



**3<sup>rd</sup> REGIONAL REVIEW CUM TECHNICAL SUPPORT WORKSHOP ON ASPIRATIONAL/POOR PERFORMING DISTRICTS & BLOCKS OF THE NORTH EAST STATES**



Venue: Hotel Classic Grande, Imphal, Manipur on 20<sup>th</sup>-21<sup>st</sup> March 2023.

**3rd Regional Review cum Technical Support Workshop for Aspirational & Poor Performing Districts and Aspirational Blocks of the North-Eastern States**

**Organized by  
Regional Resource Centre for NE States (branch of NHSRC, MoH&FW, GoI)**

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**Record of Proceedings of the 3rd Regional Review cum Technical Support Workshop for Aspirational / Poor Performing Districts and Aspirational Blocks (Manipur) of the North-Eastern States, held on the 20<sup>th</sup> & 21<sup>st</sup> of March 2023 at Hotel Classic Grande, Imphal, Manipur**

The 3rd Regional Review cum Technical Support Workshop for Aspirational / Poor Performing Districts and Aspirational Blocks of the Northeast States was held on the 20<sup>th</sup> & 21<sup>st</sup> of March 2023 at Hotel Classic Grande, Imphal, Manipur. The workshop was organized by the Regional Resource Center for NE States (branch of NHSRC, MoH&FW, Govt. of India) in collaboration with the National Health Mission, Government of Manipur. Along with technical support for conducting the workshop was provided by NHSRC, NITI Aayog, Ministry of Panchayati Raj and the Department of Health & Family Welfare, Govt of Manipur. The participating Teams comprised of district level officials from the departments of Health &FW, WCD, Planning, Panchayati Raj, Rural Development, Education, etc. led by the respective Deputy Commissioner/ senior representative. State Mission Directors, National Health Mission from few NE states also attended the same. The list of the participants may please be perused at ANNEXURE: A.

The broad objectives of the workshop were:

- i. Assessing the Health and Nutrition Indicators of the Districts / Blocks as per NITI Aayog and MoH&FW Guidelines and provide technical support towards developing a holistic roadmap.
- ii. Assessment through 'Bottom Up' approach of the Health Facilities as per the IPHS 2022 and Quality & Patient Safety Standards to identify gaps and provide support towards interventions through comprehensive planning to mitigate them.
- iii. Technical support towards developing a comprehensive District / Block Health Action Plan (D/BHAP) involving all related stakeholders.
- iv. Understanding the roles and activities undertaken by the other government departments (WCD, PRI & RD, Education, District Administration etc.) towards development of strategies to improve the overall performance under the Aspirational Districts / Blocks programme.
- v. Identifying areas of common interventions among the line departments and streamline efforts towards achieving Universal Health Coverage.

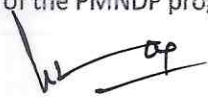
Keeping in consideration the above-mentioned objectives, the workshop aimed to address the challenges and issues faced by the Districts / Blocks of the North-Eastern States in implementing the initiatives to deliver quality services in Health and Nutrition via the Department of Health and Family Welfare in collaboration with line departments (WCD, Education, PHE, PRI etc.). And to find out the feasible solutions to address the unique needs of the districts through cross learning from other States.

**1. Inaugural Session:**

**Dr. Ashoke Roy, Director, RRC-NE** welcomed all the participants from the Aspirational and Poor Performing Districts / Blocks of the North-Eastern States. He also welcomed and greeted Major General (Prof) Atul Kotwal, Executive Director, NHSRC, Advisors from NHSRC, the representatives from Niti Aayog, Ministry of Panchayati Raj and NHM, Government of Manipur. He further went on to state that it was through the support from all that the RRC-NE was able to organize the workshop in Imphal, Manipur. He also hoped that the workshop will help the participants in cross learning from the experiences of each other to further improve the progress of the districts / blocks and improving their performance through inter-sectoral collaboration and convergence.

**Shri Vishal Chauhan, IAS, Joint Secretary (Policy), NHM, MoH&FW, GoI**, during his online inaugural address welcomed all the participants of the workshop. He went on to elaborate that Niti Aayog in addition to the aspirational districts have also identified aspirational blocks and poor performing districts for concentrated focus to improve their overall performance and improve the human development indices for the populace.

He further added that the workshop would help the districts and blocks in making their comprehensive health action plans and the two days deliberation and technical sessions would elaborate on the same. He also emphasized the need to strengthen health projects / schemes across the districts and blocks citing the example of "PMNDP program". The JS (P) mentioned that close monitoring of the PMNDP program and Critical Care Units under PM-ABHIM are important

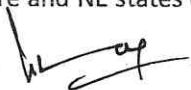


as they have been introduced to benefit the health and wellbeing of the citizens of the country. He also said that it is important to emphasize on co-ordinating (inter-sectoral collaboration) efforts for monitoring the activities done through GIAs under XVFC & PMABHIM for infrastructure development.

He expressed his concern on high Out of Pocket Expenditure (OOPE) incurred on transportation in hilly / hard to reach areas which can be overcome with the help of proper and active utilization of tele consultation platforms. He also mentioned that in the North-Eastern Region the teleconsultation services' performances are still lagging, which needs to be addressed urgently. Monthly teleconsultations at the rate of a minimum of 25 per HWC is not yet achieved which is the norm. He further elaborated that the Program Officers of NHM should ensure that the operational HWCs have regular supplies of drugs and diagnostics and follow-up care is assured for all the beneficiaries who are screened for NCDs. He pointed out that maintenance of supply chain system up to village level (SC-HWC) level is an important component to ensure Universal Health Coverage. As an innovative practice, the States in the NE Region may explore plans for introducing drone services on pilot basis for supplying drugs in hilly terrain which will reduce the cost and time of delivery. He further informed that the Ministry of Health and Family Welfare in collaboration with NHSRC is already in the process of drafting the operational guidelines for operationalization of drone services. The JS (P) pointed out that although Cancer Institutes are in position in NE States, still the burden of cancer is high and this might be due to reasons of delayed screening and / or diagnosis of the cancer. He emphasized that the burden of cancer in the NE States is significantly high and hence screening for the same must be done universally and rigorously. Similarly, focus is required to target and to make necessary plans for achieving the goal of TB free villages. Lastly, he congratulated the participants, the ED, NHSRC and the RRC-NE for organizing and making the workshop successful.

**Major General (Prof) Atul Kotwal, SM, VSM, Executive Director of NHSRC**, delivered the keynote speech of the workshop. He addressed the group and reiterated the workshop's goals for processing the health and nutrition indicators for aspirational districts and blocks, which are now part of the Aspirational Block Programme. He emphasized the necessity to reconsider the guidelines, notably for the sparsely populated NE states that are non-eligible for ALS/BLS ambulances yet still have a need for that. He also discussed the functions of other government agencies, such as PRI, and the significance of the Gram Panchayat Development Plan in attaining overall holistic development. Citing the NFHS survey, he used nutrition indicator as an example, where the proportion of stunting has reduced annually but the progress is extremely slow. Stunting must be reduced by more than 1% on average each year. He also emphasized upon the epidemiological shift and the double burden of disease that emerging nations like India are currently experiencing. Till few years back, the emphasis was on improving child and reproductive health as well as communicable diseases. Over time, attention has switched from communicable diseases to non-communicable diseases & nutritional health (including obesity, stunting, and wasting). Furthermore, he emphasized the need for coordination between the AAAs (i.e., ANM, AWW, and ASHAs), and how much could be done at the local level with the help of CHOs, who now play a significant role in the provision of comprehensive primary health care. He also emphasized the necessity for coordinated action amongst the line departments, with the DCs and ADCs having a crucial role in improving cooperation with the revenue blocks. Innovative and out of the box ideas are required based on local challenges and needs.

For promotion and preventive care, where IEC, BBC and wellness components are being discussed, the health seeking approach should shift from illness to well-being. States may also push for Quality assurances certification and IPHS compliances of their health facilities and strengthen the overall referral chain. This would build community trust and faith towards the public health system. Lastly, he mentioned that the poor performing districts need to be renamed as "highly" aspirational districts. He pointed out that the take home message for DCs / ADCs of aspirational districts is to achieve co-ordination between all departments. He emphasised that the nodal person from health should co-ordinate with allied department for holistic improvement of health & nutrition indicators in the district. District nodal person from allied departments should work together, in terms of implementation of infrastructure grants like XVFC & PM-ABHIM grants. Talking about the various challenges for the NE region especially low internet connectivity, he informed that the Govt is trying for offline version of the apps so that people can enter data, and which gets uploaded whenever the connectivity is good. Communitization is a very important aspect which needs to be further strengthened to achieve the Continuum of Care and NE states can showcase the communitization model to the rest of the country.



**Deliberations by the Chief Guest:** The State of Manipur took pride in hosting the workshop, as indicated by **Shri Vumlunmang Vualnam, IAS, Additional Chief Secretary, Government of Manipur**. He complimented and thanked all the delegates for their support and participation. The chief guest urged all participants to retain at least two or three key ideas or lessons from the workshop and to act on them to improve their district. He also highlighted and appraised the Niti Aayog frameworks which consist of 30% weightage in Health & Nutrition indicators and showed his interest in monitoring all the health blocks of Manipur state based on these indicators. He also said that the overall improvement will always be limited in terms of interventions if we do not measure it in inputs and outcome framework. He pointed out that the health department is at the upfront due to availability of different sets of data through NHM, HMIS portal which need to be utilized fully. Secondly, he encouraged the participants to enroll for the Kayakalp and NQAS certifications of their health facilities as a baseline and to track its progress. Thirdly, he informed that at the grass root level, Manipur state had already started the convergences of the CHO and AAA's (ANM, AWW and ASHA) in a phased manner. The AAA's and CHOs meet every Wednesday to discuss health and nutrition issues and designated it as 'Convergence Day'. He also informed that the VHSND is a very important tool of community participation and needs to be implemented actively in the field. Further he mentioned the importance of Information Technology i.e the portals, dashboard tools and Single Nodal Account (SNA), which needs to be utilized to the fullest. The Addl. Chief Secretary concluded his deliberation with thanks to Dr. Ashoke Roy, Director RRC-NE and the entire team for constantly providing technical support to the State of Manipur.

**2. Technical Sessions of Day 1:**

The technical sessions of Day 1 of the workshop were initiated with the presentations by the Aspirational Districts of the NE States where they highlighted their overall performances in the Health & Nutrition indicators along with the challenges faced while implementing interventions and the remedial measures applied to circumvent such challenges.

**Chandel District, Manipur**

The Deputy Commissioner of Chandel gave the presentation for the district. He started by mentioning the demographic and geographical profile of the district along with the health facilities infrastructure. He went on to highlight the ranking of the district as per the Champions of Change portal of Niti Aayog which showed encouraging improvement the district has achieved across all thematic sectors. He went on to elaborate on the improvement the district has achieved in the various indicators of Health & Nutrition as well. He mentioned how the district has improved the facilities of diagnostics through PPP mode and the installation of a CBNAAT machine. While elaborating on the improvement the health facilities of the district have achieved over time, he informed that presently the Operation Theatre and the Labour Room of the District Hospital are LakQshya certified, and the facility also has a functional Blood Storage Unit. He also said that the Komlathabi PHC-HWC is now IPHS 2022 compliant. Elaborating on the collaboration with the private sector, he highlighted how the PHC Sajik Tampak is providing 24X7 health care services to the community in the hard-to-reach areas. He also pointed out how the district authorities are planning on upgrading the Chapikarong CHC to a First Referral Unit. He also informed that there is a shortfall of PHC/SHC in the catchment areas of the district especially in the hard-to-reach parts. As a good practice he discussed how solar power has been provided by SELCO foundation under CSR in all the health facilities.

**Ms. Mona Gupta, Advisor HRH & HPIP NHSRC**, thanked the presenter for the excellent presentation and enquired about what challenges are being faced by the PPP service provider for ensuring services in the PHC Sajik Tampak. Replying to the query the DC mentioned that earlier there was a concern of insecurity among the service providers. Therefore, the authorities have placed the facility next to the Assam Rifles Unit. Secondly, due to the unavailability of staff quarter attrition was high. The issue of accommodation has been covered through reward money received from Niti Aayog and now staff quarters have been provided nearer to the health facility.

**Dr. Atul Kotwal, ED, NHSRC** praised DC, Chandel for the progress made so far on improving the health and nutrition indicators despite the various barriers faced by the district. He suggested enrolling for NQAS certification of the Komlathabi PHC-HWC as it is already IPHS 2022 compliant and subsequently all the other health facilities of the district

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can progress towards IPHS 2022 and NQAS compliance. He advised the district officers on strengthening the referral linkages on ALS/BLS services, promotion of wellness activities for preventive care and emphasizing on providing in-house capacity for high volume low-cost diagnostic tests. He advised that the district may plan for introduction of MMU services in hard-to-reach areas till the infrastructure is ready in the next 3 years.

**Namsai District, Arunachal Pradesh**

The presentation for the district was given by the District Reproductive & Child Health Officer. He pointed out that the district lagged in its human development indices as it had some inherent socio-cultural issues such as a low sex ratio, low literacy rate and high poverty rate (with 28% of its population being BPL). However, he said that despite these shortcomings the district has made commendable progress in improving its health infrastructure. The SNCU of the District Hospital has recently been inaugurated, but it has not been fully functionalized as there is the dearth of a pediatrician, staff nurses and a functional blood storage unit. He also pointed out that in terms of training of health care workers, the district is lagging. The DRCHO mentioned that the e-Sanjivani telemedicine services have also not been implemented in the district till date. However, the peripheral health workers are carrying on consultations with doctors through WhatsApp and mobile calls to provide medical services to the community. The current key challenges of the district are non-availability of eligible ASHAs, high prevalence of anemia (around 58% of women are anaemic as per NFHS-5), inadequate technical human resources for health (especially medical officers, nursing officers and specialists). On the bright side, he mentioned that the district has provided dedicated transportation vehicle ("Peheli Sawari") and birth waiting home ("Pratiksha") for pregnant women which was funded by Niti Aayog.

**Ms. Mona Gupta, Advisor HRH & HPIP NHSRC** raised her queries to the presenter on what could be the reasons for not getting ASHAs as per the eligibility criteria. Answering to that the presenter mentioned that there are few villages where many women are illiterate and there is flash population of migrant labourers and hence the inability of getting eligible candidates for ASHAs.

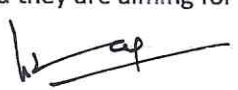
**Dr. MA Balasubramanya, Advisor, CP-CPHC, NHSRC** showed his concern on the issues of non-availability of eligible ASHAs, he mentioned that although in Namsai district there are vacancies for ASHAs but considering the population distribution the sanctioned posts of ASHAs are more than required. As per the Advisors observation if there are excess ASHAs, the incentive payment will drop down per additional ASHAs if they are enrolled. He explained about the flexibility norm for ASHA selection criteria. Also, he informed that there is ASHA certification course for upgrading the education qualification skills and the Integral National Institute of Open Schooling for providing free education for women.

**Kiphire District, Nagaland**

The CMO of the district gave the presentation. The CMO raised the concern of non-posting of DIO in the district since the month of August 2021. He also mentioned that the training in the various components of NHM for the health care workers of the district has also been pending for quite some time. He stated that post to the notification of being an aspirational district some of the health indicators including early ANC registration and RI coverage have improved. However, there is no provision of ALS ambulance services in the district which is hampering the referral mechanism especially considering the hilly terrain of the district. On the positive front, he mentioned that district has implemented the concept of Kangaroo Mother Care in the health facilities with support of UNICEF. In conclusion, the CMO pointed out the key challenges which included non-availability of staff, especially Medical Officer in the PHCs and inadequate fund for mobility support and capacity building.

**Dhalai District, Tripura**

The Sate Nodal Officer for Aspirational District gave the presentation. At the onset he mentioned that the Government of Tripura has approved the specialist cadre for the Department of Health and Family Welfare and the recruitment and redesignation of specialists is under process. He said that the training of health workers in the 12 expanded packages of service has been completed but the full package of services is yet to be launched at HWCs. He informed that the DH in Dhalai is LaQshya certified, and they are aiming for NQAS certification in the upcoming Financial Year.



However, as per the NFHS-5 the percentage of SAM children is quite high in the district and there has also not been much change in the percentage of stunted children. On a positive note, he shared that the district has achieved 100% immunization coverage in the tribal areas. He further went on to explain about the innovation of "Balika Manch" in every school to prevent teenage marriages & pregnancies. The Mukyamantri Sustho Shaisab and Sustho Kishore (MSSSKA) program has been launched for creating awareness in the community on health and nutrition. It is an integrated program in collaboration with other line departments such as Social Welfare, Education, and Health. The State has taken an initiative for anemia prevention in campaign mode and has found that 30-40% of the population are affected by anemia. Also, Mega VHND was organized for low coverage RI Camp. He pointed out that the major challenges faced by district are poor road connectivity, irregular electricity supply, high malaria prevalence, increasing number of injectable drugs user and non-availability of MMU and ALS Ambulance services in the district. The other areas of concern are the increased teenage pregnancies, the requirement of a district training center, requirement of HR support, requirement of implementation research to identify the cause of high prevalence of anemia. He also informed that in GeM portal it is difficult to get empaneled agencies from the State itself due to which procurement process gets delayed.

**Dr. Pankaj Thomas, Senior Consultant, PHP&E Division, RRC-NE** presented the performances on Health & Nutrition Indicators of the aspirational and poor performing districts of the NE States. He highlighted upon the indicators of early ANC registration & four ANC check-ups, anaemia among pregnant women, institution delivery, home delivery attended by SBAs, early initiation of breast feeding, complete immunization, malnutrition in children etc. and how each of the districts performed in these indicators. He discussed the best practices from fields such as the communitization process in Nagaland and mentorship initiatives taken up by MOs in Manipur to support the peripheral health workers. In conclusion, he presented suggested interventions and action points the districts can adopt to improve their performance in health & nutrition.

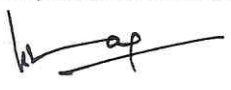
**DPM, NHM, Phezawl District:** She wanted to know the process of ANM incentives for improving coverage of ANC checkup and routine immunization. She also informed that absenteeism among ANMs is high in her district due to unavailability of public transportation and staff quarters.

**Dr. MA Balasubramanya, Advisor, CP-CPHC, NHSRC:** Addressing the question raised by the DPM of Phezawl District, he said that rather than only focusing on input and process mechanism it is also important to identify beneficiaries' satisfaction level. Regarding transportation and accommodation issues for ANC, he advised that funding from NHM and other donor agencies may be utilized and routine immunization services can be provided at the level of VHSND.

**Mr. Saurabh Rishi, Senior Specialist and Joint Advisor, NITI Aayog:** Presented on 'Introduction to the Aspirational District Program, Delta Ranking & Expected roles of District Authorities'. He described the three core aspects of Aspirational Districts project namely competition, collaboration, and convergence. Explaining about the competition, he said that the delta ranking is a means to an end and not the end in itself. The districts were encouraged to make short- and long-term action plans by keeping in mind both demand and supply side problems. Lastly, he discussed the recently launched Aspirational Blocks Program wherein 500 underdeveloped blocks have been identified. Of the 7 NE states, 3 blocks from each State have been selected considering at least one block from the aspirational districts. He also informed about the "Mission Utkarsh" program in which the Aspirational Districts Program template is being replicated by 15 different Ministries including MoDONER.

**DRCHO of Papumpare District, Arunachal Pradesh** highlighted that the District Collectors involvement in the health program during the Covid-19 pandemic was a success story of convergences and coordination. Secondly, he mentioned upon the discrepancy of denominators on estimated numbers of pregnancy measured by two sources i.e., HMIS and NITI Aayog due to which the 4 ANC coverage indicators in HMIS show a better performance quarter to quarter when compared to the data provided through Niti Aayog.

**Dr. Ashoke Roy, Director RRC-NE,** while addressing the issues raised by the DRCHO, said that one district one approach should be followed. Individually all the departments need to take responsibility and the DC should act as a coordinator who ensures collaboration between the line departments so that developmental activities are taken with a synergistic



approach. Secondly, he said that health targets are based on actual data. However, the head count by health department and the census counting may differ because of duplication of individual identities.

**Ms. Mona Gupta, Advisor, HRH & HPIP, NHSRC** took the technical session on 'Journey from Primary Education to Technical Qualification' and discussed the importance of developing a holistic BHAP/DHAP. She mentioned that the pool of public health workforce is very minimal in the aspirational districts. The reason could be the high dropout rates of students after 10+2 and also stated that another reason might be that the percentage of students pursuing 10+2 (science) is very low in the aspirational districts. She also mentioned that the States should plan accordingly to be able to achieve the much needed allied healthcare professionals in the district itself as per the guidelines of IPHS 2022. She also appraised that with proper evidence the state has flexibility and is free to reach MoH&FW to customize norms given by the ministry as per the local context. Lastly, she highlighted to use the available resource efficiently by making a 'to do list' and then prioritizing it in terms of medium term and long-term plan.

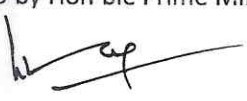
**Meghalaya, Ri-Bhoi District:** The Deputy Commissioner of the district gave the presentation. He briefed the participants on socio-demographic profile and the health infrastructure of the district. He also stated about the supply chain and logistics management system and availability of essential medicine and diagnostics in the district. He mentioned that high incidence of tobacco and alcohol consumption, prevalence of HIV/AIDS, hypertension & diabetes, tuberculosis, and malnutrition being the major health issues encountered in the district. He informed that to mitigate these issues the district has initiated awareness programme and orientation training of the health staff. He also said the district required an additional 4 TRUNAAT machines at the PHC/CHC level. Also, there was the need for more active involvement of SHGs, NGOs and volunteers for medical sample transportation from the village level to the nearest testing centre.

**Dr. Ashoke Roy, Director RRC-NE** enquired about the present scenario of institutional delivery in the district in which DC replied that the percentage of Institutional delivery is very less. It is a matter of social prestige to bring the pregnant women to facility due to their cultural hindrances. The DC informed they are working on database of all TBAs and are trying to bring the pregnant women to facility through involvement of the TBAs as motivators.

**Soreng District, Sikkim:** The DC of the district gave the presentation. He briefed the participants on the health infrastructure and supply chain management in the district. He informed that a major issue faced in the district was retention of human resources in all departments. Addressing the reason for low institutional deliveries in the district, he stated that many of the expected mothers go out of the State for better health service in the neighboring state of West Bengal (to Siliguri in particular) and hence the deliveries were not recorded in the health system data of the district. The Deputy Commissioner suggested that those patients who went out of district / state for delivery in private hospitals should also be recognized as Institutional delivery and recorded in the HMIS data of the State.

**Dr. MA Balasubramanya, Advisor, CP-CPHC, NHSRC,** gave his presentation on the 'Continuum of Care (CoC) and Quality of Care (QoC) of Services in Health and Wellness Centers'. He stated that primary health care services should be able to cater for 70% of the patients' needs and act as a gate keeping for upwards referral. He emphasized upon the importance of the availability of quality services at AB-HWC level which will result in building the trust and confidence of the community on the public health system. He also highlighted the importance of cultural and behavioral communication from the provider perspective. The quality of services needs to be seen through both internal and external perspective where the demonstration of the attitude and continuous striving for improvement should be aimed for. If the staff are not trained adequately this could lead to low quality of services. He also talked about the 5 W's and 1 H's (i.e.: Why, What, Where, When, Who and How). He mentioned that the major challenges for dealing with the problems lie in 'How' and 'Who' questions, which mainly concern mindset issues. He emphasized upon the decentralization process for building an ecosystem and a more collaborative work environment. He also discussed about Digital Health Mission, Teleconsultation Services, Jan Arogya Samiti, and engagement of District Health Society and how the collective efforts through these initiatives would result in building a better and resilient public health system.

**Chief Engineer, Jal Jeevan Mission, Manipur:** During his presentation the Chief Engineer mentioned that the Jal Jeevan Mission was launched on 15<sup>th</sup> August 2019 by Hon'ble Prime Minister of India. The main objectives of the mission are



to provide safe drinking water supply to all households by 2024, so that people living in remote areas do not have to travel long distances just to collect safe drinking water. He talked about cross cutting issues with other allied departments which needed to be addressed to make the initiatives of the mission successful at the ground level. In his presentation he stated that Manipur is ranked 3rd in the NE for providing safe drinking water supply.

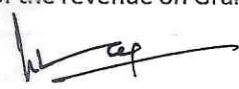
**Dr. Ashoke Roy, Director, RRC-NE** enquired about the hurdles faced by the mission to supply safe drinking water to settlements in the hilly areas of the State which keep shifting as per seasons. In this context, the Chief Engineer, Jal Jeevan Mission stated that an individual must register first for water supply. However, if they shift to other places, then water supply to their new place under the same name is not possible because of inadequacy of funds as well as technical issues. Hence, these new habitations were marked as left out. Though people complain that they were left out, but they were provided water connection in previous habitations.

**Dr. Ranjan Choudhury, Advisor, HCT, NHSRC** informed that for Dialysis water testing is important and there should be provision for testing water. He further suggested that solar pumps can be installed in hard-to-reach areas where piped water supply cannot be provided. In this context, the Chief Engineer informed the house that the solar pumps project was considered previously but due to technical and administrative reasons could not be implemented. However, discussions at the highest level are ongoing and installation of solar pumps in hard-to-reach areas will be considered for the next financial year. Further the Chief Engineer informed the participants that they have procured machines for testing the quality of water.

**Ms. Piyali Roy, Sr. Consultant, Ministry of Panchayati Raj, Government of India:** During her presentation she discussed about the three-tier development approach of the Gram Panchayat Development Plan (GPDP) for District, Block and Gram Panchayat levels. She mentioned that the panchayat department is in the driver seat for the overall rural transformation of the country. She informed that in certain regions of the country the Traditional Local Bodies (TLB's) are also considered as gram panchayats, as in some States of the NE region. She mentioned that the approach should be one panchayat one development plan with the convergence of all allied departments. The comprehensive plan for the village is important and in this plan Jaal Jeevan Mission, National Health Mission, and other line departments should be incorporated. The main activity of GPDP is the formation of Planning Facilitators Team by approaching the local community. For an effective GPDP, accurate data collection at the gram level is one of the important factors to make a comprehensive plan. The primary data is collected from the village, mohalla meetings and secondary data from various village level missions, census etc. are utilized to make an effective and comprehensive GPDP. Some low-cost well concerted activities can be implemented by Gram Panchayat like talk shows or workshops on adolescent health, community awareness of social issues etc. They must identify vulnerability through social mapping and social audit. Awareness generation and mobilization was another important aspect of GPDP. Bal Sabha and Mahila Sabha are to be organized by Gram Sabha for women and child related issues. In recent years there has been greater participation of frontline workers in the Gram Sabha. Capacity building for PRI members in all aspects in different programs needs to be strengthened for better implementation and transformation towards a vibrant village.

**Experience in GPDP, Namsai, Arunachal Pradesh:** Dr. Keshab Sharma, District Planning Officer, Namsai, Arunachal Pradesh presented on the Aspirational district progress in Namsai district. He stated that all in-charges of the allied government departments discussed and worked together for successful implementation of the aspirational district program in Namsai. He also stated in brief the progress made so far in respect to the district of Namsai. At present Namsai district is in 14<sup>th</sup> position as per champion of change portal of Niti Aayog. In Arunachal Pradesh, a 2 tier GPDP is in place i.e., district panchayat and gram panchayat level.

The presentation on Health and GPDP in Papumpare was given by the DRCHO. He informed that they are working on Child and Water Friendly Panchayat. In Namsai, villagers are involved in finding solutions to issues that arise at their level along with active participation of district / block level officials. Also, the villages were involved in all aspects of the implementation of the village level programmes. He said that by involving the Panchayati Raj members, implementation of programme becomes easier. SIRD and Panchayati Raj & RD departments of Arunachal Pradesh adopted a few gram panchayats and they helped other gram panchayats for planning of effective GPDP. The State Government has decided to spend 10% of the revenue on Gram Panchayat development activities. Dr. Keshab Sharma





mentioned that planning should be from the grass root level upwards and only then their problems can be understood and effectively resolved. PRIs should be actively involved in monitoring all programs including the health sector for proper implementation of the programme.

**Dr. Ranjan Kr. Choudhury, Advisor, HCT, NHSRC:** Presented on "Point of Care (POC) Tests, Use & Storage of Kits with Quality Assurance in HWCs and Renewable Energy Sources at HWCs through CSR". He mentioned that the POC tests are cost effective and provide high sensitivity and specificity. He went on to describe different POC test devices available in the market for diagnosing various diseases. He also emphasized the need for regular monitoring of the PPP services for better outcomes and quality. He advised that MoUs signed with private providers should include the provision of penalty and proper definition of the scope of work for the programme such as Free Diagnostic Services Initiatives (FDSI), Pradhan Mantri National Dialysis Program (PMNDP) and Biomedical Equipment Management and Maintenance Program (BMMP). He stated that the PPP partners should be encouraged to use the ABHA IDs for ensuring security and subsequent data analysis. He suggested that the states ensure the utilization XVFC grants within the timeline for strengthening the in-house diagnostic services by procuring semi or fully automated biochemistry analyzers, 3/5-part cell counters at the PHC-HWC level. He also spoke on the importance of capacity building of HR, rationalization of existing HR and availability of equipment for achieving optimal efficiency.

He mentioned that during the last Common Review Meeting (CRM) visits observations highlighted the unavailability of 14 essential diagnostic tests at the SC-HWC level. Therefore, robust logistics and supply chain systems need to be in place. In addition, monitoring and accountability mechanisms need to be strengthened. He reviewed and discussed the PMNDP program progress and highlighted the gaps. He suggested that districts with low population density should plan for 2+1 bedded dialysis centres. And for the newer districts with population less than 50,000, patients may be linked with the nearest district with a dialysis centre. The district should first focus on site identification and installation of RO Plant, after that they should do the planning for the installation of dialysis machines as most of the NE States are leveraging the donations under CSR through Fairfax India Trust after due approval from MoHFW. Lastly, he explained about the Renewable Energy Service Company (RESCO) Model and CAPEX model of solar power plants. He advised states for CAPEX model to be used at SC-HWCs and PHC-HWCs considering the low energy demand and RESCO Model to be used at Medical College/ DHs/SDHs/CHCs as power consumption is high. He mentioned the positive of the usage of drone by giving the examples of States currently in usage of drone services for ensuring the availability of drugs and diagnostic services. He advised the States that considering the geographical terrain in the NE they should plan for the usage of drone services in collaboration with other departments for health care delivery.

**Mamit District, Mizoram:** During the presentation of the district, the presenter informed the house that the District Hospital has a lesser number Doctors and other staff which hinders their efforts towards IPHS 2022 compliance. The absence of a pediatrician is a major issue. Institutional deliveries are quite few, and home deliveries are relatively high in the district. Another issue is that they have faced difficulty in referral system to tertiary level facilities as well as limited public transportation in the district for which the patients are incurring high out of pocket expenditure to reach secondary and tertiary level facilities. Religious belief of people for not going to hospital is also another issue. In this context, awareness programme in community needs to be strengthen with the help from NGO's.

### 3. Day 2: Group Work

The participants were arranged in six groups and each group was assigned a case study based on the field scenarios and experiences wherein each group was to identify core issues and provided the best possible solutions to these issues through inter-sectoral coordination among line departments which were playing a prime role in activities related to health and nutrition. The expert suggestions were given by Dr. Atul Kotwal, Dr. MA Balasubramanya, Dr. Ashoke Roy, Ms. Mona Gupta and Dr Ranjan Kumar Choudhury on these topics.

**Group 1:** Group 1 presented a case study on how to increase CBAC fill-up rates and roll out of the full extended range of services under CPHC at the level of the HWCs. **Dr. Ashoke Roy** advised the district administration to keep systematic records and make sure that ANMs follow up on the CBAC forms. Supportive supervisory visits revealed that the CBAC form's record keeping was not well-maintained. Additionally, **Dr. MA Balasubramanya** advised the team to concentrate on raising community awareness. Educating the masses about the availability of essential services at



HWCs will generate demands from the community and the filling of CBAC would help in identifying the requirement of the community as per the 12 packages of services.

**Group 2:** Presented a case study of a district hospital from where the emergency cases were being referred to the medical college of an adjacent district. The group presented gap filling measures based on various health system components and customization of infrastructure to combat the emergency and trauma care in the district hospital. After the presentation. **Dr. MA Balasubramanya** stressed the need for people’s centric planning and based on local needs & epidemiological factors. Further he added that availability of essential drugs, diagnostic and consumables for stabilization of patients, safe transportation and training of the HR on emergency care needs to be ensured for robust emergency care at the DH.

**Group 3:** Presented a case study on ‘Low percentage of children at AWCs under Rashtriya Baal Swasthya Karyakram (RBSK) Programme’. After the end of the presentation **DC of Soreng District** shared that in the State of Sikkim the AWCs, which were functioning from a rented building had been co-located near to the primary school which really helped in transitioning between the ICDSs and primary schools in future. **Dr. MA Balasubramanya** emphasized conducting of VHNDs and ensuring the participation of PRI members which would help to resolve the local level issues by coordinating with JAS and VHND committee members.

**Group 4:** Presented the case study on identifying factors for the low institutional deliveries against total reported deliveries despite good infrastructure in District. Post presentation **Dr. MA Balasubramanya** mentioned that pregnancy is a physiological process and health institute must ensure survival of both mother & baby with reasonable comfort and respectful maternity care for the pregnant women. He also discussed the involvement of SHGs for enhancing institutional delivery. **The District Planning Officer, Namsai**, mentioned that free transportation and comfortable birth waiting home at the district hospital had shown improvement in the institutional delivery in the Namsai district of Arunachal Pradesh and can adopted in other districts too.

**Group 5:** Presented a case study to ensure safe drinking water at Health Institutions and Anganwadi Centers to prevent water borne diseases. **Dr. Ashoke Roy** raised the issues of diarrhea cases & its relationship with water, and to keep track on the epidemiological trend of water borne diseases. He stressed upon the regular mapping and maintenance of the entire drinking water sources available in the district. He also discussed the handholding of the community by health department personnel on practices of clean drinking water using the chlorination process, if required.

**Group 6:** Presented the case study on how to improve stunting and protein energy malnutrition in children. **Dr. MA Balasubramanya** suggested that during ANC visit the CHO/ANM should provide education on micro nutritional aspect to pregnant woman. He mentioned about a study that showcased that reduction of malnutrition is associated mainly with four factors i.e., children who attended AWC at least 5 days a week regularly, children who consumed milk or egg 3 times a week, children who had kitchen garden in their home and children who received full immunization which in nutshell signifies holistic approach. Further **Dr. Atul Kotwal** stressed upon the life cycle approach where the health education needs to start at the age of adolescence. He also mentioned that more health promotion on protein intake through the medium of IEC and BCC to be stressed upon by involvement of JAS members.

During the vote of thanks, the participants were requested to express their opinions regarding such Regional Review cum Technical Support Workshop on Aspirational district Programme that the RRC-NE had conducted thrice for the North-Eastern States. The participants unanimously stated that the workshop had helped them in finding innovative solutions through inter-sectoral collaboration with better insights for improving the performance of the districts in various sectors including health. The sessions of the workshops where the participants were able to share ideas about best practices adopted by the districts along with the discussions which helped them find out-of-the-box solutions helped them in adopting measures which significantly improved the overall performance of their respective districts. They further opined that such workshops should be continued for cross-learning purposes and exchange of ideas as the shift needs to be ‘One district approach’ for well concerted efforts to improve the scenario further.



At the conclusion, **Dr. Somorjit Ningombam, MD, NHM, Manipur** acknowledged and thanked all the participants for their support in making the workshop a grand success. He also thanked JS (P), MoH&FW, ED NHSRC, Advisors NHSRC, the invites of Niti Aayog, Allied Ministries, RRC-NE Team and the Deputy Commissioners of participating Districts. He underlined that the states should take note of the best practices presented in the two days' workshop and to replicate as per their needs in coordination with each other.

**Action Points:**

Few actionable points generated at the end of the workshop are highlighted below:

1. A comprehensive integrated plan covering all related departments needs to be documented with inputs/requirement of the community through a participatory planning process with due prioritization.
2. Priority may be given to the identified underdeveloped (Aspirational) blocks with a focus on last mile service delivery for health & nutrition services in a convergent manner. Structured mentoring visits by multi-departmental teams need to be held at regular intervals.
3. Capacity building exercises may be undertaken at periodic intervals to enhance the technical and soft skills of front-line service providers. Peer learning and sharing of best practices may be encouraged between districts with similar challenges.
4. An implementation research study on identifying the gaps in intervention may be conducted by States on following issues.
  - a. High prevalence of under-age marriages, Anemia & malnutrition and teenage pregnancies in the Dhalai District, Tripura.
  - b. Barriers and bottlenecks towards rolling out of 12 expanded packages of services of CPHC in the HWCs in Dhalai, Tripura.
  - c. Low institutional delivery and immunization coverage and the recent mobilization drive by involving TBAs by the district administration in Ri-Bhoi District, Meghalaya.
  - d. Psycho-social & health system causes to opt for institutional deliveries out of district/State in Soreng/West district of Sikkim.

*[Signature]*  
 26/4/2023  
 (Dr. Ashoke Roy)  
 Director, RRCNE

F. No. RRC-NE/PHP/2019/3/016

Dated: 26 April 2023

To:

1. The Mission Director, NHM, Arunachal Pradesh/Manipur/Meghalaya/Mizoram /Nagaland /Sikkim/ Tripura
2. The Deputy Commissioner/Chief Medical Officer, Namsai/Upper Subansiri/Papum Pare/Chandel/Kamjong/Pherzawl/Ri-Bhoi/South-West Khasi Hills/North Garo Hills/Mamit /Kiphire /Mokokchung/Soreng/Dhalai Districts; Arunachal Pradesh/Manipur/ Meghalaya/Mizoram /Nagaland /Sikkim/ Tripura
3. Ms. Mona Gupta, Advisor, HRH & HPIP/ Dr. M A Balasubramanya, Advisor, CPHC, / Dr. Ranjan Choudhury, Advisor, HCT, NHSRC

Copy also forwarded for kind appraisal of:

1. PPS/PS to the ACS/Principal Secretary/Commissioner/Secretary, H&FW, Government of Arunachal Pradesh/Manipur/Meghalaya/Mizoram/Nagaland/Sikkim/Tripura
2. PPS to the Addl. Secretary, MoHFW/ NITI AAYOG/ Jal Jeevan Mission/ Panchayati Raj
3. PPS to the Joint Secretary (Policy), MoHFW, Government of India
4. PS to the Executive Director, NHSRC

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**Participant List**

**ANNEXURE: A**

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Photographs





