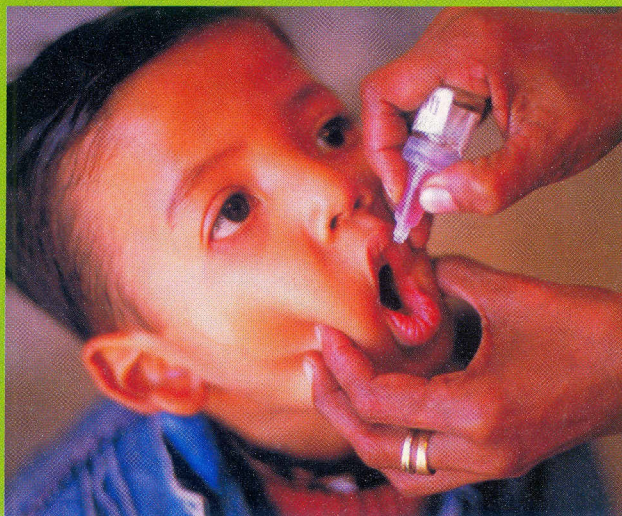


ANNUAL HEALTH SURVEY



Good Work on the Immunization Front



NRHM CONTINUES

National Rural Health Mission
 has been extended for five years
 (1.4.2012 - 31.03.2017)

Progress under NRHM



ASHAs

8.66 Lakh ASHA/Link workers Selected.

749505 ASHA given orientation training up to 4th Module and 7.85 lakh ASHA have been positioned with kits.

Institutional Delivery

Janani Suraksha Yojana (JSY) is operationalised in all the State 7.34 lakh women are benefited in

the year 2005-06, 30.73 lakh in 2006-07, 73.08 lakh in 2007-08, 90.80 lakh in 2008-09 and 100.6 Lakh in the year 2009-10, 106.97 lakh in 2010-11, 109.37 lakh 2011-12.

Monthly H&N Days in Anganwadi

Over 72.11 lakh Monthly Health and Nutrition Days have been organized at the Anganwadi Centres in various states during 2011-12 (till Mar.)

Neo Natal Care

Integrated Management of Neonatal and Childhood illnesses (IMNCI) started in 495 districts. With the help of Neonatology Forum over 5,37,454 health care personnel training conducted in Newborn Care in the country. Module for Home based new born care developed and ASHAs to be trained in Home based new born care.

Immunization

Intense monitoring of Polio Progress-Services of ASHA useful.

JE vaccination completed in 11 districts in 4 states-93 lakh children immunized during 2006-07. JE vaccination has been implemented in 26 districts of 10 states in 2007. The 11 districts of 4 states where JE vaccination was carried out in 2006 have introduced JE vaccine in Routine Immunization to vaccinate new cohort between 1-2 years of age with booster dose of DPT.

House tracking of polio cases and intense monitoring.

Neonatal Tetanus declared eliminated from 7 states in the country.

Full immunization coverage evaluated at 43.5% at the national level (NFHS-III).

Accelerated Immunization programme taken up for EAG and NE states.

Village Health & Sanitation Committees

501335 Village Health and Sanitation Committees have been constituted by the States. They are being involved in dealing with health planning at grass root level.

Rogi Kalyan Samitis

Over 30,529 Rogi Kalyan Samitis set up in various health centres and hospitals.

Infrastructure

1.48 lakh Sub centres in the country are provided with untied funds of Rs. 10,000 each. 4,43,928 VHSC & 1,47,530 SC have operational joint accounts of ANMs and Pradhans for utilization of annual untied funds. 62,115 Sub centres are functional with second ANM.

Out of 4809 Community Health Centres, 2284 CHCs have been selected for upgradation to IPHS and facility survey has been completed in 2286 CHCs (includes other also).

30,529 Rogi Kalyan Samitis have been registered at different level of (Repeat) facilities.

18,630 Sub centres for new construction and 13,402 for renovation taken up under NRHM.

1514 Primary Health Centres taken up for new construction and 3542 for renovation under NRHM.

426 works at Community Health Centres for construction and 2105 works for renovation taken up under NRHM.

Manpower

8,230 Doctors and 3,083 Specialist, 66,552 ANMs, 32,915 Staff Nurses, 14,913 Paramedics, 10,439 Ayush Doctors have been appointed on contract by States to fill in critical gaps.

Management Support

1652 professionals (CA/MBA/MCA) have been appointed in the State, 634 District level Programme Management Units (PMU) and 4715 blocks to support NRHM.

Mobile Medical Units

2012 Mobile Medical Units operational under NRHM in States.

Emergency Transport System (108 Type) operational in 16 States with the assistance of 3901 Ambulances.

Another 8096 ambulances provided to States for working at PHC, CHC, Sub District and District Hospital.

Health Action Plans

35 State PIPs received in 2011-12.

The first cut of Integrated District Health Action Plans (DHAP) has been finalized for 636 district during 2011-12.

Mainstreaming of AYUSH

Mainstreaming of AYUSH taken up in the States. AYUSH practitioners co-located in 15,801 facilities. AYUSH part of State Healths Mission/ Society as members.

Trainings

Trainings in critical areas including Anesthesia Skilled Birth Attendance (SBA) taken up for MOs/ANMs. Integrated Skill Development Training for ANMs/LMVs/MOs. Training on Emergency Obstetrics care and No Scalpel Vasectomy (NSV) for Mos, Professional Development Programme for CMOs is on full swing.

ANM Schools being upgraded in all States.

New nursing schools taken up.

Mother NGOs

170 Mother NGOs appointed for 275 districts till date are fully involved in ASHA training and other activities.

Health Resource Centres

National Health Systems Resource Centre (NHSRC) set up at the National level.

Regional Resource Centre set up for NE.

State Resource Centre being set up by States.

Monitoring and Evaluation

Web based MIS operationalised.

NFHS-III & DLHS results disseminated.

Independent evaluation of ASHAs/JSY by UNFPA/UNICEF/GTZ in 8 States.

Ground work for community monitoring completed.

Financial Management

Financial Management Group set up under NRHM in the Ministry.

During the FY 2005-06, out of total allocation of Rs. 4633.39 crore for the Ministry, an amount of Rs. 4433.75 crore was released as part of NRHM.

Against Rs. 6997.05 crore for activities during 2006-07, Rs. 5774.3 crore released.

During the FY 2007-08, out of total allocation of Rs. 9023.35 crore for the Ministry, an amount of Rs. 8505.87 crore was released as part of NRHM.

During the FY 2008-09, out of total allocation of Rs. 10192.23 crore for the Ministry, an amount of Rs. 9625.09 crore was released as part of NRHM.

During the FY 2009-10, out of total allocation of Rs. 11581.30 crore for the Ministry, an amount of Rs. 11470.18 crore was released as part of NRHM. During the FY 2010-11, out of Rs. 12923.25 crore for the Ministry, an amount of Rs. 12871.11 crore was released as part of NRHM (2011-12, Alloc-14291.52 Release 149.60.43).



ANNUAL HEALTH SURVEY

The Annual Health Survey, conducted by Registrar General of India (RGI), has provided key indicators on Reproductive Child Health at District Level in 8 EAG States and Assam (284 Districts) Sample Population per district 71000.



AHS States Constitute :

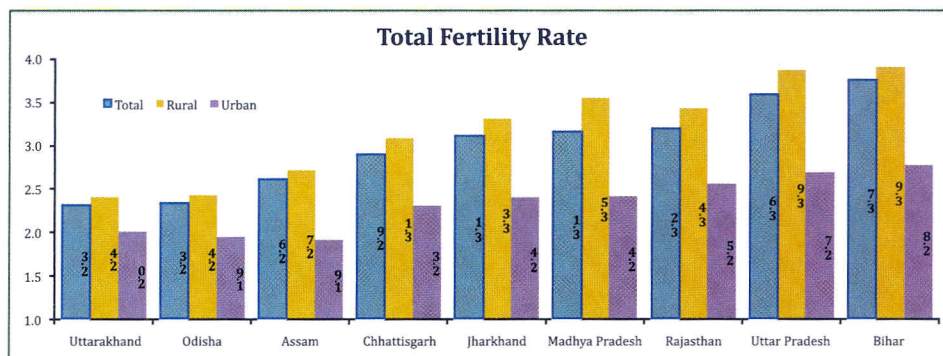
- 48 % of country's Population
- 59 % of Births
- 70 % of Infant Deaths
- 75 % of Under 5 Deaths
- 62 % of Maternal Deaths

List of the findings of Major indicators TFR, Family Planning, Unmet Need, Ante Natal Care, Institutional Delivery, Safe Delivery (JSY), have been reflected in the following pages.

Union Health Secretary Shri P. K. Pradhan, RGI
Shri C. Chandramouli and Addl. secy. & MD,
NRHM Ms. Anuradha Gupta launching the AHS
publications in Delhi.



TOTAL FERTILITY RATE (TFR)



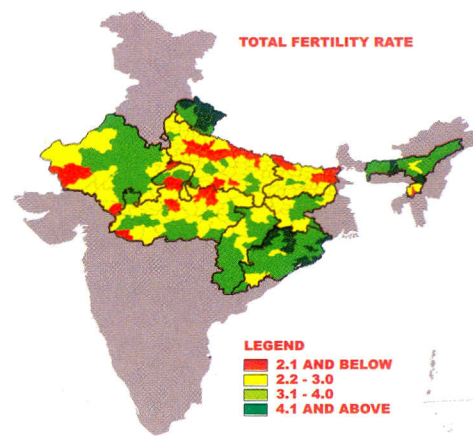
- TFR is the average number of children born to a woman during her entire reproductive span.
- Uttarakhand & Odisha and UP & Bihar reflects the two extremes.
- Significant Rural-Urban variation across all 9 AHS States, the max. in Uttar Pradesh.

Total Fertility Rate (TFR)				
State	State value	Minimum	Maximum	Range
Assam	2.6	Kamrup (2)	Hailakandi (4.2)	2.2
Bihar	3.7	Patna (2.8)	Sheohar (4.7)	1.9
Jharkhand	3.1	Purbi Singhbhum (2.4)	Lohardagga (4)	1.6
Madhya Pradesh	3.1	Indore (2.2)	Shivpuri (4.5)	2.3
Chhattisgarh	2.9	Koriya (2.4)	Kawardha (3.7)	1.3
Odisha	2.3	Jharsuguda (2)	Boudh (3.7)	1.7
Rajasthan	3.2	Kota (2.6)	Barmer (4.7)	2.1
Uttar Pradesh	3.6	Kanpur Nagar (2.3)	Shrawasti (5.9)	3.6
Uttarakhand	2.3	Pithoragarh (1.7)	Haridwar (3.1)	1.4

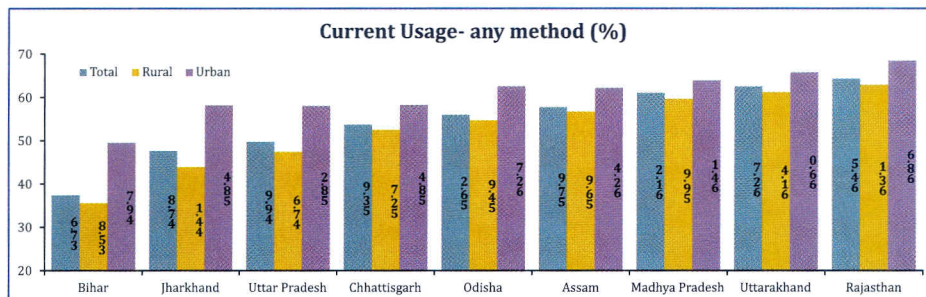
- Within a State, the minimum variability of 1.3 reported in Chhattisgarh and the maximum, 3.6 in Uttar Pradesh.
- Across 284 districts in 9 AHS States, it ranges from 1.7 in Pithoragarh (Uttarakhand) to 5.9 in Shrawasti (UP)- a variability of more than 4 children.

Frequency distribution of districts by level of Total Fertility Rate					
State	0-2.1	2.2-3.0	3.1-4.0	4.1 & above	Total Districts
Assam	3	16	3	1	23
Bihar	0	1	26	10	37
Chhattisgarh	0	12	4	0	16
Jharkhand	0	8	10	0	18
Madhya Pradesh	0	15	25	5	45
Odisha	10	18	2	0	30
Rajasthan	0	16	13	3	32
Uttar Pradesh	0	9	48	13	70
Uttarakhand	7	5	1	0	13
All States	20	100	132	32	284

- 20 districts namely Kamrup, NC Hills, Nalbari (Assam); Puri, Khordha, Angul, Jajpur, Jagatsinghpur, Baleswar, Sundargarh, Doegargh, Jharsuguda, Bargarh (Odisha); Nainital, Almora, Bageshwar, Pithoragarh, Rudraprayag, Chamoli, Uttarkashi (Uttarakhand) have already achieved the replacement level of 2.1.
- 46 districts have TFR below the current National average of 2.5 (SRS 2010).
- 164 districts have recorded TFR of 3.1 and above, the National level TFR of 2001 (SRS).



FAMILY PLANNING: CURRENT USAGE



- Contraceptive Prevalence Rate (CPR) is the percentage of currently married women aged 15-49 yrs who are using any method of contraception (modern/traditional).
- Current usage of any method varies from 37.6 in Bihar to 64.5 per cent in Rajasthan.
- Rural – Urban divide is significant in Jharkhand and Bihar.

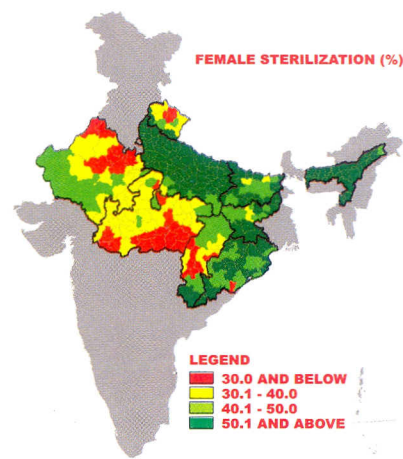
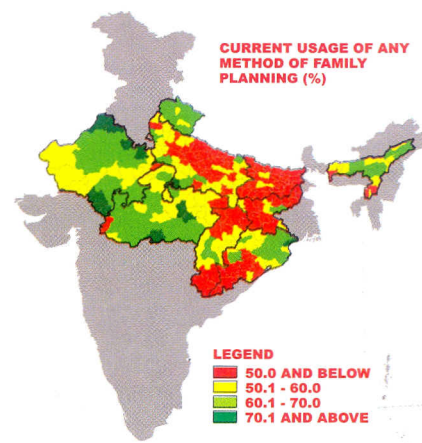
Current Usage of Family Planning- any Method (%)				
State	State value	Minimum	Maximum	Range
Assam	57.9	Dhubri (33.2)	Lakhimpur (67.6)	34.4
Bihar	37.6	Siwan (26)	Muzaffarpur (52.2)	26.2
Jharkhand	47.8	Paschimi Singhbhum (32.7)	Dhanbad (61.9)	29.3
Madhya Pradesh	61.2	Sidhi (45.9)	Damoh (74.9)	29.0
Chhattisgarh	53.9	Dantewada (33.4)	Dhamtari (68.7)	35.2
Odisha	56.2	Kandhamal (28.6)	Baleswar (73.4)	44.8
Rajasthan	64.5	Dhaulpur (49)	Ganganagar (79.2)	30.2
Uttar Pradesh	49.9	Sitapur (21.9)	Jhansi (74.1)	52.2
Uttarakhand	62.7	Haridwar (53.7)	Dehradun (67.1)	13.4

- Within a State, the least variation is reported in Uttarakhand whereas the most, in Uttar Pradesh.
- At district level, current usage of family planning ranges from 21.9 in Sitapur (UP) to 79.2 in Ganganagar (Rajasthan) exhibiting a variability of 4 times.

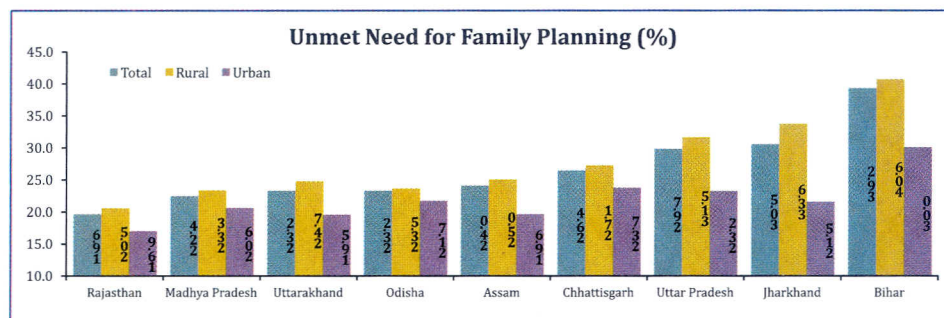
Frequency distribution of districts by current usage of family planning- any method (%)					
State	0-30	30-50	50-70	70 & above	Total Districts
Assam	0	3	20	0	23
Bihar	4	31	2	0	37
Chhattisgarh	0	7	9	0	16
Jharkhand	0	13	5	0	18
Madhya Pradesh	0	2	40	3	45
Odisha	1	9	19	1	30
Rajasthan	0	1	24	7	32
Uttar Pradesh	3	24	42	1	70
Uttarakhand	0	0	13	0	13
All States	8	90	174	12	284

- As high as 98 districts are reporting less than 50% current usage of any method of family planning.
- Only 12 districts namely Damoh, Betul, Jabalpur (MP), Baleswar (Odisha), Ganganagar, Hanumangarh, Jhunjhunu, Alwar, Udaipur, Dungarpur, Banswara (Rajasthan) and Jhansi (UP) feature in 70% & above category.
- 35 out of 37 districts of Bihar have reported less than 50% usage of any method of family planning.

Share of sterilization in any modern method of family planning (%)									
	Assam	Uttar Pradesh	Jharkhand	Bihar	Odisha	Uttarakhand	Rajasthan	Chhattisgarh	Madhya Pradesh
Female	35.3	55.0	76.3	86.7	68.4	58.7	76.7	92.3	83.6
Male	0.6	0.6	1.2	0.9	0.7	2.8	0.7	2.0	1.7



UNMET NEED FOR FAMILY PLANNING



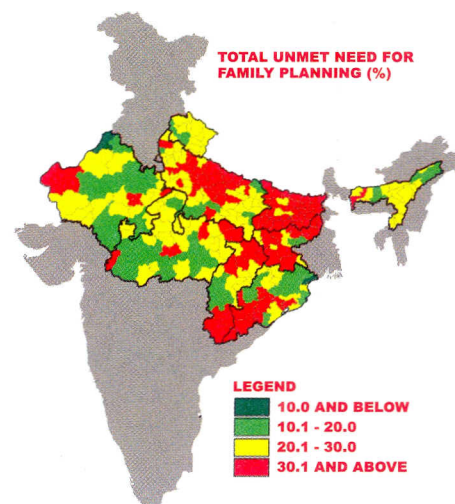
- Currently Married Women who are not using any method of contraception but who do not want any more children or want after a period of 2 years are defined as having an unmet need.
- Total unmet need varies from a minimum of 19.6% in Rajasthan to 39.2% in Bihar.
- Rural- Urban gap is prominent in Jharkhand, Bihar and Uttar Pradesh.
- Unmet need for Family Planning is a crucial indicator for assessing the future demand for Family Planning services / supplies.

Frequency distribution of districts by total unmet need for family planning (%)					
State	0-20	20-40	40-60	60 & above	Total Districts
Assam	6	16	1	0	23
Bihar	0	20	17	0	37
Chhattisgarh	4	12	0	0	16
Jharkhand	2	13	3	0	18
Madhya Pradesh	18	27	0	0	45
Odisha	12	15	3	0	30
Rajasthan	16	16	0	0	32
Uttar Pradesh	9	52	8	1	70
Uttarakhand	2	11	0	0	13
All States	69	182	32	1	284

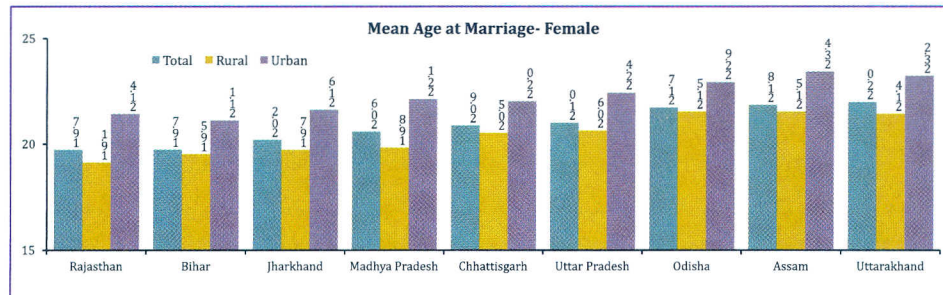
- Only in 69 out of 284 districts, the total unmet need for family planning is below 20%.
- Bihar and Uttar Pradesh dominate in 40% & above category.

Total unmet need for Family Planning(%)				
State	State value	Minimum	Maximum value	Range
Assam	24.0	Sibsagar (15.3)	Dhubri (42.9)	27.6
Bihar	39.2	Patna (24.6)	Kishanganj (52.5)	27.9
Jharkhand	30.5	Bokaro (18.2)	Godda (42.8)	24.6
Madhya Pradesh	22.4	Jabalpur (14.3)	Rewa (34.2)	19.9
Chhattisgarh	26.4	Dhamtari (14.5)	Bastar (36)	21.5
Odisha	23.2	Baleshwar (6.1)	Boudh (48.3)	42.3
Rajasthan	19.6	Ganganagar (10.0)	Dhaulpur (32.4)	22.3
Uttar Pradesh	29.7	Mahoba (15.1)	Sitapur (61.3)	46.3
Uttarakhand	23.2	Dehradun (16.8)	Haridwar (29.2)	12.4

- The minimum variability within a State is in Uttarakhand whereas the maximum in Uttar Pradesh.
- Baleshwar (6.1%) in Odisha and Sitapur (61.3%) in Uttar Pradesh are the two extremes across 284 districts.

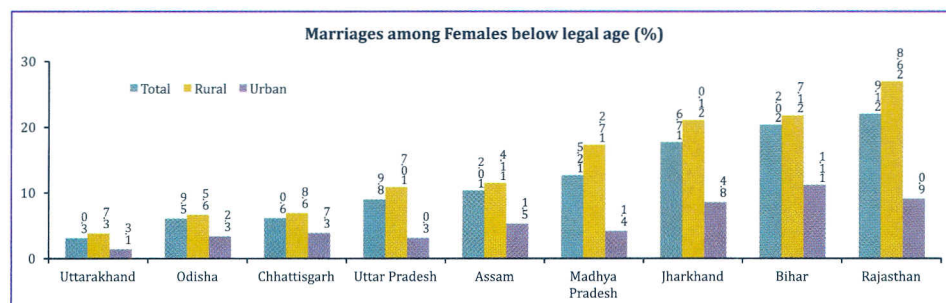


MEAN AGE AT MARRIAGE- FEMALE

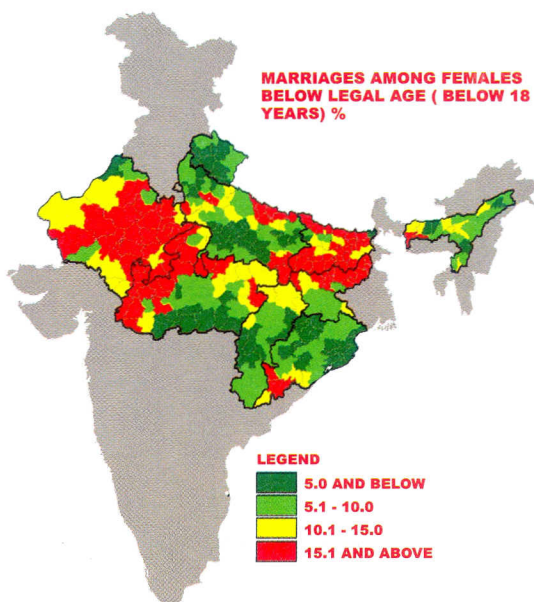


- Mean Age at Marriage is based on the marriages taken place during 2007-2009.
- Mean age at marriage of females varies from 19.7 in Rajasthan to 22.0 years in Uttarakhand.
- Rural – Urban differential is of at least 1.4 years in all AHS States. This is quite prominent (2.3 years) in Madhya Pradesh & Rajasthan.

MARRIAGES AMONG FEMALES BELOW LEGAL AGE (18 YRS)



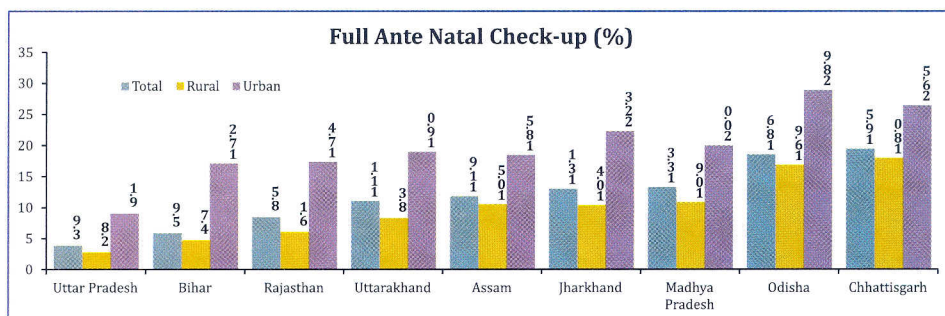
- Based on marriages taken place during 2007-2009.
- Varies from 3.0% in Uttarakhand to 21.9% in Rajasthan.
- In rural areas, every 4th marriage among females in Rajasthan and every 5th in Bihar & Jharkhand take place below the legal age.
- Rural- Urban differential is quite significant across all AHS State.



ANTE NATAL CARE (ANC)

- Any ANC exceeds 80% in all AHS States.
- ANC in 1st trimester: 40% in UP & Bihar to 65% in Chhattisgarh and Madhya Pradesh.
- Mothers receiving 3 or more ANC: UP-29.6% to Orissa -76.0 %
- Mothers who consumed IFA 100 days or more: 6.5% in UP to 23.8% in Chhattisgarh.
- Low performance in IFA consumption is the main reason for sluggish full ANC: 3.9% in UP to 19.5% in Chhattisgarh.

FULL ANTE NATAL CHECK-UP



- Full ANC comprise 3 or more ANC, at least one TT injection and consumption of IFA for 100 or more days.
- Uttar Pradesh reports the minimum coverage of 3.9%; Chhattisgarh, the maximum 19.5%.
- Full ANC coverage in urban areas is remarkably better than the rural areas.
- In 5 States, namely Bihar, UP, Rajasthan, Uttarakhand and Jharkhand urban coverage is more than double that of Rural.

FULL ANTE NATAL CHECK-UP

Mothers who had full antenatal check-up (%)				
State	State value	Minimum	Maximum	Range
Assam	11.9	Dhubri (2.1)	Jorhat (18.2)	16.1
Bihar	5.9	Madhepura (2.4)	Patna (16.4)	14.0
Jharkhand	13.1	Garhwa (3.6)	Purbi Singhbhum (31.6)	28.1
Madhya Pradesh	13.3	Sheopur (1.8)	Balaghat (30.8)	28.9
Chhattisgarh	19.5	Korba (10.9)	Dhamtari (34.5)	23.6
Odisha	18.6	Jajpur (5.4)	Jagatsinghpur (36.0)	30.6
Rajasthan	8.5	Karauli (1.7)	Jaipur (19.5)	17.8
Uttar Pradesh	3.9	Balrampur (0.6)	Kanpur Nagar (14.8)	14.3
Uttarakhand	11.1	Rudra Prayag (3.7)	Dehradun (22.7)	19.0

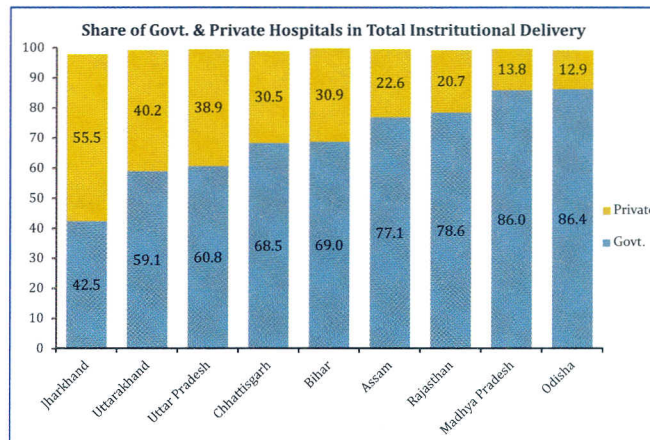
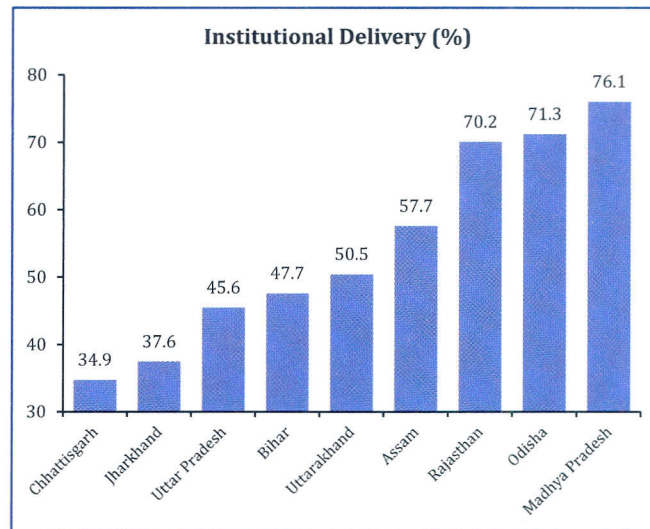
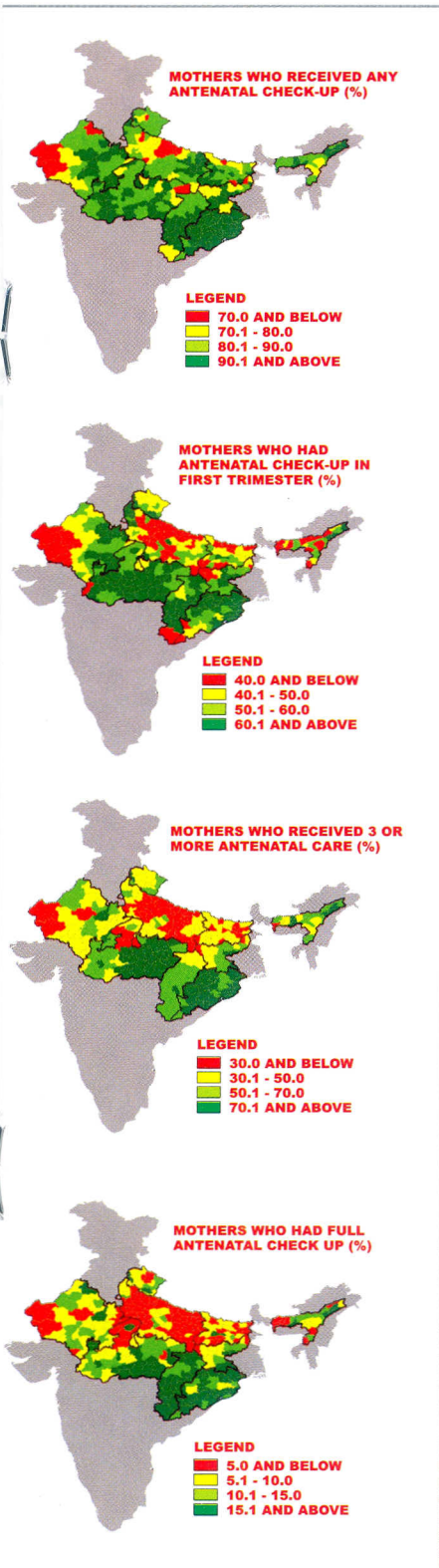
- Bihar has reported the minimum variability among the districts compared to Odisha reporting the maximum.
- Less than 1% coverage of full ANC has been reported in Balrampur of Uttar Pradesh; on the other hand Jagatsinghpur of Odisha has reported the maximum 36%.

FULL ANTE NATAL CHECK-UP

Frequency distribution of the districts by level of full antenatal check up (%)							
State	<5	5-10	10-15	15-20	20-25	25 & above	Total Districts
Assam	6	7	6	4	0	0	23
Bihar	17	17	2	1	0	0	37
Chhattisgarh	0	0	4	4	5	3	16
Jharkhand	3	7	4	3	0	1	18
Madhya Pradesh	7	11	10	7	6	4	45
Odisha	0	3	7	10	3	7	30
Rajasthan	7	16	7	2	0	0	32
Uttar Pradesh	52	15	3	0	0	0	70
Uttarakhand	2	7	2	1	1	0	13
All States	94	83	45	32	15	15	284

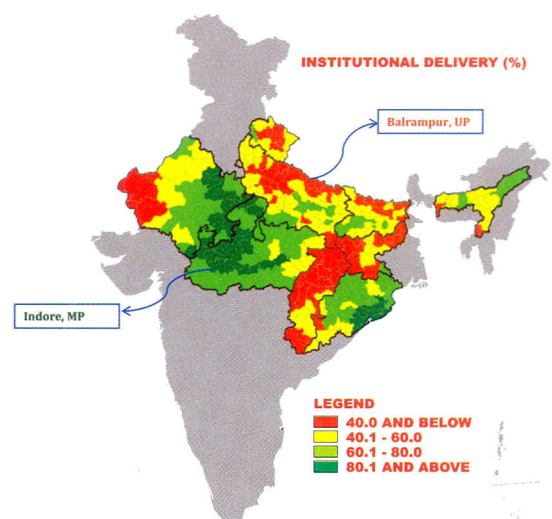
- As high as 94 out of 284 districts report less than 5% coverage of full ANC.
- Only 15 districts namely Raigarh, Mahasamund, Dhamtari (Chhattisgarh), Purbi Singhbhum (Jharkhand), Indore, Bhopal, Narsimhapur, Balaghat (MP) and Jharsuguda, Mayurbhanj, Jagatsinghpur, Cuttack, Ganjam, Kandhamal, Naupada (Odisha) have reported 25% & above coverage of full ANC.

INSTITUTIONAL DELIVERY

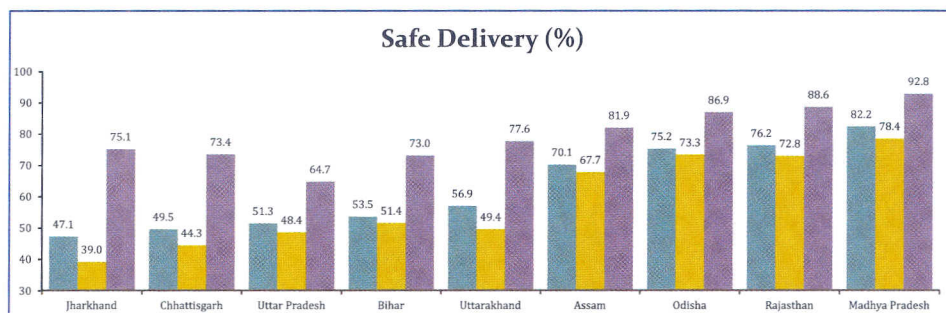


- Institutional Delivery: Ranges from 34.9% in Chhattisgarh to 76.1% in MP.
- More than 85% of total births have taken place in Govt. Institutions in Madhya Pradesh & Odisha and it is more than 60% in remaining States except Jharkhand & Uttarakhand.
- Jharkhand is the only State where more than 50% of the births are taking place in Private Hospitals.

- Institutional delivery is below 60% in 170 districts.
- Balrampur (UP) recorded the least 16.8% institutional delivery whereas Indore (MP) the most 92.5%, showing a variability of more than 5 times.



SAFE DELIVERY



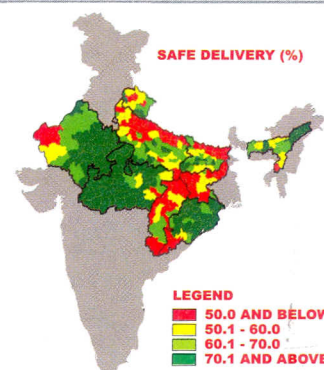
- Safe delivery comprise institutional deliveries and domiciliary deliveries assisted by doctor/nurse/ANM/LHV.
- Safe Delivery: 47.1 % in Jharkhand to 82.2% in Madhya Pradesh.
- Rural- Urban differential is quite prominent in Jharkhand, Chhattisgarh and Uttarakhand.

Safe delivery (%)				
State	State value	Minimum	Maximum	Range
Assam	70.1	Karimganj, Hailakandi (34.8)	Sibsagar (88.2)	53.4
Bihar	53.5	Sheohar (30.2)	Munger (80.4)	50.2
Jharkhand	47.1	Pakaur (24.8)	Purbi Singhbhum (69.0)	44.2
Madhya Pradesh	82.2	Dindori (45.5)	Indore (96.3)	50.9
Chhattisgarh	49.5	Surguja (32.6)	Kanker (69.4)	36.8
Orissa	75.2	Nabarangpur (35.6)	Puri (92.7)	57.1
Rajasthan	76.2	Jaisalmer (48.6)	Jaipur (92.2)	43.6
Uttar Pradesh	51.3	Balrampur (22.0)	Jhansi (89.4)	67.4
Uttarakhand	56.9	Tehri Garhwal (43.1)	Nainital (79.5)	36.4

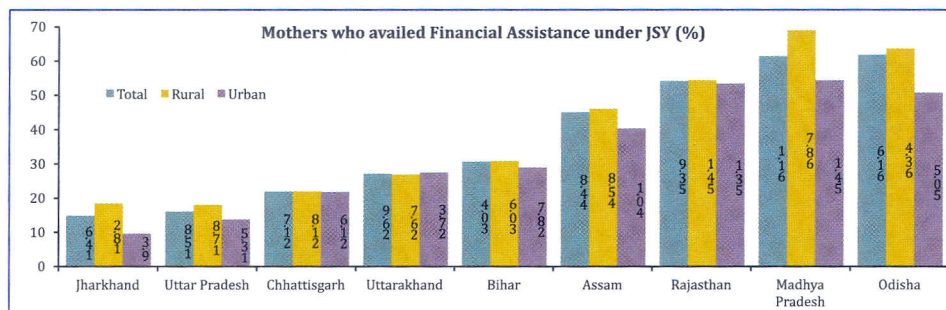
- Uttarakhand has exhibited the least variability among districts whereas Uttar Pradesh, the most.
- Balrampur (UP) has reported the minimum against Indore (MP) reporting the maximum.

Frequency distribution of districts by safe delivery (%)						
State	<30	30-50	50-70	70-90	90 & above	Total Districts
Assam	0	2	12	9	0	23
Bihar	0	12	19	6	0	37
Chhattisgarh	0	9	7	0	0	16
Jharkhand	3	9	6	0	0	18
Madhya Pradesh	0	1	5	29	10	45
Odisha	0	3	5	20	2	30
Rajasthan	0	1	8	21	2	32
Uttar Pradesh	4	20	39	7	0	70
Uttarakhand	0	3	7	3	0	13
All States	7	60	108	95	14	284

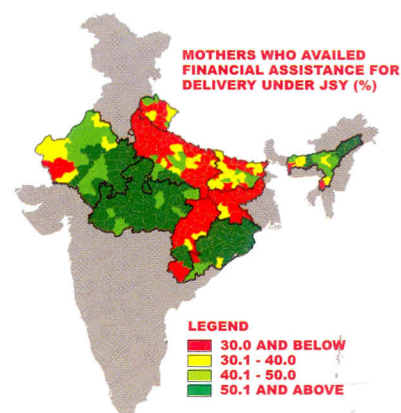
- About 1/4th of the districts have reported less than 50% of the safe deliveries.
- Out of 14 districts reporting 90% & above safe deliveries, 10 belongs to Madhya Pradesh.



JANANI SURAKSHA YOJANA



- Mothers availing JSY: 14.6% in Jharkhand to 61.6% in Odisha.
- Rural- Urban differential is acute in the States of Madhya Pradesh, Odisha and Jharkhand.



GOOD WORK ON THE IMMUNIZATION FRONT

Interventions in Polio Eradication

- India recently celebrated a polio free year and WHO removed India from the list of countries with active endemic wild polio virus transmission. There has been no polio case after 13th January, 2011 as against 42 cases in 2010 and 741 cases in 2009.
- This success is attributed to the unflinching political and financial commitment, intensive and high quality pulse polio campaigns focusing on areas at highest risk and introduction of bivalent vaccine in 2010.
- The year 2012-13 has been declared as 'the year of intensification of Routine Immunization'

Other Immunization activities

- Government of India has introduced second dose of measles across the country. In addition, in the States having less than 80% coverage, supplementary immunization activity is being taken up for children in age group 1-10 years in a phased manner with a current coverage of 4.46 crores.
- Hep-B vaccine which was earlier introduced under routine immunization in 10 states has been expanded to all the states.
- Pentavalent, a combination vaccine, which includes DPT+Hep B+Hib has been introduced on pilot basis in 2 states namely Tamil Nadu and Kerala with the current coverage of 7.32 lakh children.
- JE vaccine is now expanded to 112 districts in 15 states. 62 new JE endemic districts including districts from Delhi, Punjab, Jharkhand and Meghalaya have also been identified for JE vaccination.



Hon'ble President giving Polio Drops to a child to launch Pulse Polio National Round



Addressing New Born Care

- Special New Born Care Units (SNCUs) are being setup at district hospitals and medical colleges to treat sick newborns. SNCU is 12-20 bedded unit and requires 4 trained doctors and 10-12 nurses for round the clock services. The cost of setting up SNCU is Rs. 41 lakhs and operational cost is Rs. 10 lakhs per annum; 374 SNCUs are now functional till date and admitted more than 2.15 lakhs and saved around 1.90 lakh newborns as on Sep 2011.
- Newborn Stabilization Units (NBSUs) are being established at community health centres /FRUs. These are 4 bedded units with trained doctors and nurses for stabilization of moderately sick newborns. The cost of setting up of NBSU is Rs. 5.75 lakhs and Operational cost is 1.75 lakhs per annum. There are at present 1638 NBSUs in the country.
- Newborn Baby Care Corners (NBCCs) are being setup in all facilities where deliveries are taking place for provision of essential newborn care at birth. These are 1 bedded facility attached to the labour room and Operation Theatre (OT). The unit cost for establishing NBCC is Rs. 85,000 and operational cost is Rs. 20,000. There are 11432 functional NBCCs.
- Trainings on Integrated Management of Neonatal and child illness (IMNCI) to comprehensively address childhood illnesses. So far a total of 437 districts and 4.9 lakh health care providers have been trained in IMNCI. Further, 7946 health care providers have been trained in facility based IMNCI training.
- Navjat Shishu Suraksha Karyakram (NSSK) to train all health care providers in essential newborn care at delivery point has been launched in 2009 and about 66981 health care providers have been trained in NSSK.



Neonatal ICU at Nasik Hospital, Maharashtra

INFORMATION, EDUCATION & COMMUNICATION INITIATIVES

New Initiatives during last three years in Information, Education and Communication (IEC)

- In an innovative initiative, the Ministry has signed two separate MOUs with Doordarshan and All India Radio for production and telecast/ broadcast a half an hour programme for five days a week on health related matters. The programme "Swasth Bharat/ Arogya Bharatam" will be telecast through 30 regional kendras of doordarshan and broadcast by 29 regional stations of All India Radio covering 27 states.
- The programme will be in regional languages. The Union Health & Family Welfare Minister launched the programme from Delhi on 7th April 2012, on the occasion of World Health Day.
- An agreement was reached to publicise health related matters through one hour a week programme to be produced and telecast through Lok Sabha TV."
- Health messages were printed on the computerized railway reservation tickets. Such tickets are being printed with topical health messages for different railways like the Western Railway, Central Railway, Northern Railway, and South Eastern Railway. According to a study by Nielson Research agency, the impact of messages on these tickets is good. About 170 lakh tickets are being printed and distributed per month with well-designed health messages on the front and rear sides.
- For the first time, a massive campaign with health messages was mounted on the exterior of trains travelling through the common routes in the Hindi heartland of Uttar Pradesh, Bihar, Madhya Pradesh and Rajasthan. The trains were T.

No. 11055 Godan Express, T. No. 11015 Kushi Nagar Express, T No. 11059 Chhapra Express, T No. 11065

Darbhanga Express, T No. 11093 Mahanagri Express, T No. 19037 Avadh Express, T No. 19305 Shipra Express and T no. 12167 Varanasi Express.

- An initiative to promote Health messages at major pilgrim centres of the country through hoardings, access cards and other media options is underway. To begin with, this campaign is being planned at Ajmer Dargah Sharif, Vailankani Church & Nagore Sharif (both in Tamil Nadu). The programme has already started at Tirupati Devasthan as Health messages have been printed on the access cards which are used by millions of pilgrims visiting Tirumala.
- On a pilot basis, an initiative has been taken to use the bus back panels of state transport buses in Uttar Pradesh, Haryana, Uttarakhand and Andhra Pradesh.



MOU for Swasth Bharat Programme on DD/AIR signed between Special Secretary Health & CEO Prasara Bharti in presence of HFM

feedbacks



Dear Sir,

I am working as a District Leprosy Officer C1-I, Navsari in Health & Family Welfare, Gujarat. I read NRHM Newsletter regularly. I am very much impressed with the news published in NRHM Newsletter because it updates my knowledge. I will be grateful to you, if you kindly include my name and e-mail address in your mailing list.

Dr. Dileep H. Bhavsar,
 District Leprosy Officer C1-I,
 502, Maharaja Agrasen Appt.,
 Shantadevi Road,, Opp. Railway Station,
 Navsari - 396445
 Gujarat

Dear Sir,

We have read NRHM Newsletter and found it very useful for our Medical students to update their knowledge. As we are running MBBS & PG courses at our ASRAM Medical College, Eluru, West Godavari Dist, Andhra Pradesh. Please enroll us in your mailing list.

Dr.P.Sudarsini, MD, D Ch,
 Professor & HOD Pediatrics,
 ASRAM Medical College,
 ELURU - 534005
 West Godavari District, Andhra Pradesh

Dear Sir,

I am working as Health Supervisor at CHC Arunoottimangalam, Kottayam District, Kerala. I am a regular reader of NRHM Newsletter and it is found very informative & resourceful. It helps to provide information about the various programs of NRHM across the country. Kindly include my name in your database for the web edition of the News letter in English. My mail id :stephenkm999@gmail.com

Stephen KM
 Health Supervisor
 CHC Arunoottimanaglam
 Kottayam Dist.
 Kerala

Dear Sir,

I am working as Additional DM&HO (AIDS & Leprosy), Visakhapatnam. I had an opportunity to read NRHM newsletter, which is very useful in my day to day field visits (primary health centres, sub centres) as I am also Programme Officer. Kindly include my name in your mailing list.

Dr.Ramesh.Ronanki,
 Flat no. 403, Trishulvilla,
 Old C.B.I.Road,
 Pedawaltair, Visakhapatnam ,
 Andhra Pradesh

Dear Sir,

I am working as an Assistant Professor in the Department of Community Medicine at Shri Guru Ram Rai Institute of Medical & Health Sciences, Dehradun. I have read your NRHM Newsletter and found it to be very informative and useful. Kindly include my name in the mailing list for sending NRHM Newsletter regularly.

Dr.Kajal Jain
 60, Raja Road, Dehradun - 248001

Dear Sir

I am so delighted to read the News letter of NRHM and to know about the new initiatives being taken in the health scenario of our big country. This information is very vital especially for those in the field in rural areas. I am happy the quality of the Newsletter is improving with each issue. Congratulations. Looking for the next issue with lot more of valuable information.

Dr. K.N. Panicker
 Emeritus Professor
 Community Medicine
 Amrita Institute of Medical Sciences
 Kochi , Kerala

Dear Sir,

I am retired District Surgeon and my wife is retired Joint Director. We both are involved in social activities, creating awareness about family planning services available at Government Hospitals and visit some rural places. I have ready NRHM Newsletter and the topics covered in the Newsletter are useful and informative. I am interested in knowing more about the NRHM programme as it is useful for us. So I request you to kindly enroll my name in the mailing list.

Dr. V.D. Karpurmamath, MS (Gen. Surgery)
 Retired District Surgeon, HIG-16, 1st Main Road,
 Navanagar, Hubli - 580 025
 Karnataka State

Dear Sir,

I am working as AYUSH Medical Officer (NRHM) at CHC, Gujarat. I have read NRHM newsletter regularly. I greatly thankful to NRHM to give me opportunity to practice as Homeopathic Medical Officer for Homeopathic practice, to provide such large quantity of Homeopathic medicine through which I can able to do practice in interior area and by that way public can able to know that what is Homeopathy system of medicine. Kindly put my name in your mailing list.

Dr. Ritesh N Chauhan
Medical Officer NRHM
Community Health Centre
Village RAS, Ta. Borsad
Dis. Anand GUJARAT

Dear Sir,

I work as Medical Officer in APHC, Domuhan, Banka, Bihar. I was very much enlightened and informed about the various programmes of NRHM running all over the country through your magazine. I have found it very useful in spreading the good benefits of NRHM to the common man. I would be thankful if you put my name in your mailing list.

Dr. Rohit Kumar,
At - 'Meera Mandar',
Purandaha,
Distt. & Post B. Deoghar,
Jharkhand - 814112

Dear Sir,

I am working as a Multi Purpose Health worker male (MPHW(M) in a remote ST village, Lingdem Primary Health Sub-Centre, under Passingdong PHC, Upper Ozongu, North Sikkim (Mangan). I recently read a copy of your NRHM Newsletter and found it to be very informative and useful for health professionals and public at large. So kindly put my name in your mailing list.

Mr. Chung Chung Bhutia,
P.P.H.W. (M), Lingdem PHSC,
Upper Ozanu, North Sikkim,
(Mangan), P.O. Lingdom
PIN 737 116

Dear Sir,

I am presently working as a Senior Resident Doctor in the Department of Community Medicine in North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong. The NRHM news letter is very helpful and informative to us since we are attached with the health centres and also take classes for the undergraduate students. Kindly put me on your mailing list for the NRHM newsletter. (English version).

Dr. Himashree Bhattacharyya
Senior Resident Doctor
Department of Community Medicine
Mawdiangdiang, Shillong, Meghalaya.

Dear Sir,

I am working as an AYUSH Medical Officer at Jharpokharia PHC New, Mayurbhorj, Odisha. I find his NRHM Newsletter very useful and informative to me to know various health programmes of our nation. I will be very thankful to you if you kindly put my name in your mailing list.

Dr. B.K. Satpathy,
AT/PO Kalabadia,
Via Kuliana, Distt. Mayurbhorj,
Odisha - 757030

Dear Sir,

I am working as a Medical Officer at CHC, Malhargarh District, Mandsour (M.P.) under NRHM Programme. I like your booklet on NRHM. Please add my name in your mailing list.

Dr. Rakesh Kumar Jain,
Medical Officer,
Near Central Bank,
Main Road, Piplia Mandi,
Malhargarh, Zila Mandsour
Madhya Pradesh

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JANANI SHISHU SURAKSHA KARYAKRAM

Making the Mother & Baby Safe

Register Pregnancy in a Hospital / Health Centre

**At least 4 check-ups including registration
must during pregnancy**

Take TT Immunization, IFA tablets, 3 check-ups after delivery

Under the *Janani-Shishu Suraksha Karyakram*, free and cashless services to all pregnant women delivering in government health institutions as well as to sick neonates. This includes

- Provision of free drugs,
- Free Diet during stay and
- Free transport to health facility and drop back home.



IEC Division Ministry of Health & Family Welfare, Government of India