pregnant Women Identified	% of HRPW identified
1	Baksa	4,526	738	16.30%
2	Barpeta	13,753	3,204	23.30%
3	Biswanath	3,077	476	15.50%
4	Bongaigaon	5,917	1,544	26.10%
5	Cachar	4,983	949	19.00%
6	Charaideo	1,154	239	20.70%
7	Chirang	2,548	558	21.90%
8	Darrang	6,552	963	14.70%
9	Dhemaji	2,946	670	22.70%
10	Dhubri	10,283	1,864	18.10%
11	Dibrugarh	7,413	1,933	26.10%
12	Dima Hasao	735	174	23.70%
13	Goalpara	9,150	2,209	24.10%
14	Golaghat	6,985	1,550	22.20%
15	Hailakandi	6,597	1,099	16.70%
16	Hojai	3,012	383	12.70%
17	Jorhat	4,159	1,109	26.70%
18	Kamrup Rural	11,300	2,472	21.90%
19	Kamrup Metro	3,597	673	18.70%
20	Karbi Anglong	4,162	448	10.80%
21	Karimganj	4,741	895	18.90%
22	Kokrajhar	5,832	1,133	19.40%
23	Lakhimpur	3,936	920	23.40%
24	Majuli	701	121	17.30%
25	Morigaon	7,371	1,611	21.90%
26	Nagaon	9,575	1,248	13.00%
27	Nalbari	5,745	1,416	24.60%
28	Sivasagar	2,817	676	24.00%
29	Sonitpur	4,859	1,045	21.50%
30	South Salmara	2,995	439	14.70%
31	Tinsukia	6,583	1,628	24.70%
32	Udalguri	2,834	484	17.10%
33	West Karbi Anlong	1,110	143	12.90%
	Assam Total	1,71,948	35,014	20.40%



A New Initiative for TB Free India : Nikshay Mitra

Dr. A. Basu

Joint Director, TB

TB (Tuberculosis) is an age-old disease which has a bidirectional relationship with poverty and undernutrition. It has been estimated that TB is five times more common amongst the economically weaker population. As it is easily understandable that under nutrition weakens immunity thus reduces TB patient's response to the treatment, thereby delaying recovery.

Like many other diseases, TB also has a direct impact on economic condition of a family, thus can be linked with poverty. TB disproportionately affects people in the most productive years of their life (15-59 years) and reduces their yearly incomes by as much as 50%. Another problem associated with the disease is that burden of wage loss and increased health costs thereby threatening the financial stability of millions, every year in the country.

The above scenario of the country leads to the conclusion that TB elimination strategies cannot stop at the mass support on free sputum test and delivery of free medicine. This support has been provided for both public and private TB patients under National TB Elimination Programme (NTEP). The researcher recommended that diagnosis and care must be complemented by patient-support mechanisms that provide nutrition, ameliorate

catastrophic costs, and create an enabling environment for treatment completion. Psychological aspect of patients highlights that when patients need not worry about treatment expenses and income then they are more likely to complete treatment and be cured.

By recognising the need of the situation, National TB Elimination programme of India has launched an innovative nutritional support scheme from 1st April, 2018. Titled as 'Nikshay Poshan Yojana', the scheme provides a cash transfer (Direct Benefit Transfer-DBT) of Rs. 500/- monthly to all TB patients both public and private throughout out the country. The focus of the scheme is to give this amount as nutritional support for the TB patients. This has been a paradigm shift approach in regards to TB Elimination in the country where TB patients support goes beyond regular health initiatives. One has to admit the fact that still in India an estimated 26 lakh people are contracting the disease and approximately 4 lakh people dying from the disease every year. Therefore 'END TB' strategy needs to accelerate more towards patients support for reaching the vision for a TB Free India.

To achieve the goal of eliminating tuberculosis by 2025, the Ministry of Health & Family Welfare Govt of India launched a programme titled as 'Community Support to TB Patients', as a part of which organizations can adopt TB patients of a block or a district to



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provide nutritional, diagnostic and vocational support. In this initiative, which started from May 2022 as a first step the TB patients currently on treatment need to provide consent for additional support and this consent is recorded in the Nikshay web portal of the Government. The potential donors who are now called as Nikshay Mitra can select TB patients for support for a minimum period of one year.

What will be the role of Nikshay Mitra (Potential Donor)?

They need to provide additional support to TB patients for improving treatment outcome. They need to consider the adoption of TB patients from a district or a particular block.

Who can be Nikshay Mitra?

Any Corporate entity, cooperative society, non-governmental organization, partner organization or even an individual can be a Nikshay Mitra.

What Types of Support?

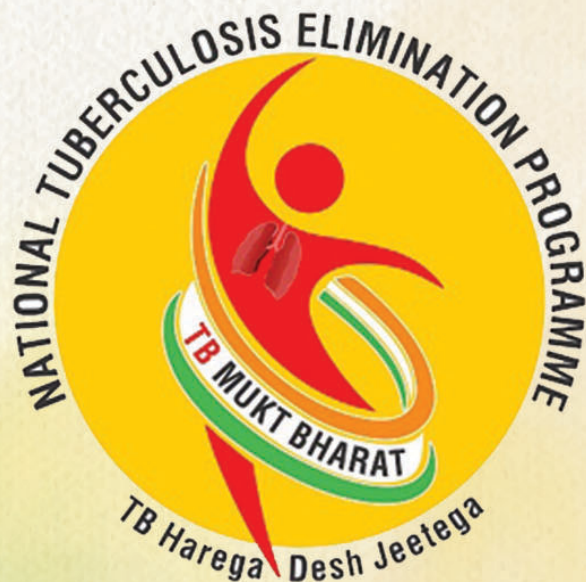
Nikshay Mitra can provide additional support in regard of nutritional, diagnostic as well as vocational training for TB patients. For example the estimated cost for per patient nutritional support is around Rs. 1000/- per month. (3kg rice+ 3kg Pulses+ 1kg Edible Oil). The cost for the diagnostic support and vocational training will vary as per the requirement.

What are the criteria's of support?

The Nikshay Mitra in the category of "Individual" can choose number of patients whom he/she is willing to support within the specific geography. The other types of donors have to choose entire geographical unit (block/urban ward/district). However, it is preferred that a Nikshay Mitra adopt TB

patients of an entire block or an urban ward for better implementation of the programme. They are also not allowed to use beneficiary data for any other purposes and shall not share with anybody/organization.

Through a multi-national company, Drug Resistance TB patients in 14 districts in Assam were given food baskets as a nutritional support in the year 2016-17. However, the patient's numbers was only 200 who received that support and currently the State has around 17,000 TB patients who have given their consent for additional community support. To start this initiative, all District TB Officers and key staffs were oriented on the modalities of the Community Support. At the State level as well as at the districts level, potential Nikshay Mitras were identified and teams have started approaching them. The major organizations like Rotary Clubs, Lions Club and companies from Oil and Tea sector including all small and large local business groups should come forward for supporting the TB patient so that the vision of TB Free India can be achieved by 2025.





Implementation of PC & PNDDT Act and Rules : An over view

Jt. DHS (MCH), Assam

Cum State Nodal Officer under PC & PNDDT Act

The Pre-natal Diagnostic Techniques Act, 1994, enacted by the parliament of India, was subsequently amended in 2003 giving effect from 14-02-2003 to provide for the prohibition of sex selection, before or after conception, and for regulation of Pre-natal Diagnostic Techniques for the purpose of detecting genetic abnormalities or certain congenital malformations or sex – linked disorders and for the prevention of their misuse for sex determination leading to female foeticide and for matters connected herewith or incidental thereto.

PC & PNDDT Act and Rules factually came into implementation from 2002 on constitution of State Supervisory Board, State Advisory Committee, State Inspection and Monitoring Committee, District Advisory Committee, District Inspection and Monitoring Committee including notification of District Appropriate Authority and also the Appropriate Authority at the State Headquarters with a view to proper implementation of the PC & PNDDT Act and Rules in letter and spirit in our state and State PC & PNDDT Cell was constituted and Jt. Director of Health Services (MCH) in the state headquarter was also notified as State Nodal Officer under the Act.

One of the most effective steps taken at state level is through Information, Education and Communication (IEC). Wide publicity through TV advertisement, Radio, Newspaper Ad, Banner, Poster, Leaflet etc. to educate and make people aware against the illegal sex selection and abortion of female foetus. Further, public awareness meetings are being conducted at block level, at interior places and backward areas to generate awareness against illegal sex selection and abortion of female foetus.

The status of report of the court case may be stated as under:

Total Court Cases Prosecuted	Total Seized	Total Sealed	Total Conviction
17	6	11	2 doctors and 2 owners

That under the instruction and guidelines of Government of India online Form-F reporting and registration and renewal of registration and maintaining of other mandatory Forms are on process to make it ease on online system.

The review meeting cum workshop of the District Appropriate Authority including concerned dealing assistant of District PNDDT Cell are being held from time to time for efficient implementation of the PC & PNDDT Activities. The last online meeting of DAA held on 19-05-2022. Earlier sensitization meeting were held where two Hon'ble Judges of Gauhati High Court and Dean of Faculty of law, Guwahati University graced and the DAAs, Doctors, Police Officers and other stake holders including Judicial Magistrate attended on implementation of PC & PNDDT Activities. Another awareness meeting was also held on sex selection and abortion of female foeticide with reference to legal aspect graced by the former chief justice of Jammu & Kashmir High Court.

Recently mapping programme of the USG clinic/ centres under the Government of India instruction and guidelines are being taken up and it is expected to be complete within July, 2022. Inspection and Monitoring activities of the USG centre and clinics are being done regularly to prevent unauthorized centre and to check illegal activities so that sex determination do not take place.

It has to be reminded that without due registration of Genetic Counseling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic, Imaging Centres etc. cannot function and ultrasonography machine cannot be used for any other purpose without obtaining due registration from the concerned District Appropriate Authorities. Position of registered clinic stated as under:

Registration at Govt. level	Registration at Private level
215	1162

That regular inspection and monitoring activities are also being carried out in state and district level so that illegal sex determination cannot take place and the Act and the Rules are being fully implemented in letter and spirit. In this connection the rules and regulations of the Medical Termination of Pregnancy Act, 1971 needs to be strictly complied with in the interest of preventing illegal sex selection and abortion of female foetus.

To sum up it is to be stated that irrespective of rank and file and concerned stake holders, we the public at large have to contribute for the cause of the PC & PNDDT Act to achieve the desired goal.



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Panchakarma for Health

Purbali Hazarika

*District Media Expert, Golaghat
National Health Mission, Assam*

Introduction:

As the Ministry of Ayush is putting due thrust on reviving the ancient system of medicine called Ayurveda and popularising it amongst the people by taking many initiatives so that this Indian system of medicine do not see its grave. The opening of the Panchakarma unit at Swahid Kushal Konwar Civil Hospital, Golaghat with the same spirit is a tiny step towards achieving the larger goal.

Problem statement:

The Panchakarma unit was lying idle for a long time in spite of receiving certain equipment from State as there were no trained human resource to provide Panchakarma therapy.

Strategy applied:

The posting of Dr. Manab Jyoti Sarmah, MD, Panchakarma, at the MHT team of RBSK in Kamarbondha Ali BPHC gave us a ray of light to begin and try our hands on reviving the Panchakarma unit at the District Civil Hospital. Dr. Manab showed his interest in starting Panchakarma therapies on request from the Joint Director of Health Services, Golaghat Dr. Arun Chandra Mahanta. Arrangements were made to depute the Medical Officers (AYUR) from the periphery to the Panchakarma unit on shift basis so that the fervor of the same do not die down.

Next, requirement of staff who could provide massage to the patients cropped up and that too separate for male and female. Two GR-IV staff (one male and one female) from civil hospital were identified by the Superintendent, Swahid Kushal Konwar Civil Hospital, Golaghat, Dr. Surendranath Tamuli and hands on training for

two months were provided to them by Dr. Manab Jyoti Sarmah. He himself put in his time in the Panchakarma unit, as per feasibility, apart from the daily RBSK duties.

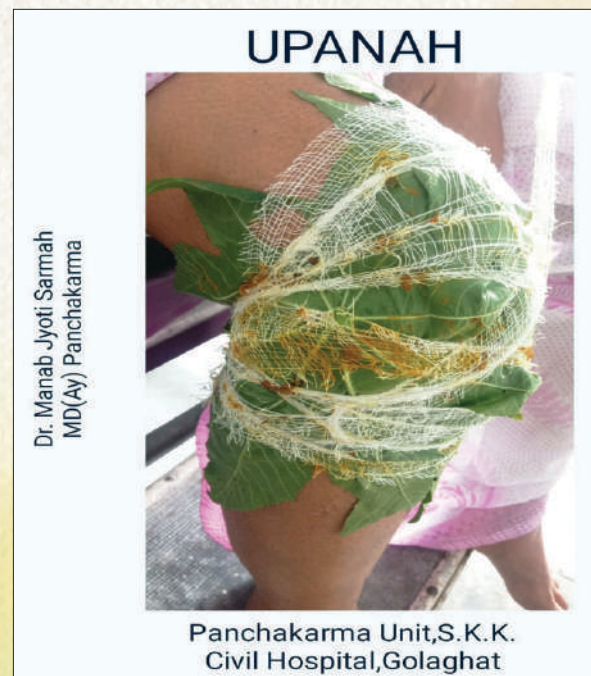
Outcome:

The unit was formally opened on 20 Feb, 2022 by ADC, Shri. Amlan Jyoti Phukan. Panchakarma unit has got full fledged support from the Deputy Commissioner, Shri. Mrigesh Narayan Barua, ACS, and since inception the unit has seen a gradual increase in the number of beneficiaries accepting Ayurveda as alternative therapy. Presently the unit is successful in treating conditions like Low Back Ache, Cervical Spondylosis, Sciatica syndrome, Frozen Shoulder, Osteoarthritis, Heel pain, Skin diseases, Sleep Disorder, Piles, Fistula, Paralysis.

Patients are being referred from the periphery and also by RBSK MHTs. Till now 600 plus Ayurvedic OPD has got registered and more than 60 panchakarma therapies recorded in the unit.

Way ahead:

Certain requirements of Manpower, Equipment, Drugs and Consumables placed by the district before the concerned department will further strengthen the unit in the near future.



UPANAHA

Dr. Manab Jyoti Sarmah
 MD(Ay) Panchakarma



Panchakarma Unit,
 S.K.K.Civil Hospital,Golaghat

Shiropichu



Panchakarma Unit, S.K.K.
 Civil Hospital, Golaghat

Nasya



Panchakarma Unit,
 S.K.K.Civil Hospital,Golaghat

Shirodhara



Panchakarma Unit,
 S.K.K.Civil Hospital,Golaghat

Swedan



Panchakarma Unit, S.K.K.
 Civil Hospital, Golaghat





One step closer towards a Dengue Free District Kamrup Metropolitan

Pompi Kalita,
District Media Expert, Kamrup (M)
National Health Mission, Assam

Dengue is a mosquito-borne viral disease. The mosquito vector and the virus expand in tropical areas. Since the climate of Assam is basically tropical monsoon climate and each year highest numbers of dengue cases were recorded in Guwahati of total confirmed cases. Hence, Kamrup Metro is a dengue prone district in Assam.

Some reasons why Kamrup Metro is a dengue prone district:

1. The district is basically a metropolitan area and a majority of

the population dwell in crowded areas.

2. The city has a number of industries/factories. Urbanization is one of main reasons why the district is a dengue prone district. Lots of people gather to work together at industries/factories in close association with each other although all of them may be from other states or districts.
3. The migration of people to the district from other places is one of the reasons why the district has maximum dengue cases.
4. There are some densely populated areas in the city, basically in urban side and large slums are there where people live with no proper awareness.



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The details of positive dengue cases:

Year	No. of cases
2016	5530
2017	4543
2018	88
2019	77
2020	2
2021	42
2022	2

Measures taken by the district NVBDCP team to reduce dengue cases in district:

1. The team has identified all dengue prone areas in the city, both in rural and urban slums.
2. Insecticide treated bed nets (ITBN) camps were organized in all villages, slums under each health institutions so that people can use protective bed nets.
3. Creating awareness among people of community like slums, densely populated area, areas near highways and in all schools & colleges of the district on dengue has helped in reducing positive cases from the district.
4. The teams visited households in order

to carry out source reduction activity to control dengue in all identified areas of the district.

5. Inter personal communication along with distribution of leaflets to create awareness among the people on dengue while visiting house-to-house is one of the major activities the district is carrying out to fight dengue.
6. Mosquito fogging operation was carried out at identified prone areas of the district on regular basis.
7. All ASHA, SW, MPW were instructed to do fever survey, RDK and to collect blood slides from households they visited in selected dengue prone areas.
8. Larvivorous fish is something that is very useful to control vector borne diseases. Releasing of larvivorous fish in all suitable drains of the district, basically in urban slums each year is one of good practices that helped in controlling dengue.

Teams consisting ANM, MPW, SW, ASHA, MAS members have been continuously doing above activities in dengue prone areas of the district. Considering the trend of positive dengue cases in Kamrup Metro since 2016, we can say now people are quite aware and the disease is under control because of all these measures taken by the district. We are working continuously to make Kamrup Metro a dengue free district in the next coming two years.





National Programme For Prevention and Control of Fluorosis Programme (NPPCF) in Karbi Anglong District

**District Programme Management Unit,
Karbi Anglong**
National Health Mission, Assam

MirdanTeronpi a 6-years old girl child of Bagpani/Tekalanjun in Karbi Anglong district of Assam under Howraghat BPHC was affected by drinking water having fluoride, due to which it affected her leg bones and she was unable to walk. But after the medical intervention with multivitamin and calcium syrup for a year she has shown improvement and was able to walk again as said by Dr. Jagat Teron, District Nodal Officer, National Programme For Prevention And Control of Fluorosis Program (NPPCF) Karbi Anglong, Assam. Like Mirdan hundreds of children were affected by drinking water having fluoride in Karbi Anglong district every year. The waterborne disease hydrofluorosis or fluorosis affects many people in Karbi Anglong district, especially women and children.

In Assam out of the total fluorosis affected areas, major part around 70% are from Karbi Anglong. In Karbi Anglong district the areas affected by fluorosis are Bagpani, Dentaghat, Dengaon, Parokhowa, Ramsapathar, Rangkhantri and Japrajan comprising around 26 villages.

To prevent and control of Fluorosis among

the population affected as well population of unaffected areas under NPPCF the below mentioned activities have been implemented in Karbi Anglong district.

- Survey to find out the Fluorosis affected population.
- Analysis of water quality for Fluorosis control.
- Analysis of urine samples.
- To find new sources of drinking water with lower fluoride control (0.5 to 0.8mg/L).
- To provide micronutrient – vitamin B and Calcium.
- To correct disabilities of affected people by surgical intervention.
- Health education and awareness generation.

Accordingly Dharma Kanta Hazarika, Laboratory Technician attached to NPPCF, Karbi Anglong, Diphu says, “NPPCF in coordination with the PHE Department are regularly testing and analyzing the urine and water samples in the affected area since NPPCF program implementation in the year 2011. During the Covid pandemic the activities were hampered. However as the Covid situation has improved and field visits, distribution of medicines and other activities are again being initiated under NPPCF programme.



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Villages Affected With Fluorosis in Karbi Anglong, Assam

SI No.	Area	Villages Effected	Fluoride Range	Percentage (%) of population Effected Approx.
1	Bagpani and Dentaghat	Baghpani Bazar, Napak Killing, Ramsing Tisso, Langtuk Taro, Kangnek Tokbi, Chandrasing Rongphar, Tilli Basti, Kehang Engleng gaon, Rong Chirim, Nao Donga, Bini Hanse and Kavoi Bi Gaon.	9.14 - 14.59 ppm	55%
2	Dengaon and Parokhowa	Den Terongaon, Samding Beygaon, Parokhowagaon, Barah Sankargaon, Thiso Timunggaon, Bongaigaon and Langtenggaon.	2.32 - 15.73 ppm	
3	Ramsapathar Rangkhantri	Manja, Ramsapathar, Lungnit, Kheroni and Rangkhantri.	1.88 - 16.10 ppm	40%
4	Japrajan	Durodichouk.	2.3 - 5.23 ppm	60%

Under NPPCF program, in Karbi Anglong District training on fluorosis for medical officers, paramedical staffs, ASHA, AWW, PRIs/ VHSNC members/Teachers and others involved in school/WCD Dept./PHE etc. are being conducted including awareness generation among the school students and villagers. The RBSK teams working in the area are also conducting the screening on fluorosis inflicted disease such as Dental Fluorosis, Skeletal Fluorosis and suspected cases are being referred for treatment.

Water Analysis Report Under NPPCF for the 2021-22

SI. No.	Indicator	Total no. of water sources	Total tested	Total no. of sample above permissible 1.5 ppm	Percentage
1	Water samples	5	5	Nil	100%

Medical Management to Diagnose Fluorosis Patients for the year 2021-22.

SI. No.	Indicator	Total no. of patient	Total medical management provided to diagnose patients	Percentage
1	Urine	91	51	56%



Monoranjan Kunwar, who has been working as a Block Program Manager at Howraghat Block PHC for many years said that for the treatment and control of the fluorosis cases in these affected areas medicine supplementation is being provided including mobility

aid such as stick, moving chair etc. and for drinking water, filters and Fluoride removal filters are supplied. Shallow Ring Well is also constructed at villages. Many NGOs are also providing support in the area by providing water filters for fluoride free drinking water.



Role of Health department in managing medical crisis during flood situation in Cachar District

Lessons learnt and development road map

**District Programme Management Unit,
Cachar District**
National Health Mission, Assam

The recent wave of Flood in Cachar district has brought devastating affect and loss among lakhs of people in the district. The flood in Cachar was very devastating due to which most of the villages of Cachar, municipal wards of Silchar Town and few peri urban areas were submerged under fresh flood water. The road communication with other parts of State was hampered; the inter district road communication was disrupted among three (3) Districts of Barak Valley, road communication between Silchar town and Silchar Medical College and Hospital (SMCH) were also affected.

Due to the sudden flood situation 2,42,234 flood affected people took shelter in 255 numbers of relief camps arranged by District Disaster Management Authority. The Health Department and National Health Mission, Assam arranged medical camps of total 2,12,768 OPD services & referral services provided by arranging 1879 numbers of medical camps in all relief camps and flood affected areas.

The role of health department started in a mission mode first with notification of officials who were entrusted after various responsibilities and activities.

- DPM, NHM, Cachar was notified as the Nodal Person for Medical Emergency by DDMA, Cachar and he was entrusted to look after all segments of Medical Operations in the entire District.
- DME, NHM, Cachar was assigned with responsibility to track social platform, obtaining information from Health Control room and to address the public grievances immediately with every possible measures.
- DDSM & JE (Inst.), NHM, Cachar were

responsible for arrangement of drugs and medicines for flood relief medical camps;

- DC (RBSK), NHM, Cachar was involved in mobilizing RBSK Mobile Health Teams (MHTs) for flood relief operations in different areas of the District.

Moreover, other staffs under Health Department and NHM, Assam were involved in medical operations based on their availability in a phase manner.

The entire flood relief medical operations were carried out under the leadership of Dr. Ashutosh Barman, Joint Director of Health Services, Cachar and guidance of Nodal Officer (DM) Health Deptt. Dr. Kh. Gautam Singha.

A Health control room was formed on 19th June and made functional with two mobile numbers and communicated with the State Head Quarter, NHM and DDIPRO & DDMA for dissemination to people of Cachar for any emergency situation. The Control room was function 24 x 7 and this exercise was named as AASWAS. The control room received 308 emergency phone calls for medical emergencies. The health team with the help of SDRF and NDRF visited many peoples' home to provide medicine on emergency basis; many people were also rescued from their homes to nearest hospitals.

From 18th June' 22 medical teams were formed and as per micro plan all the teams started visiting the flood relief camps and attending to the inmates for their health issues on a regular basis. In the relief camps other activities to check the spread of Vector Borne Diseases NVBDCP team made arrangements for and also treated the bednets used by the inmates with ITBN.

Due to the flood situation ambulances were unable to ferry patients to SMCH as the roads were cut off, the district administration had to



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use 6 numbers of Dumper Trucks (HMV) to transport serious patients to SMCH for further treatment from SM Dev Civil Hospital. 23 numbers of patients including a pregnant lady, stroke, dialysis and others serious patients were transported to SMCH in this way.

Dr. Himanta Biswa Sarma, Hon'ble Chief Minister of Assam visited Cachar district on 26th June to take stock of the situation and after assessing, Hon'ble CM decided to provide additional medical support to Cachar from Guwahati Medical College & Hospital in terms of Doctors. Accordingly on 27th June a team of 20 doctors from GMCH and another 28 doctors from SMCH came together to serve the people affected in Silchar and nearby areas.

The next morning on 28th June, 28 medical teams for all the 28 wards were mobilized to provide medical aids for the affected people in relief camps and other place of ward. The team was led by Dr. M S Lakshmi Priya, IAS, Mission Director, National Health Mission, Assam alongwith with Smt. Keerthi Jalli, IAS, Deputy Commissioner Cachar, Dr. Ashutosh Barman, Joint Director of Health Services Cachar, Dr. Babul Kr. Bezbaruah, Principal SMCH and DPMU, NHM. The medical team has provided medical aid to 70196 patients at their door step in all the 28 Municipal wards. The same activity was carried on for the next 6 days to reach every nook and corners of the flood affected wards of Silchar town.

Dr. Himanta Biswa Sarma, Hon'ble Chief Minister of Assam, later in a VC directed flood affected districts to conduct a MEGA HEALTH CAMP and accordingly on 1st July 2022 a mega health camp was held at G C College campus Relief camp having more than 6000 inmates. The health camp was organized by Health Department of Cachar with support from SMCH, IMA, IAP & NDRF; in the programme eleven (11) departments of medical specialists screened the patients, they were also provide medicines and other medical services. Special arrangements for providing Tetanus Toxoid injection dose was given as many people complained of getting body cut marks while wading through flood water.

All pregnant women were given ANC services, lactating mother got PNC services and U-5 year child were given special care for health, medicines and vaccinations. Covid vaccination services were also made available. Moreover, special IEC Stalls were

opened for NCVBDC, NCD, NTEP & Public Health to spread the message on health awareness to be taken during Flood & Post Flood period.

From 3rd July, 2022, the flood waters started receding in various parts of the District as well as in Silchar town, so the possibility of post flood epidemic or outbreak of diseases could not be ruled out. So, to combat any such water or vector borne diseases a district level meeting under the chairmanship of Deputy Commissioner with all the line departments was done. And a line of action was decided with fixed a timeline. For this, an intensified surveillance and preventive campaign "SUSTHO CACHAR - SURAKSHIT CACHAR" campaign started from 4th July onwards. Under this campaign a joint road map was developed under the leadership of District Administration Cachar, constituted with departments of Health, Education, Social Welfare, PHE & ASRLS to saturate each Gram Panchayat areas and Municipal wards of the District.

Under this campaign a Public Health team comprising of a Teacher, Jeevika Sakhis, ASHA, AWWs are mobilized in each GP and Municipal Wards w.e.f. 4th July, 2022 to 20th July, 22 for disseminating Health appropriate Education, distribution of Halogen Tablets, ORS & Zinc among the flood affected population. The teams are to visit house to house and create awareness among the people on post flood diseases, danger signs of Diarrhea & also to inform any diarrheal cases, fever or to visit the nearest health institutions in case of any signs and symptoms. The team also educates on how to use Halogen tablets among others. The NVBDCP started spreading larvicide temephos solution in stagnant water to kill mosquito larvae.

As diarrhea is a communicable disease and can be fatal if timely intervention is not done, so the district team identified and notified 19 number of health facilities (SMDCH/CHC/PHC), 119 isolation beds for any serious patient. Along with that for awareness and service delivery ORT corner has been established in all 270 SC, 34 PHC, 8 CHC & 1 at SMDCH.

The doctors of SM Dev Civil Hospitals and few other CHC and PHCs have been trained at SMCH by Master trainers on Snake bite management, Leptospirosis, Diarrhoea and Dengue. Anti-Snake venom has been prepositioned in those hospitals where there is a trained doctor.

Team Work = Success

90% Malaria Case reduction in Udalguri District

Nazia Hassan

District Consultant, NVBDCP

Madhusmita Baishya

District Media Expert, Udalguri

National Health Mission, Assam



Udalguri district has 3 BPHCs-Orang, Udalguri and Khoirabari, out of which Orang BPHC was reporting the highest number of Malaria cases and highest annual parasitic incidence not only in the district but in Assam as well. In Orang BPHC, particularly one SC, Dolonibasti Sub Centre which shares State border with Arunachal Pradesh is the hotspot of Malaria incidence. This Sub Centre covers approximately 9000 population including a tea garden, Dhansiri TE. This particular Sub Centre had frequent outbreaks of Malaria earlier also.

In 2018, the area witnessed outbreak of Malaria with more 2200 cases particularly from Dolonibasti Sub Centre under Orang BPHC. But since 2019, with co-ordinated efforts of field level workers to Block and district officials specially NVBDCP, cases have been reduced to more than 90% in 2021 compared to 2018. This success was possible by identifying the Focii,

increased constant surveillance and tireless efforts of our health workers specially NVBDCP team in those areas.

Since 2020, more number of manpower have been allotted particularly at this Sub Centre for increased surveillance, to ensure complete treatment as per NVBDCP drug schedule and follow up of different Vector control measures like-

1. 100% population was covered by LLIN in 2020.
2. Two rounds of DDT spraying in the year.
3. Release of Larvivorous fish in ponds of different villages under the SC
4. ITBN camps were held as preventive measures. ICMR/NIMR/State Entomological teams also conducted research by epidemiological perspectives. Natun Mati, an outreach area alongside Dhansiri Tea Garden is the main focus under this Sub Centre, so teams have been allotted to do weekly house-to-house survey in this area.

Thus, there is a significant decrease in Malaria cases now, particularly in the areas under this Sub Centre. We hope that in the coming years with more dedicated team work Malaria will be eliminated from Udalguri district.





Streamlining Incentive System for **ASHA** workers

Nilakshi Medhi

*District Media Expert, Kamrup (Rural)
National Health Mission, Assam*

Introducing “ASHA INCENTIVE DAIRY”

a) Problem Statement :

1. Tedious documentation for claiming ASHA incentive and the process was time consuming:

The ASHAs find documentation challenging and an expensive practice. For instance, claiming incentives for JSY institutional deliveries involves four kinds of forms signed by different sources which need to be procured, photocopied and attached with the master claim form. Similarly, a different set of documents is needed as proof for immunisation related activities. Moreover, for each activity, they also create and maintain a separate register that has to be updated. On an average, an ASHA takes 5-6 days to complete the documentation process for their claims.

2. Travel and expenditure:

The entire process of claiming incentives also includes several rounds of to & fro commute for the ASHAs for photocopying documents to the sub-centre (for the signature of ANMs) and to the block (for verification by ASHA Supervisors).

3. Geographical and demographic disparities:

Disparities in the geographical and demographic features of the catchment that an ASHA serve, has impact in the nature of claims. For instance, ASHA hailing from hilly and difficult-to-reach terrains, are unable to claim incentives as the terrain poses challenge for timely care provision.

4. Absence of grievance redressal mechanism:

Issues raised by ASHAs time and again, pertaining to claims not being approved or being rejected, remain unaddressed and unresolved, resulting in backlogs and wearing down motivation levels eventually.

b) Strategy:

Implementation of ASHA incentive Diary for




single Window approach for reducing the burden of proof to be submitted for claiming incentives by ASHAs. Only 50 activities are being prioritized out of which the 33 performance-based activities are captured through the Diary. The claims for the Essential and Routine activities are made as per the verification of Registers maintained against the activities by each ASHAs. However, the verification of certain activities will be carried out through the monthly verification slip attached to the ASHA Payments Diary. The record of the Other/ Performance based activities will be maintained in the ASHA Payments Diary which will be duly checked by ANMs, Supervisors and CHOs against monthly claims.

c) Outcome:

After introducing the Dairy, ASHAs need minimum documentation for their claims. ASHA



claim disbursement process has been rationalized. ASHA now has to maintain only one Incentive Diary instead for maintaining multiple registers. Reducing extra expenditure for photocopy of supportive document. Now ASHAs are claiming those incentives also which were previously untouched like WRA under NIPI, NCD follow-up among others.

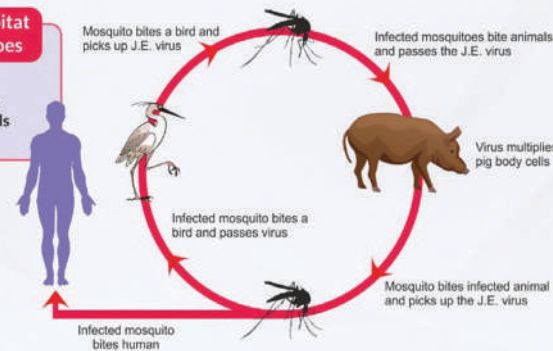
Protect and Prevent. Continue the fight against Japanese Encephalitis.

**June, July and August are considered high transmission time for Japanese Encephalitis.
Stay alert. Protect yourself and your loved ones.**

Remember, immediate medical treatment can save a life.

Breeding habitat for mosquitoes

- Paddy fields
- Blocked drains
- Irrigation canals
- Ponds



Mosquito bites a bird and picks up J.E. virus

Infected mosquitoes bite animals and passes the J.E. virus

Virus multiplies in pig body cells

Mosquito bites infected animal and picks up the J.E. virus

Infected mosquito bites a bird and passes virus

Infected mosquito bites human

Protect yourself from mosquito bites

- Avoid going to areas with water accumulation (example: rice fields) during dusk and dawn as the mosquitoes are most active at those times.
- Wear light coloured, long sleeve clothing and trousers
- Use mosquito net while sleeping
- Use insecticide or coil to repel mosquitoes
- Keep the drains around the house clean and do not allow water to accumulate in the empty containers.
- Pig rearing should be done 100 meters away from human settlements
- Use pig nets or mosquito nets for pig sty farms
- Vaccinate pigs against common diseases at regular intervals

Hosts

- Birds (herons and egrets) are reservoirs for J.E. virus
- Pigs act as an amplifiers of the virus which produces a high viral load that infects mosquitoes

Call 104 for any Health Related Queries Call 108 for Ambulance Services

FOLLOW COVID APPROPRIATE BEHAVIOURS AT ALL TIMES WEAR A WELL FITTED MASK USE SANITIZER PHYSICAL DISTANCE WASH HANDS GET VACCINATED

মিশ্বন জ্যোতিষ্মান
লুডু খেলৰ জৰিয়তে গৰ্ভাৱস্থাৰ যতন (VHNDৰ বাবে)

মাহেকীয়া তাৰিখ কেলেণ্ডাৰ
আশাৰ বাবে মাহেকীয়া তাৰিখ কেলেণ্ডাৰ

EDD CALENDER FOR SUB CENTRE
উপস্বাস্থ্য কেন্দ্ৰৰ বাবে EDDকেলেণ্ডাৰ

ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, লখিমপুৰ

মিশ্বন জ্যোতিষ্মান

লখিমপুৰ জিলাত প্ৰসূতি, নৱজাতকৰ সুস্বাস্থ্য আৰু পৰিয়াল পৰিকল্পনা সুনিশ্চিতকৰণৰ এক অভিনৱ পদক্ষেপ

ডেইজী গগৈ,

জিলা গণমাধ্যম বিশেষজ্ঞ, লখিমপুৰ

জন্মলগ্নৰে পৰা ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসমে প্ৰসূতি আৰু নৱজাতকৰ মৃত্যুৰ হাৰ ৰোধ কৰাৰ লগতে তেওঁলোকৰ সুস্বাস্থ্য সুনিশ্চিতকৰণ তথা পৰিয়াল পৰিকল্পনা সম্পৰ্কীয় বিভিন্ন অভিলাসী কাৰ্যপন্থা হাতত লৈ আহিছে। অদ্যপি বহু সময়ত যেন একঘেয়ামিতাৰ কৰাল গ্ৰাসত সোমাই পৰে সকলো কাৰ্যপন্থা আৰু প্ৰয়োজন হৈ পৰে নতুনত্বৰ, জিলাভিত্তিক প্ৰয়োজন অনুসৰি বিশেষ কিছুমান কাৰ্যাৱলী কিম্বা পদক্ষেপৰ। এনে প্ৰয়োজনৰ তাড়নাতে লখিমপুৰ জিলাত মাতৃ আৰু নৱজাতকৰ সুস্বাস্থ্য সুনিশ্চিত কৰি পৰিয়াল পৰিকল্পনাক এক সুন্দৰ গতি দিয়াৰ উদ্দেশ্যে ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযানৰ লখিমপুৰ গোটৰ সম্পূৰ্ণ নিজা উদ্যোগত ২০২২ বৰ্ষৰ ২৪ এপ্ৰিলত জন্ম 'মিশ্বন জ্যোতিষ্মান'ৰ।

কি এই 'মিশ্বন জ্যোতিষ্মান' মডেল :

জ্যোতিষ্মান শব্দটি আক্ষৰিক অৰ্থৰ দৰেই মিশ্বন জ্যোতিষ্মানৰ জৰিয়তে জিলাখনৰ স্বাস্থ্যখণ্ডত বিভিন্ন সংস্কাৰ আৰু উন্নত সেৱাৰ জ্যোতিৰে জ্যোতিষ্মান কৰি স্বাস্থ্য সেৱাৰ গতিক অধিক তৰাষিত কৰি তুলিবৰ যত্ন কৰা

হৈছে এনেধৰণেৰে —

(১) সন্তান ধাৰণৰ যোগ্য দম্পতীৰ চিনাক্তকৰণ, কাউন্সেলিং আৰু সজাগতা : এই কাৰ্যপন্থাৰ জৰিয়তে আশা কৰ্মীয়ে পোনপ্ৰথমে তেওঁৰ এলেকাৰ সকলো সন্তান ধাৰণৰ যোগ্য দম্পতীক চিনাক্ত কৰি উলিয়াব আৰু তেওঁলোকক প্ৰাৰম্ভিক পৰ্যায়ৰ পৰাই গৰ্ভধাৰণৰ আনুষংগিক সকলো কথাৰ লগতে পৰিয়াল পৰিকল্পনাৰ বিভিন্ন উপায় যেনে— কণ্ডম, গৰ্ভনিৰোধক বডি, অন্তৰা, আই ইউ চি ডি, পিপিআই ইউ চি ডি ইত্যাদি বিষয়ে জ্ঞান দিব। তদুপৰি আশাকৰ্মীক একোখনকৈ ঋতুস্ৰাৱৰ তাৰিখ অন্তৰ্ভুক্তিৰ কেলেণ্ডাৰ প্ৰদান কৰা হৈছে, য'ত তেওঁ প্ৰতিগৰাকী সন্তান ধাৰণৰ যোগ্য মহিলাৰ ঋতুস্ৰাৱৰ তাৰিখসমূহ লিপিবদ্ধ কৰি ৰাখিব। যিয়ে পৰৱৰ্তী সময়ত কোনো মহিলাই গৰ্ভধাৰণ কৰিলেও তেওঁৰ সঠিক ঋতুস্ৰাৱৰ তাৰিখ জনাত সহায় কৰিব যাৰ জৰিয়তে সঠিক আকাংক্ষিত প্ৰসৱৰ তাৰিখ নিৰ্ণয়তো সহায় কৰিব।

(২) জটিল গৰ্ভাৱস্থাৰ গৰ্ভৱতী নাৰীৰ চিনাক্তকৰণ, প্ৰাক-প্ৰসৱ পৰীক্ষা আৰু ৰেফাৰেল সেৱা সুনিশ্চিতকৰণ :

(ক) এই কাৰ্যপন্থাৰ অন্তৰ্গত আশাই সকলো জটিল গৰ্ভাৱস্থাৰ গৰ্ভৱতী মহিলা চিনাক্ত কৰি উলিয়াই তাৰ তালিকা খণ্ড প্ৰাথমিক আঁচনি প্ৰৱন্ধন গোট (BPMU) ক



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দিয়ে। সেইমৰ্মেই প্ৰতিগৰাকী জটিল গৰ্ভাৱস্থাৰ গৰ্ভৱতী মহিলাৰ বিপৰীতে একোজনকৈ চিকিৎসক, এম পি ডব্লিউ আৰু এ এন এম নিৰ্ধাৰণ কৰি দিয়া হৈছে। সেইমৰ্মেই এ এন এমগৰাকীয়ে প্ৰতি সপ্তাহত এবাৰ, এম পি ডব্লিউয়ে প্ৰতি ১৫ দিনত এবাৰ আৰু চিকিৎসকে প্ৰতিমাহত এবাৰ ফোনযোগে গৰ্ভৱতীগৰাকীক জটিল গৰ্ভাৱস্থাবে মোকাবিলা কৰিবলৈ পৰামৰ্শ আগবঢ়োৱাৰ লগতে দিক্‌দৰ্শন কৰিব। একেদৰে উপ-স্বাস্থ্য কেন্দ্ৰসমূহতো একোখনকৈ **Expected Delivery Date** কেলেণ্ডাৰ যোগান ধৰা হৈছে। য'ত কেন্দ্ৰটোৰ অধীনৰ সমূহ গৰ্ভৱতী মহিলাৰ প্ৰসৱৰ তাৰিখ, বেংক একাউণ্ট সবিস্তাৰে লিপিবদ্ধ কৰি ৰখা যাব যাতে সুৰক্ষিত প্ৰসৱ সুনিশ্চিত কৰিবৰ বাবে যাৱতীয় সকলো ব্যৱস্থা ল'ব পৰা যায়।

তদুপৰি আশাই গৰ্ভৱতী মহিলাৰ লগতে যোগ্য দম্পতীসকলক পূৰ্বৰে পৰাই জটিল গৰ্ভাৱস্থাৰ লক্ষণ আৰু কৰণীয়সমূহ, দাঁতৰ চাফ-চিকুণতা, আইৰণ ফলিক এচিড টেবলেট সেৱনৰ গুৰুত্ব সন্দৰ্ভত সজাগ কৰিব যাতে সুৰক্ষিত গৰ্ভধাৰণৰ বাবে তেওঁলোক প্ৰাৰম্ভিক পৰ্যায়ৰ পৰাই মানসিক আৰু শাৰীৰিকভাৱে প্ৰস্তুত হৈ থাকিব পাৰে।

(খ) চিনাক্ত কৰি ৰখা প্ৰত্যেকগৰাকী গৰ্ভৱতী মহিলাই যাতে প্ৰয়োজন সাপেক্ষে ১০৮ মৃত্যুঞ্জয় সেৱা লাভ কৰে তাৰ বাবে এম পি ডব্লিউ আৰু এ বি পি এমসকল দায়িত্ববাহী হৈ থাকিব এই মিশ্বনৰ অধীনত।

(৩) চিজাৰিয়ান হোৱা প্ৰসূতিৰ বাবে চিকিৎসালয়ৰ পৰা ঘৰলৈ যাতায়াত ব্যৱস্থা সুনিশ্চিতকৰণ :

চিজাৰিয়ানৰ জৰিয়তে প্ৰসৱ কৰা মাতৃসকলৰ বাবে আদৰ্শ সেৱাৰ জৰিয়তে চিকিৎসালয়ৰ পৰা ঘৰলৈ যাতায়াত সুবিধা সুনিশ্চিত কৰিবৰ বাবে মিশ্বন জ্যোতিষ্মানৰ অধীনত চিকিৎসালয় প্ৰশাসকে প্ৰতিদিনে হোৱা চিজাৰিয়ানৰ হিচাপ ৰাখিব আৰু সেই তালিকা চিকিৎসালয়স্থিত আদৰ্শ সমন্বয়কক প্ৰদান কৰিব। লখিমপুৰ চিকিৎসা মহাবিদ্যালয় হাস্পাতালৰ বাদে আন চিকিৎসালয়সমূহত এগৰাকী নডেল বিষয়াই এই যোগাযোগ কাৰ্য সমাপন কৰিব যিয়ে প্ৰসূতিগৰাকীক আৰামদায়ক ঘৰ, উভতনি যাত্ৰা সুনিশ্চিত কৰিব।

(৪) নৱজাতকলৈ জন্মৰ পালি প্ৰতিষেধক সুনিশ্চিতকৰণ :

প্ৰতিটো নৱজাতককে বি চি জি, অ' পি ভি আৰু Hep-B ৰ জন্মৰ পালি প্ৰতিষেধক লাভ সুনিশ্চিত কৰিবৰ বাবে প্ৰতিখন চিকিৎসালয়ৰ ভাৰপ্ৰাপ্ত বিষয়াক দায়িত্বশীল কৰা

হৈছে। লখিমপুৰ চিকিৎসা মহাবিদ্যালয়ৰ বাবে এই দায়িত্ব চিকিৎসালয়ৰ প্ৰশাসকক প্ৰদান কৰা হৈছে। এক ৰিপ'ৰ্টিং ফৰ্মেটৰ জৰিয়তে সকলো খতিয়ান দাঙি ধৰাৰ ব্যৱস্থাও কৰা হৈছে।

(৫) নৱজাতকৰ ঘৰুৱা যতন আৰু ৰেফাৰেল সেৱা :

প্ৰতিটো নৱজাতকৰে ঘৰুৱা যতন সুনিশ্চিত কৰিবৰ বাবে আশাৰ উপৰিও আশা ছুপাৰভাইজাৰ আৰু এ এন এমৰ গৃহ পৰিদৰ্শনত গুৰুত্ব আৰোপ কৰা হৈছে মিশ্বন জ্যোতিষ্মানত। সেইমৰ্মেই আশাৰ সাতটা গৃহ ভ্ৰমণৰ উপৰিও আশা ছুপাৰভাইজাৰে তিনিটা আৰু বি চি এমৰ লগত এ এন এময়ে এটা গৃহ ভ্ৰমণ কৰি নৱজাতকটিৰ ঘৰুৱা যতন আৰু আনুষংগিক সকলো দিশ সুনিশ্চিত কৰে মিশ্বন জ্যোতিষ্মানৰ অধীনত। এই গৃহ পৰিদৰ্শনৰ সময়ত মাতৃ আৰু শিশুটিৰ স্বাস্থ্য সম্পৰ্কীয় কোনো জটিলতা দেখা পালে তাৎক্ষণিকভাৱে ৰেফাৰেলৰ ব্যৱস্থা কৰা হয়।

(৬) বিভিন্ন পৰ্যায়ত চিকিৎসালয়ৰ গ্ৰহণ (Adoption) :

চিকিৎসালয়সমূহৰ সামগ্ৰিক গুণগত মানদণ্ড উন্নীতকৰণৰ জৰিয়তে আদৰ্শ চিকিৎসালয়ৰ হিচাপে গঢ়ি তুলিবৰ বাবে নিম্নলিখিত কাৰ্যব্যৱস্থা লোৱা হয় এনেধৰণৰ—

(ক) এজন শাখা চিকিৎসকে (Sectoral MO) আৰু ABPM য়ে এটাকৈ উপ-স্বাস্থ্য কেন্দ্ৰ গ্ৰহণ (Adopt) কৰিব আৰু কেন্দ্ৰটোৰ সেৱা, আন্তঃগাঁথনি সম্পৰ্কীয় সকলো দিশ, উন্নীত কৰি আদৰ্শ উপ-স্বাস্থ্য কেন্দ্ৰ হিচাপে গঢ় দিয়াৰ দায়িত্ব ল'ব।

(খ) SDM & HO আৰু BPMU ৰ সদস্যসকলে একোখনকৈ চিকিৎসালয় আৰু এটাকৈ স্বাস্থ্য আৰু কল্যাণ কেন্দ্ৰ গ্ৰহণ (Adopt) কৰি পৰ্যালোচনা আৰু নিৰীক্ষণৰ জৰিয়তে ইয়াক আদৰ্শ চিকিৎসালয় আৰু আদৰ্শ স্বাস্থ্য আৰু কল্যাণ কেন্দ্ৰ লৈ ৰূপান্তৰ কৰিব।

(গ) যুটীয়া স্বাস্থ্য সঞ্চালক আৰু DPMU ৰ সদস্যসকলে দুখনকৈ চিকিৎসালয়ৰ দায়িত্ব লৈ পৰ্যবেক্ষণ আৰু নিৰীক্ষণ তথা দিহা-পৰামৰ্শৰে আদৰ্শ চিকিৎসালয়লৈ ৰূপান্তৰৰ বাট প্ৰশস্ত কৰিব।

উল্লেখযোগ্য যে প্ৰতিটো বিত্তীয় বৰ্ষতে ভিন্ন ভিন্ন চিকিৎসালয়ত এই পৰীক্ষা সম্পন্ন হ'ব। স্বাস্থ্য বিভাগৰ দায়িত্বত থকা অতিৰিক্ত উপায়ুক্তই প্ৰতি তিনিমাহৰ অন্তৰত একোখনকৈ মূল্যায়ণ সভাৰ আয়োজন কৰি সকলো কাম-কাজৰ অগ্ৰগতিৰ খতিয়ান উপায়ুক্তক প্ৰদান কৰিব।

(৭) খণ্ড প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰৰ অধীনৰ চিকিৎসালয়ৰ

ব্লক আঁচনি প্ৰৱন্ধন গোটৰ আন্তঃপৰিদৰ্শন :

লখিমপুৰ জিলাৰ খণ্ড প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰসমূহৰ আঁচনি প্ৰৱন্ধন গোটসমূহে পাৰস্পৰিক পৰিদৰ্শন কাৰ্যসূচীৰ জৰিয়তে শিক্ষণ, প্ৰশিক্ষণ আৰু গুণগত মান উন্নীতকৰণৰ বিভিন্ন আনুষংগিক দিশসমূহ আয়ত্ব কৰাত সহায়ক হোৱাৰ উদ্দেশ্যে এই পাৰস্পৰিক পৰিদৰ্শন কাৰ্যসূচী গ্ৰহণ কৰা হৈছে। সেইমৰ্মে মনোনীত নিম্নোক্ত ন'ডেল বিষয়াৰ নিৰ্দেশনামৰ্মে এটা BPMU ৰ সদস্যসকলে এটা দিনত আন এটা BPMU ৰ অন্তৰ্গত দুখনকৈ চিকিৎসালয়ৰ পৰিদৰ্শন কৰিব।

ধলপুৰ-বগীনদী জিলা → গণমাধ্যম বিশেষজ্ঞ (DME)
বিহপুৰীয়া-ঘিলামৰা → জিলা কমিউনিটি মবিলাইজাৰ (DCM)

নাওবৈচা-ঢকুৱাখনা → জিলা পৰিয়াল পৰিকল্পনা সমন্বয়ক (DFPC)

উপৰোক্ত বিষয়াসকলৰ নিৰ্দেশনামৰ্মে যাৰতীয় পৰিদৰ্শন কৰি BPMU ৰ সদস্যসকলে পৰ্যবেক্ষণ ৰিপ'ৰ্ট জমা দিব। পৰ্যায়ক্ৰমে ন'ডেল বিষয়াসকলে এই ৰিপ'ৰ্ট জিলা আঁচনি প্ৰৱন্ধকক আৰু আঁচনি প্ৰৱন্ধকে বিহিত ব্যৱস্থা গ্ৰহণৰ তথা সংস্কাৰ সাধনৰ বাবে যুটীয়া স্বাস্থ্য সঞ্চালক আৰু অতিৰিক্ত উপায়ুক্তক প্ৰদান কৰিব।

এনেদৰেই 'মিশ্বন জ্যোতিষ্মান'ৰ জৰিয়তে লখিমপুৰ জিলাত প্ৰচলিত স্বাস্থ্য সেৱাৰ গতি, মানদণ্ড আৰু ধাৰাক অধিক উন্নীত আৰু ফলপ্ৰসূ কৰি তোলাৰ প্ৰয়াস কৰা হৈছে। এয়া মাথোঁ এটি পৰীক্ষণমূলক আৰম্ভণিহে। লক্ষ্যস্থানত উপনীত হ'বলৈ এতিয়াও বহু বাকী। তথাপিও 'মিশ্বন জ্যোতিষ্মান'ৰ জ্যোতিয়ে সমগ্ৰ লখিমপুৰ জিলাৰ পৰিয়াল পৰিকল্পনাৰ ক্ষেত্ৰখনৰ লগতে মাতৃ আৰু শিশুৰ স্বাস্থ্য উজ্জ্বলাই তুলি প্ৰকৃত অৰ্থত স্বাস্থ্য খণ্ডটিক জ্যোতিষ্মান কৰি তুলিব বুলি আমি অন্তঃকৰণেৰে আশাবাদী।



মিশ্বন জ্যোতিষ্মান

লখিমপুৰ জিলাত প্ৰসূতি, নৱজাতকৰ সু-স্বাস্থ্য আৰু পৰিয়াল পৰিকল্পনা সুনিশ্চিতকৰণৰ এক অভিনৱ পদক্ষেপ

মিশ্বন জ্যোতিষ্মান'ৰ বৈশিষ্ট্যসমূহ

- স্বাস্থ্য খণ্ড প্ৰাথমিক স্বাস্থ্য কেন্দ্ৰৰ অধীনৰ চিকিৎসালয়ৰ আস্থা প্ৰদান
- স্বাস্থ্য খণ্ডৰ প্ৰতি পৰিষ্কাৰ, ৰাজসেৱা, আৰু সজাৰ
- পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ
- পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ
- পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ
- পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ
- পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ
- পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ কৰাৰ পৰিষ্কাৰ

Adoption

ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, লখিমপুৰ

জাগৰণ

কল্পনা ডেকা

আশা ছুপাৰভাইজাৰ, মৰিগাঁও জিলা

শীতৰ কোনোবা এটা পুৱা শেৰালি ফুল বুটলি আনি ধুই-পখালি খৰাহি এটাত ভৰাই থ'বলৈ লৈছেহে, এনেতে ফোনটো বাজি উঠিল। লৰালৰিকৈ গৈ ফোনটো ধৰিলো। সিফালৰ পৰা আমাৰ হাস্পতালৰ একাউণ্টেণ্টৰ মাত ভাহি আহিল 'হেল্লো বাইদেউ, পুৱাই খবৰ এটা দিব লগা হ'ল— অহা সপ্তাহত এল এছ কেম্প এটা আছে, প্ৰতিগৰাকী আশাই হিতাধিকাৰী নিব লাগিব, সকলো আশাকে খবৰটো দিয়ক আৰু আপোনালোকেও তেওঁলোকৰ লগত সহযোগ কৰক। কথাতো কৈ তেওঁ ফোনটো কাটি দিলে। লগে লগে মই গোটেই আশা কেইগৰাকীক লগ কৰিবলৈ ঠিৰাং কৰি হাস্পতাললৈ মাতি পঠিয়ালো।

তেওঁলোকৰ লগত মিটিং কৰি গ'ম পালো, সংখ্যালঘু অধ্যুষিত অঞ্চলৰ আশা কেইগৰাকীয়ে কোনোদিনে হিতাধিকাৰী নিব পৰা নাই। তেওঁলোকৰ পৰা গম পোৱা গ'ল, ধাৰ্মিক কাৰণত তেওঁলোকৰ হিতাধিকাৰীয়ে এল এছ নকৰে। এই কথা শুনি তেওঁলোকৰ হিতাধিকাৰীক লগ কৰিবলৈ মনস্থ কৰি পিছদিনা সংখ্যালঘু অধ্যুষিত গাঁৱলৈ পাঁচ কিলোমিটাৰ খোজকাঢ়ি গ'লো আৰু হিতাধিকাৰীক লগ কৰি বুজালো আৰু ক'লো, ল'ৰা-ছোৱালী জন্ম দিলেই নহয়, তেওঁলোকক শিক্ষা-দীক্ষা দি মানুহ কৰিলেহে আল্লাই তোমালোকক ক্ষমা কৰিব, নহ'লে কু-সন্তানৰ শাস্তি তোমালোকে ভোগ কৰিব লাগিব। তাৰ পিছত আশা কেইগৰাকীকো প্ৰতিদিনে গৈ বুজাই এক সপ্তাহৰ পাছত মেগা এল এছ কেম্পত সংখ্যালঘু অধ্যুষিত অঞ্চলৰ দহগৰাকী মহিলাৰ প্ৰথমবাৰলৈ এল এছ কৰা হ'ল।

ইয়াৰ পিছত ৰাষ্ট্ৰীয় গ্ৰাম্য স্বাস্থ্য অভিযানে যেতিয়া মোক পুৰস্কৃত কৰিলে, তেতিয়া বহুতেই অনুপ্ৰাণিত হৈ বহুত ভাল কাম কৰি পুৰস্কাৰ ল'বলৈ সক্ষম হৈছে।

মা, মোক জনম দিবাই

বাহাৰুল উলুম চৌধুৰী

জিলা পৰিয়াল পৰিকল্পনাৰ সমন্বয়ক, মৰিগাঁও

মা, অ' মা, শুনিছানে

মই কেছে

মই তোমাৰ গৰ্ভত থিতাপি লোৱা

এটি নিঃপ্ৰাপ প্ৰাণ।

অহৰ্নিশে খেদি ফুৰিছে মোক

এক মৃত্যুৰ ভয়ে।

বুকুৰ ধপ্ধপনিও বাঢ়িছে মোৰ

তোমাৰ পেটত হাত দিলেই

শুনিব পাৰিবা স্পন্দনৰ ভয়ংকৰ ছন্দ।

মা, তুমি যেনে-তেনে মোক

জনম দিবা, পৃথিৱীখনলৈ আনিবা

অস্বীকাৰ কৰি সকলো কু-পৰিকল্পনাৰ

নিদিবা অনুমতি মোক নিঃশেষ কৰাৰ।

আইতাৰ চকুও এলাফু

পিতাইৰ চিন্তাৰ জালিকাত অস্থিৰতা,

তোমাৰতো বন্ধে বন্ধে মৰমৰ নিজৰা

বিদ্ৰোহ কৰা মা।

হাজাৰ বাধাৰ প্ৰাচীৰ নেওচি

তোমাৰ তেজৰ টোপোলাৰে ৰঙীন কৰি

অনিদ্ৰা-অনাহাৰৰ যাতনা গিলি

জৰায়ুৰ প্ৰমূল্য বিচাৰি মোক জনম দিয়া।

কন্যা ভ্ৰূণ বুলি কিয় ইমান নিৰাদৰ,

কিহৰ তিৰস্কাৰ তোমাৰ উৰ্বৰ গৰ্ভক।

তুমি ঘোষণা কৰা বিপ্লৱ

তেহে পাবা এদিন পুৰস্কাৰ জগতৰ।



Shri. Narendra Modi, Hon'ble Prime Minister, India inaugurates 7 Cancer Care Hospitals centrally from Dibrugarh District in the august presence of Prof. Jagdish Mukhi, Hon'ble Governor of Assam, Dr. Himanta Biswa Sarma, Hon'ble Chief Minister, Assam, Shri. Ratan Tata, Chairman Emirtus Tata Trusts, Shri. Keshab Mahanta, Hon'ble Health Minister, Assam and other respected dignitaries.



Shri. Amit Shah, Hon'ble Union Home Minister, inaugurates the Cardiothoracic & Neurosciences Centre at GMCH in the presence of Dr. Himanta Biswa Sarma, Hon'ble Chief Minister, Assam, Shri. Keshab Mahanta, Hon'ble Health Minister, Assam, Principal GMCH, Director CN Centre and other dignitaries.



Dr. Lakshmanan S, IAS passing on the mantle to Dr. M S Lakshmi Priya, IAS as the new Mission Director of National Health Mission, Assam.



Dr. Himanta Biswa Sarma, Hon'ble Chief Minister, Assam leading the observation of 8th International Day of Yoga in Dibrugarh District.



Shri. Keshab Mahanta, Hon'ble Health Minister, Assam inaugurates the Har Ghar Dastak-2.0 Covid-19 Vaccination Drive in Assam in the presence of Principal Secretary- Health, MD NHM Assam, DHS FW, DC Kamrup (M) and others in Guwahati.



Dr. M S Lakshmi Priya IAS, MD NHM, Assam addressing the attendees during the 2 day 'Swasthya Manthan' a Consultation Conclave with all the District Team at Assam Administrative Staff College, Guwahati.



Dr. M S Lakshmi Priya, IAS, MD NHM Assam leading an awareness rally with students on the occasion of Menstrual Hygiene Day in Guwahati.



Dr. M S Lakshmi Priya, IAS, MD NHM Assam, in the presence of Dr. Manoj Kr. Choudhury, ED NHM, Assam flags off a 'Cycle Rally for Health' on the occasion of World Environment Day from the NHM SHQ in Guwahati.



National Health Mission, Assam

PHOTO GALLERY
Various activities of Health Department
1st April to 30th June, 2022

SWASTHYA DAPOON



Shri. Keshab Mahanta, Hon'ble Health Minister inaugurated the OPD services at Dhubri Medical College & Hospital in the presence of DME, Addl. DME and ED NHM, Assam, DC, SP, Principal Dhubri Medical College and district officials.



Shri. Keshab Mahanta, Hon'ble Health Minister paid a visit to the house of Koinamai Patgiri, an expecting mother who passed away in Lakhimpur Medical College & Hospital and offered condolences to the bereaved family.



Shri. Keshab Mahanta, Hon'ble Health Minister chaired a meeting with Director LGBRIMH, Tezpur, HoDs and professors, and discussed on development of the healthcare facilities and infrastructure of the institute, and to advance the educational aspect as well.



Dr. M S Lakshmi Priya, IAS, MD NHM, Assam flagged off an awareness Cycle Rally on the occasion of International Day of Yoga at Dibrugarh District.



MoU signing ceremony to establish the first of its kind Assam Advanced Healthcare Innovation Institute (AAHI) with an integrated multi-speciality 350-bed hospital at IIT Guwahati, in presence of Dr. Himanta Biswa Sarma, Hon'ble Chief Minister, Assam and Shri. Dharmendra Pradhan, Hon'ble Union Minister of Education and Minister of Skill Development & Entrepreneurship.



Dr. M S Lakshmi Priya, IAS, MD NHM, Assam visited North Jamuguri CHC, Sonitpur District, as part of the District Mentoring Team initiative by NHM Assam. MD, NHM inspected the Labour Room, NBSU, OPD and interacted with the patients.



Dr. M S Lakshmi Priya, IAS, MD NHM Assam, mobilizing medical teams to provide healthcare services to the flood affected people of Cachar.



Dr. M S Lakshmi Priya, IAS, MD NHM Assam, interacting with a new mother on a night visit to Tezpur Kanaklata Civil Hospital, Sonitpur District.

ADOPT FAMILY PLANNING MEASURES. WRITE A NEW CHAPTER OF PROGRESS.



Shri Keshab Mahanta
Hon'ble Health Minister, Assam

Avail and Adopt the benefits of various Family Planning Methods at your nearest Government Health Institutions free of cost with additional incentives for both beneficiaries and motivators this Mobilisation Fortnight (27th June - 10th July, 2022) under the auspices of upcoming World Population Day.

Proper age for Marriage ▶ 18 years & above for Girls | 21 years & above for Boys

Benefits of Marriage at the Right Age

- Physically fit for delivery of a healthy child
- Mother can take proper care of the child
- Happiness of married life
- A healthy child delivered will be active in academics and physical activities

Methods for Delayed Pregnancy

- Use oral pill or condom to maintain a gap of two years for conceiving first child after marriage
- Similarly use oral pill, condom or IUCD to maintain gap of three years after first child is born
- Post Partum Intra Uterine Contraceptive Devices (PPIUCD) may be inserted after delivery to maintain gap of three years
- Injectable contraceptive (Antara) can be used for woman of any age including lactating mothers to maintain the gap of two years.

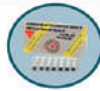
Temporary Methods of Family Planning



Condom



Injectable Contraceptive (Antara)



Contraceptive Pills (Mala N & Chhaya)



IUCD, PPIUCD, PAIUCD

Post Partum Intra Uterine Contraceptive Devices (PPIUCD)
Post Abortion Intra Uterine Contraceptive Devices (PAIUCD)
ACCEPTORS for this method will be given incentives of **Rs. 300/-**



দায়বদ্ধ দাম্পত্য পৰিয়ালৰ সমৃদ্ধি

Incentives will be credited to ACCEPTORS' bank accounts.

Permanent Methods of Family Planning



Non-scalpel Vasectomy (NSV without surgery)
ACCEPTORS for this method will be given incentives of **Rs. 3,000/-**

Laparoscopic Sterilization (LS) Minilap, Post Partum Sterilization (PPS)

ACCEPTORS for this method will be given incentives of **Rs. 2,000/-** (for L.S. Minilap) & **Rs. 3,000/-** (for P.P.S.)



Dial 104 for details or visit your nearest health centre

FOLLOW COVID APPROPRIATE BEHAVIOURS AT ALL TIMES

WEAR A WELL FITTED MASK

USE SANITIZER

PHYSICAL DISTANCE

WASH HANDS

GET VACCINATED



DON'T LET DRUG RUIN YOUR LIFE

Addressing Drug Challenges in Health and Humanitarian Crises

Common substances of Drug abuse are Tobacco, Alcohol, Cannabis (Ganja) and other Addictive Drugs

SYMPTOMS OF ADDICTION

- Overly submissive or aggressive behaviour
- Stealing and being furtive
- Always unable to maintain a regular schedule or routine
- Always unable to complete school/works/other activities on time
- Withdrawal from friends and family

HOW TO OVERCOME ADDICTION

- Say No:** Say it confidently
- Be Courageous:** Don't give in to peer pressure
- Reach Out:** Discuss your views with your family or close friends
- Adopt:** A healthy lifestyle for a stress free life
- Engage:** In physical activities, sports or yoga

HOW TO PREVENT

- Don't give in to pressure
- Avoid stress and loneliness
- Find alternative ways to cope with life's ups and downs

HOW TO TREAT

- Management includes identification, motivation and counselling.
- Adopt a healthy lifestyle and practice yoga and meditation to avoid stress.

FOR ANY HEALTH RELATED COUNSELLING AND INFORMATION, PLEASE VISIT YOUR NEAREST ADOLESCENT FRIENDLY HEALTH CLINIC OR AYUSHMAN BHARAT HEALTH & WELLNESS CENTRE

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