Organised by:
Regional Resource Centre For North Eastern States (Branch of NHSRC)

Venue; Hotel Novotel, Guwahati

5- 6th March 2020

A. Inaugural Session:

The two days **Sensitization Workshop on Aspirational districts of NE** started with felicitation of the following dignitaries and Guest of Honour:

1. Dr. Ashoke Roy, Director, RRC-NE,
2. Dr. S. Lakshmanan, IAS, Mission Director, NHM, Assam
3. Dr. Himanshu Bhushan, Advisor, PHA, NHSRC
4. Ms. Mona Gupta, Advisor, HRH, NHSRC
5. Dr. Madhulika Jonathan, Chief of Field Office, UNICEF
6. Mr. Kartik Bhatia, Young Professional, NITI Aayog

Objective of the Workshop: Dr. Himanshu Bhushan, Advisor, PHA, NHSRC first of all thanked the RRC-NE team for conducting this much needed 2 (Two) days workshop. The main objective of this workshop is to go through deep into the challenges and issues faced by the Aspirational districts and to find out the solutions. Each State should work in such a way so that it becomes an ideal for other States to follow. He also emphasized on need for a comprehensive DHAP to achieve IPHS and NQAS. Proper hand holding and monitoring is also necessary for sustainability of programs. There are various indicators and to see out the achievement of these indicators and to oversee the activities related to health system and also to see programme related activity at the lowest level so that they can move on in all NE States. Those who are working in the far flung aspirational districts should utilize their skills. Programmatic activities on nutrition, low birth weight babies, premature deaths and how to improve the scenario need to be discussed during this workshop. Proposals of releasing fund should be done in right way.

Dr. Madhulika Jonathan, Chief of Field Office, UNICEF: She appreciated commitment of NE States in improving the health indicators. She also discussed the NITI Aayog indicators, CSR initiative in Nagaland, Mizoram and Arunachal Pradesh. UNICEF is working for 14 Aspirational districts in NE states, out of total 39 Aspirational districts in India. She discussed some of issues pertaining to health system strengthening. LaQshya in Labour room certifications is going on, but at a slower pace. Capacity building, Maternal and Child death review should be done. There should be specific health policies for health workers. Specialists like MO are working in their own specific area. There are inadequate numbers of seats for specialist education at PG level in Medical Colleges. Regarding Nursing Education, UNICEF is yet to create some amendments so that nurses can be utilized in Aspirational districts. In regard to Supply Chain Management, availability of Essential Drugs, health care providers, specialists, M.O conditions are very critical and right people are required for this. Importance of reliable health care data in understanding the reality of situation was also emphasized.

Ms. Mona Gupta, Advisor, HRH, NHSRC: She requested the States to identify their challenges and to work on them. She also discussed the relevance of Aspirational District label for the respective States. RRC-NE is supporting NE States in making and implementing the policies and NHSRC is also always ready to support NE States in this. Due weightage to the requirement of Aspiration districts need to be given while preparing the State Plan.

Dr. S. Lakshmanan, IAS, Mission Director, NHM, Assam: He welcomed all the participants of NE States including the resource persons. He said during his tenure as Mission Director, under National Health Mission, he has learnt a lot and yet to learn more in coming days in Health Administration. He also highlighted the problem of brain drain also in causing deficit of specialist manpower in the region. Assam's IMR-MMR status is good than the other North Eastern States. He

requested all the NE States to execute their work by making adequate planning and to take the full responsibility of their assigned work.

Vote of thanks: Dr. Pankaj Thomas, Sr. Consultant, PHP & E thanked all the dignitaries in the dais for sharing their valuable words and experience.

B. Technical Session:

The first topic of the day was **'**Introduction to Aspirational District Programme, Delta Ranking, Expected Role of District Authorities etc.' by **Mr. Kartik Bhatia, Young Professional, NITI Aayog**. There are 117 districts selected from across the States in India selected for Aspirational districts by using a composite index of key data sets. Maps of Aspirational Districts, Identified sectors, Key Performance Indicators, challenges faced by Aspirational Districts were presented. The three core aspects of Aspirational Districts project namely competition, collaboration and convergence were described. He also explained in detail about the strategy of work by planning at the district level by creation of team and to make data validation. NITI Aayog in collaboration with the Ministry of Health & Family Welfare (MoHFW) and with technical assistance of the World Bank is monitoring the Health Index initiative from 2017 to measure the annual performance of States and UTs on a variety of indicators – Health Outcomes, Governance, and Processes. He talked of the role of CSR in Aspirational districts and ranking of Aspirational Districts.

Dr. H. Bhushan, Advisor, PHA, NHSRC asked the participants about the analysis of percentage of indicators in Aspirational district. He requested the States to conduct a survey on Aspirational districts and to know the real problems, and to place them before the authorities. There should be survey in schools, testing the aptitude of students. Early registration of pregnant women should be done and to diagnose their high risk pregnancies well in time for efficient follow up. Fund flow is difficult in districts which should be reviewed. Further he said that there is lots of duplications in States so that they need to address this and District Collector should work on this issue. Mr. Bhatia said implementation of MMU or 104 ambulance services is difficult in NE States and also the dialysis programme is not running well. NE States may consider to go for a smaller vehicles. He also clarified that the Delta ranking only shows the best in improvement.

Ms. Mona Gupta suggested proposing fund from NITI Aayog rather to depend on NHM fund only, especially for filling up the gaps in infrastructure and its maintenance. And she requested the NE States to address the main issue about delay of fund release in States and avoid duplication of asking funds from both NITI Aayog and MoHFW.

2nd session was States presentations by the NE States, started with Meghalaya:

Meghalaya: The team stated that Rs 3.0 crore was released in 2019-20 for ambulance project from NITI Aayog, but the amount was not sufficient for them. In this context Mr. Bhatia asked them to intimate the same to NITI Aayog for further fund release but not to reduce their ambulance requirement. He informed that NITI Aayog is communicating with Chief Secretary and District Collector of respective districts to sort out the problems in States and also requested the districts to reach out to them with their problems. But the approved activities need to be completed within the given timeline.

Arunachal Pradesh stated that incentives are given as per guideline but it is not sustained. They made comprehensive plans and sent to higher authority for sanctions.

Ms. Gupta said that as per RoP 2020-21, State will get 30 % more incentives for Aspirational districts but this is only performance based incentive. The NE States need to prioritize their infrastructure and health camps should be organized in Aspirational Districts.

The topic of the 3rd session was 'Presentation on Health Indicators' by **Dr. Ashoke Roy, Director, RRC-NE:** The Aspirational Districts programme focus on 5 themes. Discussed about district indicators related to Health, Nutrition, Education, Agriculture, Water resource, Financial inclusion, Skill development and basic infrastructure through a composite index. The presentation speaks about the weightage against each Health & Nutrition indicator, district wise status of early registration of Pregnant Women, Status of 4 (Four) Ante Natal Checkups with Hb% estimation, Institutional deliveries %, Low immunization and or high home delivery pockets within the district, etc. and probable activities for further improvement. He urged the district officials to introspect about the prevailing low performances, 6 (Six) Ws, i.e. Why, Where, When, etc. and how to improve the parameters. One of the ways is to by improving the Monitoring and Supervisory visits within the district by the district officials. The visit should be well structured and regular and supportive in nature. Necessary fund may be arranged from M&E supervisory visit fund from any programme under NHM. If further required, District Collector may be approached.

During discussion, followings were some of the feedbacks from the States:

Arunachal Pradesh : They started the population enumeration from grass root level which is expected to finish by March, 2020. ANM and CHO's are divided into village wise and supervising ASHA's. Eligible couples are being visited by ANM/ ASHA's regularly. Though a women should take four ANC visits, but most of the migrant women are not continuing their ANC visits.

Manipur: Incentives are being given to beneficiaries. 4 ANC stands at 43% total ANC registration and necessary effort to improve the situation is going on. Some of issues discussed were lack of awareness on compliance with IPHS standards, mismatch with supply and requirement of manpower, some of positions sanctioned under regular cadre need to be filled up. New HWC team incentives were discussed

Mizoram: Due to early marriage ANC registration is difficult. Dr. Bhushan advised them to create awareness amongst them that registration can be done even if early marriage is done. He requested the District Officers to list out the activities and take their action points to improve ANC registration. Further he discussed the key priorities of Field experience.

A short Video clip entitled **"Why did Mrs. X die?"** was presented. It showed, journey of a girl child through her adolescence to her married life, leading to pregnancy and her experiences in life threatening complications and what were the barriers for her to avail those services from schooling to antenatal services and finally the reasons for her death and these could have been prevented.

Dr. Bhushan advised the States to support their districts in planning. RRC-NES is asked to give orientation to States during their field visits and the report to be sent to Ministry of Health & Family Welfare, Govt. of India. Preventive care and community level interventions are very important in States.

Ms. Mona Gupta talked about key achievements, improved service delivery and importance of Human Resource for health is important for NE states. Before planning programs one should know the required IPHS to ensure compliance. Though health sector have HR but performance is not optimum. They are not motivated to work but the states should try to find out the root cause of the problem. She suggested increasing their salary if there is scarcity of HR as per norms. She further informed that Ministry is deciding in creation of positions of additional staff nurses in states. High

Priority districts are allotted performance based incentive, which is also applicable to Aspirational districts as per guidelines. She further informed that states need to quote amount required to be paid by them to hire specialist doctors and central ministry has sufficient provision to comply with that amount. She also mentioned about the provision of topping up salaries of specialists working under NHM. There is also provision for states to give additional incentives in addition to central funding.

Dr. Palash Talukdar, (Consultant, RNTCP, WHO)

He talked about the National TB Elimination Program (NTEP) and three dimensions of TB control namely, Clinical, Social and Public Health. He discussed about the provision of giving nutritional support of Rs. 500 per month to patients undergoing TB treatment. He also discussed about new diagnostic techniques like CBNAAT and calculating the success rate of TB treatment.

Day 2 (6th March 2020)

Dr. Ashoke Roy, recapitulated sessions from the previous day. He discussed the need and importance of routine and periodic field visits which need to fulfill some defined purposes and shall not be 'only ornamental'. He also requested that all staff shall not be going to visit field at the same time, an aspirational district may have 2 -3 sectoral monitoring team, depending on availability of district level officers in O/o, CMHO and number of Health facilities in the district along with distance. A circuit plan may be developed for each Team and all the health facilities including sub centres under the aspirational district may be covered in a matter of maximum 2 (Two) weeks. These supervisory handholding visits may continue throughout the year.

Meghalaya presentation by **Dr. Maurie, CMO** about their Aspirational District of Ri Bhoi. He expressed concerns about the low immunization and high home delivery pockets in his district and need for organizing better IEC activities. Already instructed the ASHAs and peripheral field staff to increase interventional activities as these pockets have already been mapped.

Mizoram presentation **by Dr. Nohru** about the Aspirational district of Mamit. He mentioned about the delay in getting the central funds released for the state as even now, on 6th March 2020, they have yet not received the 2nd installment of last year's funds for the district. Similarly, Arunachal Pradesh is also facing the problem of delayed release of funds.

Dr. Ashoke Roy mentioned that the RRC shall make detailed field report mentioning challenges and shortcomings encountered in the field. Dr. Bhushan mentioned the need for the abolition of vertical programs and advised for following the Indian Public Health Standards. States shall report all kind of challenges which they may be facing in implementing the NHM activities to RRC NES to be forwarded to NHSRC and Ministry of Health. Another issue which came up was the short working time/ season in Arunachal Pradesh due to the difficult terrain and also plenty of seasonal rainfall which hampers the movement of people across the region. This combined with delayed funds release, further shortens their time frame to execute the programs. Dr. Thomas of RRC NES, gave his feedback on the last team visit to Mamit and commended the efforts of the community participation there.

Nagaland (Kiphire)

Aspirational District Kiphire, is one of most backward district of Nagaland. It takes about 12 hours by road, to travel to this district from the state capital Kohima. Road connectivity is very poor. IMR and MMR data from the state are not available. This is problematic in evaluating and appraising the state PIPs. There are less than 2 deliveries, every month. Only one out of 5 ambulances is working and functional. The request for new ambulances has been submitted but, the response is still awaited. Their MMU has also only 2 nurses posted there.

Dr. Thomas gave feedback that the General Surgeon posted at DH in Kiphire was not conducting surgeries at all. Out of 14 CHOs posted there, 7 CHOs have been transferred to other districts, who were subsequently replaced by authority. Most of data on other indicators is not available from the district. He also talked about the need for Social and Behavioral Change by Communication (SBCC) among the locals. There is hesitation in community to use ambulances as they associate its use mostly with transporting dead bodies.

Dr. Ashoke Roy (Director, RRC NES) suggested states to prepare a blue print for every Aspirational district, like how to establish a blood bank, requirements for the infrastructure, HR requirements of specialist like pathologist etc. He also gave his advice to districts on not to put consolidated data in their meetings with district heads of ICDS or health department, but to put it Reporting Unit wise so that defaulting Reporting Units can be easily identified. It shall be reported parameter wise and unit wise. The house responded with the remarks that posting in an aspirational district is taken as a punishment posting. He advised against 'putting square pegs in round holes' and plead to the State Authority to explore whether employees may be posted in an aspirational district for a fixed tenure. Ms. Mona Gupta pointed out the lack of functionality of ambulances in their report for better evaluation and understanding of the situation.

Tripura (Dhalai District)

Presentation was made by Shubhodeep Lodh, DPM, Dhalai District. None of facilities in Dhalai are in compliance to IPH standards. At present there is no Pathologist, Gynaecologist and Pediatrician working in DH so it is not functioning as FRU. On nutritional side, Nutrition Rehabilitation Center has been proposed as multiple cases of malnourishment have been diagnosed. There is no private sector hospital for TB notification. There is shortage of Medical Officers in the district. It's mostly a malaria endemic area and mass screening has been initiated for malaria in the district. Some other issues faced by district were delayed release of funds for VHNDs. Ten new cases of leprosy have been reported. More than 60 % cases had a Grade 2 deformity as detection came very late. Most of cases detected are at border area with Manipur. District Leprosy Officer informed that in that PHC, there are no female MPHWs working in the district and only one male MPHW working on deputation. He is working in this position on yearly rotational basis. He has to walk 30 km by foot from the PHC to the village and perhaps this is reason for late detection of cases. He also mentioned about lack of fire extinguisher as equipment at the facility.

Dr. Ashoke Roy (RRC NES) also mentioned the need to seek training in family planning from central government/ministry. Regarding the free drug initiative only 20-30 % drugs are available in a facility in Tripura. In other States, in spite of repeated requests, facility level wise EDL is not available till date.

Dr. Bhushan (NHSRC) talked about strengthening of secondary care. More than 64 % health expenditure in India is Out of Pocket Expenditure. Even though IPHS require 21 specialist services at the level of District Hospitals, at least core 9 specialist services shall be available in all District Hospitals. Since, the regional and cultural requirements of North Eastern states are totally different from the rest of India, there shall be a different customized plan for this region. The area shall be divided into different zones and every zone shall have one such functional facility to assure the provision of critical care for the population.

Mr. Prashant (Sr. Consultant, PHA Division, NHSRC) gave presentation on 'principle of planning'. He discussed the operational guidelines for Aspirational districts and why a district plan is so essential? He explained on definition of PHCs and FRUs and also key features of IPHS and stressed

on critical areas that need better planning. He discussed about the discrepancies between the cost of construction per square area between different regions. They differ a lot between NE region and the rest of India. Since, the terrain in NE states is hilly and rocky so here the cost of construction goes significantly higher. He further mentioned that the NE states need to be very specific in mentioning this additional cost of construction in their budgetary requests like extra funding for flattening a hilly area before starting the actual construction. He cited one case in Arunachal Pradesh where cost of flattening a hilly area took up almost 30 % of budget allotment for the entire construction project. In another instance, he mentioned that in Manipur and Nagaland not a single maternal and infant death has been reported in last decade.

In further discussion, problems regarding provision of respectful maternity care were also highlighted. He further discussed the planning document and talked about apprehending the constraints and deficiencies like information and data.

Mr. Kartik Bhatia (Young professional, NITI Ayog) informed that their focus is mainly is on 2 areas namely 'telecommunication' and in 'improving the road connectivity' in the region. He advised for the participants from states to go through the Integrated Planning Document developed by Planning Commission (publicly available). Dr. Bhushan mentioned about time lag between the fund allocation by center and the reception by the districts. Mr. Bhatia informed that as per new policy now the NITI Aayog will be assessing the progress in states, every 3 months in measurable indicators. Efforts are on to have increased linkages between the NITI Aayog and the DCs/ DMs in the respective districts. Funds are being transferred directly from NITI Aayog account into the DC's account. He will make sure about channeling them to the health department. Thus putting the CMOs accountable for the progress made in their district.

Mr. Ajit K. Singh (Consultant, PHA, NHSRC)

He discussed on extremely relevant topic of nutrition. As we all know, nutrition is under the joint work area of both ICDS and Health department. He discussed about the main causes of Under-5 mortality in children and neonatal deaths of low birth weight babies. He mentioned that 16 % of neonatal deaths are preventable by simply breastfeeding the infant. Steps to tackle malnutrition were discussed. He summed it up as 'too early, too frequent and too many'. AWC shall monitor the growth of babies in their respective villages. The trick to tackle malnourished babies is to detect and catch pregnancy early and early registration of pregnant women, checking and monitoring their Hb%. To supplement their nutritional requirements, locally produced diet and nutritional supplements. He also emphasized on the importance of counseling on importance of nutrition of pregnant women.

Afternoon session

Participants were divided into five groups and were given separate group exercises to work on. They were instructed on making a short instruction out of that group work which they presented.

C. Way Forward:

1. Aspirational District Committee meeting under the Chairmanship of District Collector need to be held every month, wherein the performances of the related departments will be reviewed. Advance information may also be shared for participation of National Mentor in the meeting. Participation of State level officials, not below the rank of Joint Director, in the Aspirational District Committee meeting should be a must. Districts are requested to send monthly reports on sectoral progress where specific issues that need intervention have been

highlighted clearly. Reports can be shared through mail at r.ranjan@nic.in , kartik.bhatia91@nic.in and at ashokeroy.rrcnes@gmail.com

2. State needs to prioritize and ensure regular & adequate availability of funds to undertake various sanctioned activities for the district.
3. One of the major reasons for improper utilization and / or discontinued services, low ANC, low awareness and low follow up rate can be attributed to
    a. Difficult Terrain
    b. Existence of hamlets (within village circles) which have less population and are situated at considerable distance from each other often posing difficulty in coverage
    c. Low manpower to deploy for coverage of such communities
4. Clustering of hamlets seems one possible solution for improving accessibility to health care services or alternately geographical centric deployment of manpower can be planned.
5. Public/Community acceptance of this clustering shall seem to be one major challenge – which can be overcome by effective BCCs over a period of time. These BCC efforts may take time up to 2-3 years to yield results - acceptability by the communities involved and the readiness of the communities to sustain the model independently.
6. During this lean period – i.e before **people are convinced to come to the facilities – health dept must devise ways to reach out to the people.**
7. Reaching out can be strategized in one of the many ways as below:
    a. Step up population enumeration & CBAC forms. ASHA should maintain a checklist for number of home visits made.
    b. Identify high home delivery pockets & list of community influencers available. Utilize VHND/VHSNC platform to sensitize community
    c. Mobility support to Medical Officers / support staff to connect with the people on designated days.
    d. The mobility support may be clubbed with already planned activities – VHND, RI days – eg: As per RI plan a child has to be immunized every 03 months – MO visit may be planned once in a quarter with the RI team.
    e. Mobile bikes – to reach the community for ANC, sample collect for laboratory tests and vaccine transportation. Due to very difficult terrain, district may coordinate either through PPP or CSR for introduction of Mobile Laboratory motorcycles. In acknowledgement to the geographical & topographical challenges in the aspirational district, focused recommendations are advocated, which was presented in the workshop, i.e. Component / Unit wise interventions required and Linkage to Health & Nutrition Indicators
        a. The objective of such lay out is such that - specific Nodal Officers at State shall be aware of the initiatives that are required at their end in respective component & thus may plan for implementation of the solutions proposed in the phase wise manner.
        b. On the other hand, linking of the recommendations to the Health & Nutrition Indicators is done with the purpose to help the state/district teams to understand – the result of their initiatives – i.e. their efforts shall help to improve the rating of “which” indicator? And also help them identify ‘low hanging fruits’ which are indicators which can be easily addressed to achieve a bigger positive impact
8. District must review the data being fed into the portal. Monthly meetings of allied departments under the Chairmanship of DC/DM of the respective Aspirational districts need to be organised. A particular day of a may be designated at district head quarters on which

staff from areas with connectivity issues must report and fill the required data / submit data to the district team for needful compilation and further submission

9. At least one monthly supervisory visit by the district monitoring team and one quarterly visit of by the state monitoring team to the health facilities in the Aspirational district to be coordinated to ensure tracking of progress and implementation of corrective measure at a regular basis. All visits and visit findings may mandatorily be recorded in the facility visitors book for reference and follow up.
10. Due to difficult terrain since referred patients avail services from nearest /conveniently accessible health facility rather the sequence next higher facility due to proximity to available facility and also due to lack of services available in the FRUs (in the district) patients often have to travel to nearby districts - Hence it is recommended that linkages for referral, follow up and continuum of services be established with these health facilities instead of with the PHC – HWC, CHC and the DH of the district wherever applicable.
11. A big concern highlighted by State/district officials was poor road connectivity in Districts of North east along with lack of staff accommodations for district and peripheral health officials. NITI Aayog has recently requested all districts to share requirement estimates so they can be taken up with relevant ministry. Till now, not all districts of North East have submitted the estimates; they are requested to submit it as soon as possible. Information can be shared at r.ranjan@nic.in . For infrastructure, CSR fund or other resources, eg. BADP, MSP, etc.may be tapped too. District may reach out to project management unit of NITI Aayog at pmu.tadp@lsmgr.nic.in. This team will help in project formulation and implementing project monitoring mechanisms in districts.

Finally vote of thanks was presented by Dr. Ashoke Roy, Director RRC NES and participants were also thanked by Dr. Pankaj Thomas for their commendable efforts.

D. Under The Lens:

The Dias

Interactive Session

The State Participants

Vote of Thanks

During Interactive Session

The Audience

Agenda

Workshop on Selected Aspirational Districts (AD) of the North East States
Except Assam and Sikkim
Venue: Hotel Novotel, Guwahati
5 – 6th March, 2020

Time	Topic	Resource Person
Day 1		
INAUGURATION		
08:30 am – 09:30 am	**Registration**	
09:30 am –09:40 am	Welcome Address & Introduction of Participants	Dr. Ashoke Roy, Director RRC NE
09:40 am –09:50 am	Objective of the Workshop	Dr. H. Bhushan, Advisor, PHA, NHSRC
09:50 am- 10:00 am	Deliberation by Special Guest	Dr. Madhulika Jonathan, CFO, UNICEF
10.00 am – 10.10 am	Deliberation by Special Guest	Ms. Mona Gupta, Advisor, HRH, NHSRC
10:10 am – 10:20 am	Inaugural & Key Note Address	Dr. S. Lakshmanan, IAS, MD-NHM, Assam
10.20 am – 10.25 am	Vote of Thanks	Dr. Pankaj Thomas, Sr.Consultant, PHP&E, RRC NE
10:25 am – 10:55 am	**Group Photography followed by Tea Break**	
TECHNICAL SESSIONS		
Time	**Topic**	**Resource Person**
10:55 am – 11:15 am	Introduction to Aspirational District Programme, Delta Ranking, Expected Role of District Authorities etc.	Sh. Kartik Bhatia, Young Professional, NITI Aayog
11:15 pm -12:15 pm i. Arunachal Pradesh ii. Manipur iii. Meghalaya 20 minutes for each State (Presentation – 12 minutes + Discussion – 8 minutes)	District presentation which may focus on: a. Status of the Health & Nutrition Indicators of the district, Presenting barriers / gaps, b. Good practices, interventions introduced: c. Road Map for improvement and support required	District Representative/ CMO
12:15 pm – 01:15 pm i. Mizoram ii. Nagaland iii. Tripura 20 minutes for each State (Presentation – 12 minutes + Discussion – 8 minutes)	District presentation which may focus on: a. Status of the Health & Nutrition Indicators of the district, Presenting barriers / gaps, b. Good practices, interventions introduced: c. Road Map for improvement and support required	District Representative/ CMO
01:15 pm – 02:15 pm	**Lunch Break**	
02:15 pm – 02.45 pm	Presentation on Health Indicators	Dr. Ashoke Roy, Director, RRC NE
02:45 pm –03:30 pm	Leveraging NHM flexibility to ensure HRH availability in AD district.	Ms. Mona Gupta, Advisor, HRH, NHSRC
03:30 pm – 04:00 pm	**Tea Break**	
04:00 pm – 04:30 pm	Presentation on TB Programme	Dr. Palash Talukdar, RNTCP, WHO
04:30 pm – 05:30 pm	Preparing Project Proposals	Dr. H. Bhushan, Advisor, PHA, NHSRC

Time	Topic	Resource Person
Day 2		
09:00 am- 9:30 am	Recap	Dr. Pankaj Thomas, Sr. Consultant, PHP&E, RRC NE
09:30 am- 10:30 am	Presentation on IPHS principle and to plan DHAP for Aspirational Districts	Sh. Prashant KS, Sr. Consultant, PHA, NHSRC
10:30 am- 11:00 am	Presentation on Nutrition	Sh. Ajit K. Singh, Consultant, PHA, NHSRC
11:00 am- 11:30 am	Presentation on how to prepare project proposal for CSR funding	NHSRC/ RRC
11:00 am –11:10 am	Dividing groups and ToR – Group Formation – 5 nos. & Distribution of Topics	i. Dr. Pankaj Thomas, ii. Ms. Sagarika Kalita & iii. Dr. Gursimrat Kaur Sandhu, PHP&E, RRC NE
11:10 am – 01:00 pm	Group Work	
01:00 pm –2:00 pm	**Lunch Break**	
02:00 pm – 04:00 pm	Presentation of group work and discussion 5 (Five) Groups; Presentations for 13 minutes and 7 minutes for discussion	Groups
04:00 pm – 04:20 pm	**Tea Break**	
04:20 pm – 04:50 pm	Monitoring the progress and corrective actions	NITI Aayog/ NHSRC/ RRC – NE
04:50 pm – 0515 pm	Way Forward	NITI Aayog/NHSRC/ RRC – NE
05:15 pm – 05:30 pm	Valedictory Session	

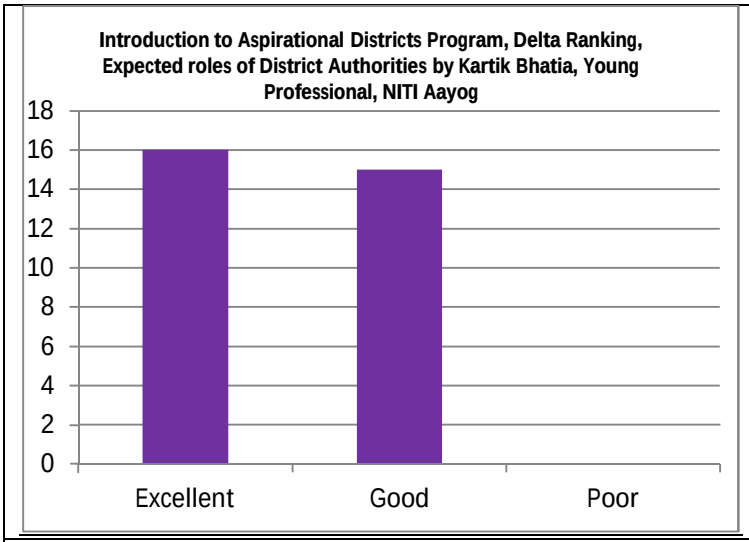
Two days Sensitization Workshop on selected Aspirational Districts of NE states
Date – 5th and 6th of March 2020
Participants List

Sl	State / Organization	Name	Designation	Contact No.	Email-ID
1	**RRC-NE**	Dr. Ashoke Roy	Director, RRC-NE	9402137384	ashokeroy.rrcne@gmail.com
Resource Persons					
2	**NHM, Assam**	Dr. S. Lakshmanan, IAS,	Mission Director	9435137819	mdnrhmasm@gmail.com
3	**NHSRC**	Dr. Himanshu Bhushan	Advisor, PHA	9868071145	drhbhushan@gmail.com
4		Ms. Mona Gupta	Advisor- HPIP & Lead NPMU	9971913481	monagupta@outlook.com
5	**NITI Aayog**	Mr. Kartik Bhatia	Young Professional	9811595221	kartik.bhatia18@nic.in
6	**UNICEF**	Dr. Madhulika Jonathan	Chief of Field Office	9435049790	mjonathan@unicef.org
7	**NHSRC**	Mr. Prashanth K.S	Sr. Consultant, PHA	9310353647	prasanth.mph@gmail.com
8		Mr. Ajit Kumar Singh	Consultant, PHA	6200504910	ajitva@gmail.com
9		Ms. Manjari Singh	Sr. Consultant/ Consultant, HRH	9669692003	drmanjari23@gmail.com
10	**WHO – RNTCP**	Dr. Palash Talukdar	RNTCP	9435049840	talukdarp@rntcp.org
Participants from States					
11	**Arunachal Pradesh**	Dr. D. Padung	Nodal Officer (NHM)	9436270654	drdimong@gmail.com
12		Dr. Muktesh Rajyaguru	State RMNCH+A Consultant	9436051630	drmuku07@gmail.com
13		Dr. Keshab Sarmah	DPO	9366880192	dponamsai@gmail.com, dpo.nms.arn@gov.in
14		Dr. S. Namchoom	DMO	9402474774	namchoomso@gmail.com
15		Dr. T. Yomcha	DRCHO	9612789861	drtyomcha@gmail.com/ drtopeyomcha@gmail.com
16		Mrs. Wihong Khimhum	CDPO, Namsai	7990471324	wtangla@gmail.com
17	**Meghalaya**	Dr. Rafellia Allya	Jt. DHS(MCH & FW cum SNO, Aspirational District	9436704233	drrafel@gmail.com
18		Dr.Marcel Mawrie	DM & HO, Ri- Bhoi District	9436107645	mowremarcel0610@gmail.com
19		Smti. Felicia M Lakiang	MCS, EAC, Ri- Bhoi	9787363882	planningnongpoh@gmail.com
20		Dr. Keshav Sharma	State Consultant, RMNCH+A, SAMS, NHM	7976483162	rmncha.keshav@gmail.com
21		Shri Victor Smarstar Nongbet	District School Education Officer, Nongpoh	9863016060	victornongbet@gmail.com
22		Smti D.V. Massar	District Programme Manager, NHM, Ri Bhoi	7640057828	dolfie.massar@gmail.com
23		Smt. Lighlsie. Marbaniang	DPM, NHM, Ri Bhoi District	9863251398	lightsie@rediffmail.com
24		Shri Barnis Amello Tiewla	Assistant Research Officer,District Planning Office, Nongpoh	8787440290	planningmgpoh@gmail.com
25	**Manipur**	Mr. S.Rithung Anal	SDO, Chandel	8731094832	seltun32@gmail.com
26		Dr. Serthani Serbum	CMO Chandel	8974143100	drserthaniserbum@gmail.com
27		Dr. Y Brojen Singh	DNO Chandel	8731087520	bzoneame@gmail.com

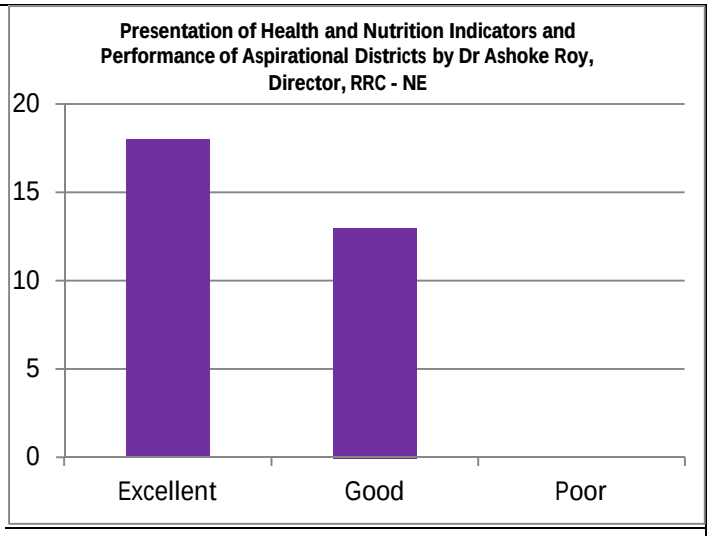
Sl	State / Organization	Name	Designation	Contact No.	Email-ID
28		W. Sheirangba Singh	State Consultant NCD/WHC	9612171083	sheirangba@gmail.com/ sheiiinangw@gmail.com
29		Jasha Premi	DPM Chandel	9612258678	jashapremiphoelse@gmail.com
30		Dearson Maring	Nominee from ICDS	7678554169	dearson.sbp@gmail.com
31	**Nagaland**	Shri Khriethozo	EAC(HQ)	7005169225	zevpfkkk@gmail.com
32		Dr. Imkong Temsu Longchar	DY. Director	9612400095	temulongchar@gmail.com
33		Dr. E. Motsuthung Patton	CMO, Kiphire	9612288948	mot.paths@gmail.com
34		Dr. K. Pewezo Khalo	DIO, Kiphire	8132923286	pemezokhalo@yahoo.co.in
35		Dr Adi Belho	SMO, Pungro	9717759892	not provided
36		Mr. Limawati C. Sangtam	DPM, Kiphire	8974848854	dpmukip@rocketmail.com
37		Itulungbe Ndang	District Lead Swasth Bharat Prerak Poshan Abhijan/ ICDS/ WCD	7005784184	itupanandang@gmail.com
38	**Mizoram**	Mr Beitlotha Nohro	Sub Deputy Commissioner, Mamit	9436141549	ntlotha@gmail.com
39		Dr Vanlalfela	Chief Medical Officer, Mamit	9436144061/9862721347	cmomamit@gmail.com
40		Dr Lalmuanawma Jongte	Senior Medical Officer, Mamit	9436373337	drjongte@gmail.com
41		Dr Lily Chhakchhuak	,Deputy Director & State Programme Officer, RCH,	9436140882	drlilyc@yahoo.com
42		Dr Lalnuntluangi	State Nodal Officer, Health & Wellness Centre,	9615432021	tthuangi@gmail.com/ cphcmizoram@gmail.com
43		Dr Vanlalrengpuia	State Programme Manager, NHM	8974740995	dr.venguia.chinsah@gmail.com
44		Mr Lalramchhana Hnamte	RKSK Co-ordinator, Mamit	9862804730	arcie.hnamte@gmail.com
45		Mr. Reuben Lalrinkima	Consultant, IT, NHM	9862378470	reubentc@gmail.com
46	**Tripura**	Dr. Subhash Barua	DFWO, Dhalai	9436132416	drsubhashbarua1966@gmail.com
47		Sri Subhadeep Lodh	District Programme Manager, NHM, Dhalai	9436540553	dpmsubha@gmail.com/ dhfwsdli@gmail.com
Development Partners:					
48	**UNICEF**	Moulik Shah	Health Officer	9687619696	mshah@unicef.org
49		Dr. Sonal Dayama	Health officer	9900861880	
50		Mr. Rakesh Singh	RI Consultant, NE	9402396706	rsingh.konsam@gmail.com
51	**JHPEIGO**	Dr Joydeep Das	Regional Program Manager for NE	9435100728	drjoydeepdas@gmail.com
NHM, Assam					
52	**Assam**	Mr. Nilim Borah	Consultant, NHM, Assam	9707977775	
53		Mr. Dipjyoti Deka	SPM	9707825890	
54		Mr. Pranjit Kumar Roy	HRD Consultant	9854024635	

Sl	State / Organization	Name	Designation	Contact No.	Email-ID
Regional Resource Centre for North Eastern States (RRC NES)					
55	**RRC-NE**	Mr. Bhaswat Kr. Das	Sr. Consultant, HCT	9864039477	bhaswat.das@gmail.com
56		Dr. Pankaj Thomas	Sr. Consultant, PHP & E	9810424037	pankaj.thomas@nhsrcindia.org
57					pankajthomas@gmail.com
58		Dr. Suchitra Rajkumari	Sr. Consultant, QI	9401481166	suchitra.rrcne@gmail.com
59		Dr. Devajit Bora	Sr. Consultant,CP	8119069306	dvjtbora094@gmail.com
60		Ms. Sagarika Kalita	Consultant, HMIS	9864149856	sagarika.kalita@gmail.com
61		Ms Pumani Kalita	Consultant, CP	9859012652	pumani.kalita@gmail.com
62		Mr. Anupjyoti Basistha	Consultant, QI	9864821610	anupjyoti70@gmail.com
63		Mr. Iqbal Hussain	Consultant, HCT	9717467386	iqbal.rrc.ne@gmail.com
64		Ms. Sandhani Gogoi	Consultant, CP	8638935350	sandhanigogoi@gmail.com
65		Dr. Gursimrat	Consulttant, PHP & E	62846-51966	drgursimrat@yahoo.com
66		Mr. Ajay Taid	Fellow HCT	9706707462	ajay.taid81@gmail.com
67		Ms. Dakarupaia Biam	Fellow, QI	7575924846	biamdaka26@gmail.com
Support Staff RRC NE					
1		Ms. Madhusmita Dutta	Administrative Officer	8011018120	madhusmitadutta2011@gmail.com
2		Mr. Gautam Rajbangshi	IT Manager	9207108433	gautam150black@gmail.com
3		Ms. Nazia Laskar	Office Secretary	9706327274	nazia_rrc@yahoo.co.in
4		Mr. Kushal Haloi	Admin. Asst.	9864260900	kushal.haloi@gmail.com
5		Mr. Ratul Barma	Office Peon	9706641182	
6		Mr. Ramen Baishya	Office Peon	9954703180	

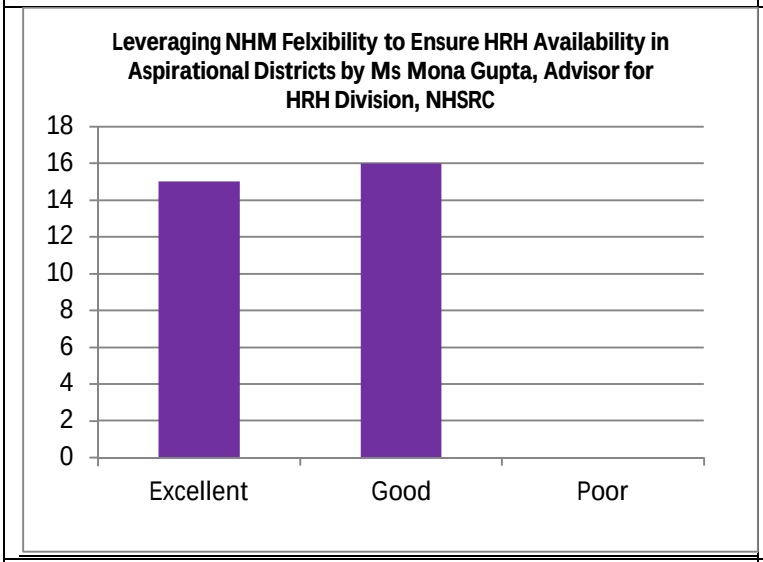
Statistics of feedback on Various Sessions:



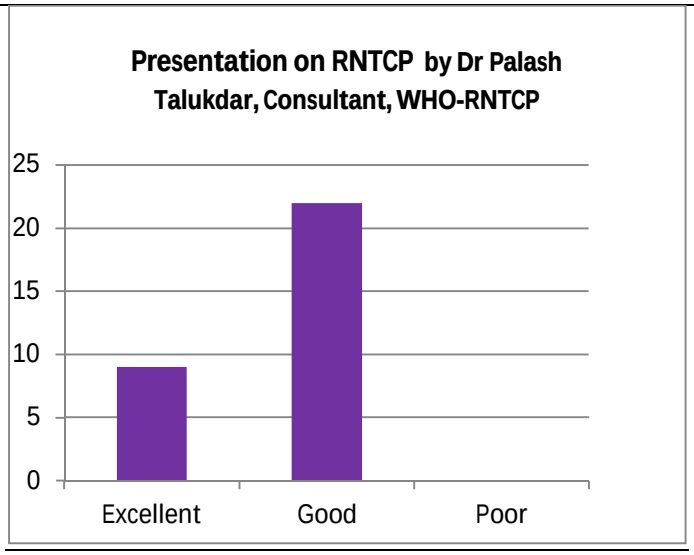
Session 1



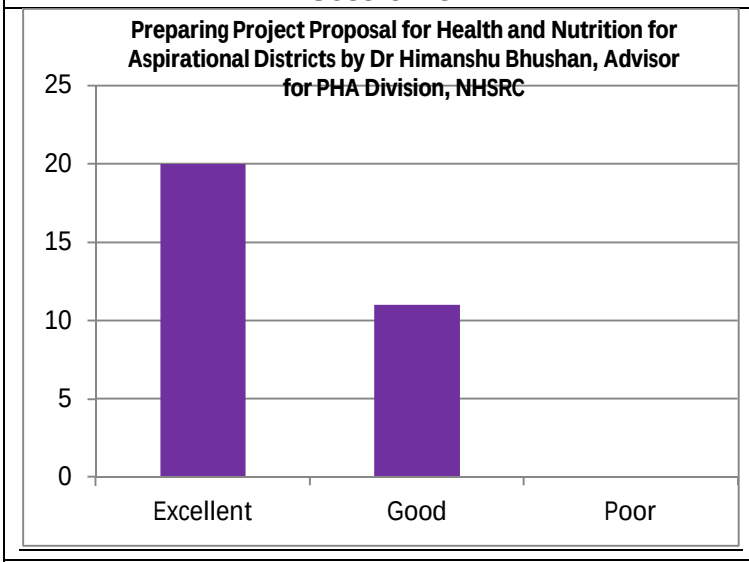
Session 2



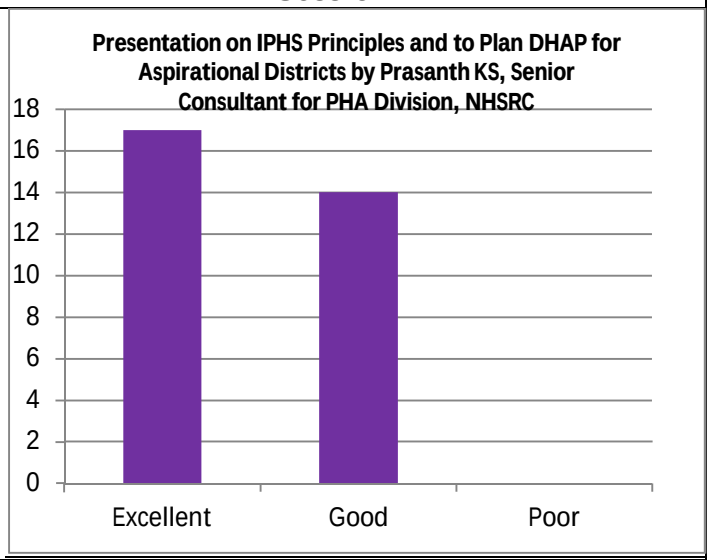
Session 3



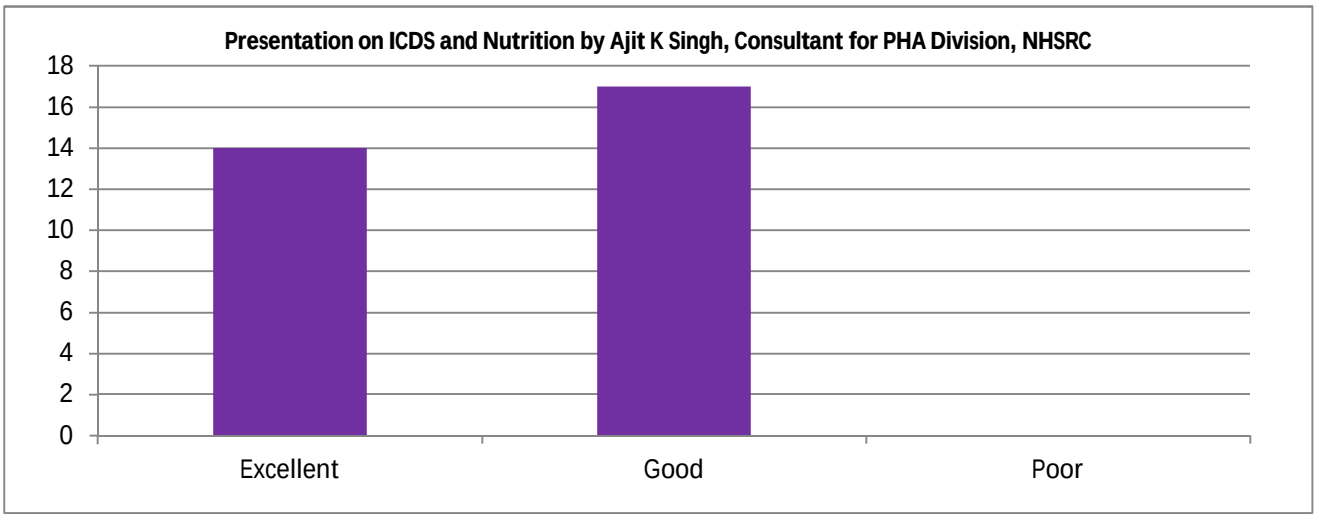
Session 4



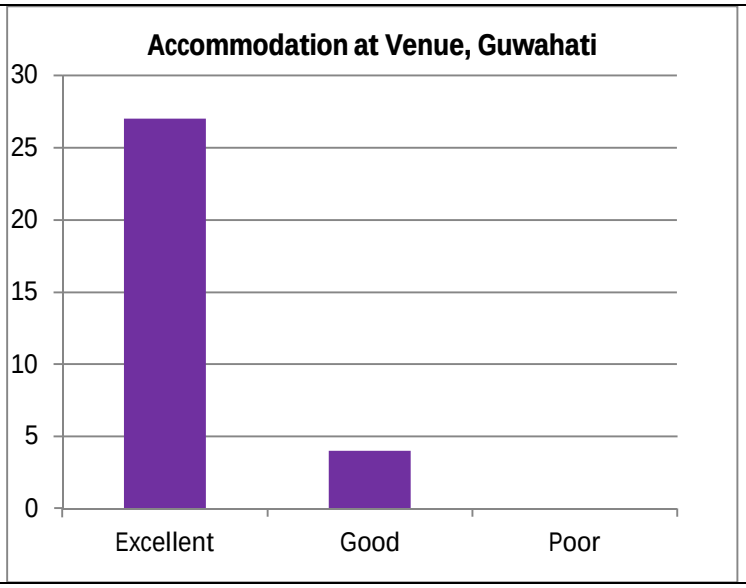
Session 5



Session 6



Session 7



Logistic Arrangement for the Workshop