

Maternal and Child Health at Kolasib district covering 2626 pupulation

About Mizoram.....

Mizoram is a state located in North-East India, with Aizawl as its capital city. The name 'Mizoram' is derived from Mi (people), Zo (lofty place, such as a hill) and Ram (land), and thus Mizoram implies 'land of the hill people'. Mizoram shares border with three states in India - Assam, Manipur and Tripura and also with neighbouring countries Bangladesh and Myanmar. About 95% of current Mizoram population is of diverse tribal origins who settled in the state, mostly from Southeast Asia. Mizoram is one of three states of India with a Christian majority (87%).

Climate

The upper parts of the hills are, predictably cold, cool during the summer, while the lower reaches are relatively warm and humid. Storms break out during March-April, just before or around the summer. The maximum average temperature in the summer is 30 degree C while in the winter the minimum average temperature is around 11 degree C. The four months between November and February are winter in Mizoram which is followed by the spring. The storms come in the middle of April to herald the beginning of the summer. The mercury starts rising and the hills come under the cover of a haze. The three months from June to August are known as the rainy season. The climate as at its moderate best in the two autumnal months. September and October, when the temperature moves between 19 to 24 degree C.

The People

Historian believes that the Mizos are a part of the great wave of the great wave of the Mongolian race spilling over into the eastern and southern India centuries ago. Their sojourn in Western Burma, into which they eventually around seventh century, is estimated to last about two centuries. They came under the influence of the British Missionaries in the 9th century, and now most of the Mizos are Christians.

About Kolasib District

Kolasib District is situated on the northern part of Mizoram. It is one of the eight administrative districts of Mizoram with its headquarters at Kolasib town. Kolasib District is bounded by Cachar_District and Hailakandi District, by Assam on the north and north west respectively, on the south and east by Aizawl District and on the south west by Mamit

District. The location of the district occupies an important site as it is the main stream of road communication from other state of Mizoram. The total area of Kolasib District is 1472.12 sq kms.

About 75 percent of the total population of the district entirely depends upon agriculture and allied activist.

History of Kolasib District

Kolasib was initially created as the centre of Tribal Development Block. It was later upgraded to be administered by the Area Administrative Officer. When Mizoram became a Union Territory in the year 1972, Kolasib was upgraded as the headquarters of Sub-Division administered by Sub-Divisional Officer (Civil) on 5th of May, 1975. Being the seat of administration for more than three long decades its present status as an independent administrative district was given by the state government of Mizoram following the trifurcation of Aizawl District in the year 1998.

Geography of Kolasib District

Geography of Kolasib District comprises vast forests and hilly terrains that ranges from north to south of the region. 70 percent of the total area of the district is covered by forests. Forests are crucial resource on which depends the livelihood of the majority of the population of the district. Tropical moist deciduous forest and bamboo forests are the found in the district. Numerous other trees, shrubs and herbs provide vegetables, fruits; fuel (fire wood), dyes, medicines and fibres are also found in these forests. Kolasib District comes under the tropical monsoon climate zone of India. It experiences direct impact of monsoon. The average annual rainfall is around 197 cm. In low lying valleys, the temperature fluctuation is low and the climate remains moderate throughout the year. Winter extends from November to February with temperature ranging within 12 degree Celsius to 23 degree Celsius. March to May comprises a short summer, during which the temperature varies between 20 degree Celsius to 30 degree Celsius with valleys hotter and humid while the hill tops are cooler and pleasant.

Kolasib District Medical Centre

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|---------------------------------|--------|
| 1. Allopathic Hospitals | No. 01 |
| 2. Beds in Allopathic Hospitals | No. 60 |

4. Ayurvedic Hospitals	No. nil
5. Beds in Ayurvedic Hospitals	No. nil
6. Community Health Centres	No. 01
7. Primary Health Canfers	No. 05
8. Sub Health Canfers	No. 25
9. Private Hospitals	No. 01

HEALTH

Health is more than just a good or bad feeling, an external aesthetic look, or numbers on a medical chart. Health is the all-encompassing state of who we are as individuals.

Unfortunately, health has been misconstrued in our society, misrepresented by the media, and warped to be used synonymously with things like thinness or physical strength. In reality, true health is the intersection of our physical, mental and emotional state of being at any one time. Health is the most important aspect of our existence.

Physical health is the state that our bodily structures and systems are in at any given time. It encompasses what we feel and what we sense. When our physical health is not in homeostasis we experience signs and symptoms internally and externally. This can include pain, headaches, rashes, or anything that manifests itself physically on or within our body.

Mental health refers to the condition of our mind and our ability to balance our emotions. It includes how we respond to daily stress, the life situations we encounter, and how self-aware we are. Poor mental and emotional is harder to recognize, and more controversial to acknowledge, than physical health. People may be aware of their poor mental health but unwilling to do anything to correct or heal it. Mental health issues are not something to be ashamed of however, and are just as critical as physical health problems. Seeking counselling, pharmaceutical assistance, or practicing daily self-care is nothing to be ashamed of.

As humans, we thrive on connections with others. We're a global community and we need interactions on a daily basis to feel fulfilled and to live happily. Social health involves the quality and types of relationships we have with the people in our life. Family, friends,

mentors, co-workers, classmates. They're all important and they all impact our social health in some way. Social health also is a measure of how well we get along with others. This gauges our tolerance and open-mindedness to people who are different from we or live differently. The ability to develop and maintain friendships is so important. These types of relationships add value to our life and contribute to the creation of our overall social support network. Man (or woman!) cannot thrive in isolation. We need emotional and physical support to be whole.

Health Condition in Kolasib District

The rural health-care infrastructure in India has been developed as a three tier system with Sub-Centre (SC), Primary Health Centre (PHC) and Community Health Centre (CHC) being the three pillars. In spite of this, rural health care infrastructure and facilities are neglected and still remain very poor in Kolasib District especially in rural areas.

In Kolasib District rural areas are suffering in hygiene. Also in emergencies of accident, serious illness and pregnancies require medical attention. Kolasib District villages health status are very low and they didn't get proper awareness about health.

To improve the rural health care facilities and for the promotion of primary health care in rural areas, we Mission Foundation Movement (MFM) has been established Health Worker Training Institute (ANM) in 2009 with the permission of the state Mizoram Nursing Council and central Indian Nursing Council concern department due to a high demand within the state. There are only two institutions within the state, one is under government and the other one is private institution which was MFM School of Nursing (ANM) established by Mission Foundation Movement (MFM) which was not sufficient and can't fulfil the state requirement. So, therefore, lack of man power most of the rural areas doesn't have professional health worker and the health condition is still remain poor. It was necessary to have a donation for build good status of heath for having the improvement of health condition in Mizoram.

Problem Statement

Kolasib District is still remote areas of some villages where people from border region came together and migrated and settled their life with a very backward and low socio economic status where most of them are not well – educated and so in regards to their negligence of their health communicable diseases were very common in rural areas. Also, there is a big issue on HIV due to their unprotected sex and contaminated syringe from the people who

have migrated in this area maybe because there is no awareness programme in regards to health.

Kolasib District villages are very backward and underdeveloped village in Mizoram. People are having very low socio economic status. There is no health care facilities available in the village, no sub-centre neither any other health clinics. Most of the people engaged in agriculture so there is a very high risk of sickness like Malaria and TB where they do not have leisure time for themselves. In fact, besides TB and Malaria, the community in these Kolasib District villages were still practiced home delivery since there are no proper communication with a very poor road condition thus it is a burden for them to easily refer themselves in the city hospital which is why number of Infant Mortality and Morbidity were very high in the villages moreover the community people were so backward and unhygienic that they still practiced home delivery and still believed in superstitious and also traditional medicines were very common in spite the fact that there are no Health Worker and Nurses available in the villages because of that it is necessary and community required of the donation for to built their health condition.

Causes of Donation Require

Mizoram is a small state, located in the North-Eastern part of India. It is one of the remote states in the Country and often failed to meet the Health Care needs of its people especially in Kolasib District villages.

The rural community lack proper Health Infrastructure. In Mizoram there are 830 villages out of which and 370 villages have sub centres, which clearly shows that there are many villages who do not have any sub-centre or any other health care facilities. Transportation and communication is very bad in Mizoram especially in the monsoon season, landslide and road blocks often happen which creates a lot of problems especially who do not have health care facilities.

High prevalence of diseases like Malaria, Diarrhoea, Dengue Fever, Cancer, Diabetes, HIV/AIDS, Reproductive Tract Infection and Anaemia create major health problems and pose challenges in the state. There is a need to emphasize more on the preventive care by using the different educational method such as health education, awareness programme and training programmes.

The health experts and different studies reveals that the main cause of increased in the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are as follows, such as –

1. Lack of health awareness,
2. Lack of proper health care facilities, and
3. Superstitious and cultural belief.

Kolasib District village's problem faced

However, in Kolasib District villages have been the emphasis on maternal adolescents, child health, and nutrition and eradication of communicable diseases due to the high rate of Infant Mortality and Maternal Morbidity so in order to reduce the difficulty that has been arises in the villages of Kolasib District where it will be implemented Maternal Health and Child Health Services for the community people by providing them free health check up, monitoring the growth and development of the child including physical assessment and other prevention of illness and also through Home Visits which has to be done by the volunteer of ASHA, Health Worker and Staff Nurse so that they will find out the initiatives that needs to put effort in the field of the health status and condition whether it is necessary to organize health awareness by focuses on the assessment of nutritional status of the family especially to the mother and child.

Moreover they will also have an assessment on the mother and child based on their breast feeding and complimentary feedings. Also, eradication of communicable diseases of Malaria and TB which is under the Government Scheme would go forward with DDT to all the household, screening Sputum collection for TB, Co-Morbid infection including HIV screening and who ever get infected by TB and HIV will be provided counselling by experts on how to take the prescriptions medicine accordingly as per directed by the Doctor.

Since, Kolasib District lies under the interstate of Mizoram where the different tribes of the border have migrated in which most of them were not well educated and do not aware about the health and hygiene in their day to day life. Moreover the people in these Kolasib District villages were still very backward and poor in socio economic status as well as bad transport communication which is why it is important and necessary for them to established Maternal Health and Child Clinic from the getting of donation, so that the community people will be easily communicate whenever it is required.

Implementation of the project programme

Maternal and Child Health – In this maternal and child health, the antenatal and pre natal care should be conducted by examining personal history how they maintained their personal hygiene, their level of awareness of their balance diet in their day to day life, their family history in case the family has suffered from transmitted diseases including their medical surgical history. Also, whether they took immunization to the new born baby as per directed by the health workers in the area. In maternal health, there is no proper family planning. Moreover there are no proper given awareness programme in this area which leads high contain of protein energy and mal-nutrition which can cause hazards for the health of the children if not well treated and giving counselling and encourage the pregnant mothers to give birth in the hospitals or nearby PHC and avoid traditional medicines.

Awareness – Awareness campaign will be conducted in School, Community base organization, Church base organization among the cover area. In this awareness programme expert personnel will be invited base on the theme of the campaign and also giving awareness campaign in breast feeding, personal hygiene, HIV/AIDS, communicable diseases, Sexual Transmitted Infection (STI) and child abuse.

Free Clinic – Free Clinic will be organizing base on the action plan in the 5 villages of Kolasib District regularly in maternal and children, free diabetes check-up, free hypertension check-up and under 5 years clinic.

Immunization – Immunization in infant, children and pregnant women.

Home Visit – In home visit identify the health problems and having followed up.

Nutrition Campaign – In nutrition campaign having health education, provide nutrition supplement, and also provide iron tablets.

Specific Area for Delivering Villages

Mission Foundation Movement mention the 5 village of Kolasib District, that 5 village are remote areas and they did not get proper awareness in hygiene and they are backward classes and uneducated of the community lifestyle. So, Mission Foundation Movement mention 5 village are as follow, such as –

1. Khamrang

2. New Khamrang
3. Mualkhang
4. Serzawl
5. Sentlang

From the above 5 village mention 1 village of Mualkhang only having Sub-Centre and 4 village of Khamrang, New Khamrang, N.Serzawl, and Sentlang are not having Sub-Centre and also 5 village are not having Primary Health Centre. The population of these 5 villages are 2626. 1427 Male and 1199 Female in these 5 village and 622 Households.

Village	Population	Male	Female	Households	Primary Health Centre	Sub - Centre	Community Health Clinic	Main Occupation
Khamrang	740	390	350	169	NIL	NIL	1	Farmers
New Khamrang	130	78	52	81	NIL	NIL	NIL	Farmers
Mualkhang	488	290	198	119	NIL	NIL	NIL	Farmers
Serzawl	698	372	326	141	NIL	NIL	NIL	Farmers
Sentlang	570	297	273	112	NIL	NIL	NIL	Farmers
Total	2626	1427	1199	622				

Conclusion

Rural areas of Kolasib District have been suffering very seriously in terms of accessibility to the crucial necessities of life, like health care. Emergencies due to accidents, serious illness and complications in pregnancies require immediate medical attention. The general health status and awareness regarding preventive cure has also been very low in the isolated and backward rural areas of Kolasib District.

From all of the above mention we can see that the Kolasib District villages health status and also knowing about the rural hygiene. So, this project will be making the villages health unknown to known from the donation accumulate and that donation will be making for maternal and child health, awareness and free clinic and they will be knowing how to be a having hygiene.

**Budget for Maternal and Child Health at Khamrang Village and 4 Neighbouring
Village of Kolasib District, Mizoram, India**

SL.N O	Budget Head	Unit	Rate in (USD)	Month	Total
ADMINISTRATIVE COST					
1	Remuneration for Doctor	1	450	12	5,400
2	Remuneration for Nurse	1	200	12	2,400
3	Remuneration for Health Worker	1	200	12	2,400
TOTAL					10,200
OPERATIONAL COST					
1	Free Clinic for Maternal and children (once in a month)	1	200	12 x5	12,000
2	Nutrition Campaign(once in a month in every cover villages)	1	200	12x5	12,000
3	Conduct Training on Maternal and Child Health(once in a month in every cover villages)	1	200	12x5	12,000
4	Awareness campaign on breast feeding(once in a month in every cover villages)	1	200	12x5	12,000
5	Providing HIV testing and counseling blood pressure testing, health education directly to the community(once in a month in every cover villages)	1	200	12x5	12,000
6	Sponsorship of 10 women, 2 from 5 villages of Maternal peer educator via Maternal and child Health Programme	10	20	10x20	20,00
Total					62,000
CAPITAL COST					
1	Material and Equipment	L/S	3,000	L/S	3,000
2	Computer (Desktop)	1		NA	360
3	Conveyance	L/S	2,000		2,000
Total					5,360
Grand Total					USD 77,560

Currency Exchange= 65