NATIONAL RURAL HEALTH MISSION

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

NRHM Newsletter

Vol.4 No.3 July - September 2008

WORLD POPULATION DAY 2008

JANANI SURAKSHA YOJANA: A GREAT LEAP FORWARD

PUBLIC-PRIVATE PARTNERSHIPS: POSITIVE FUTURE

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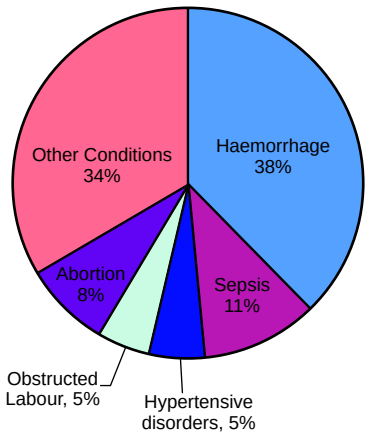
Janani Suraksha Yojana:
A demand driven intervention for promoting safe delivery

Despite impressive economic growth for the past few years, some health indicators of our country remain very poor. Maternal Mortality Ratio (MMR) is one such indicator which needs drastic intervention. India has about 30 million pregnancies per year. These result in 27 million deliveries. Out of these around 16 million are home deliveries (60% of them taking place in EAG States). Due to complications of various types (shown in the pie chart below) 77,000 maternal deaths take place per year

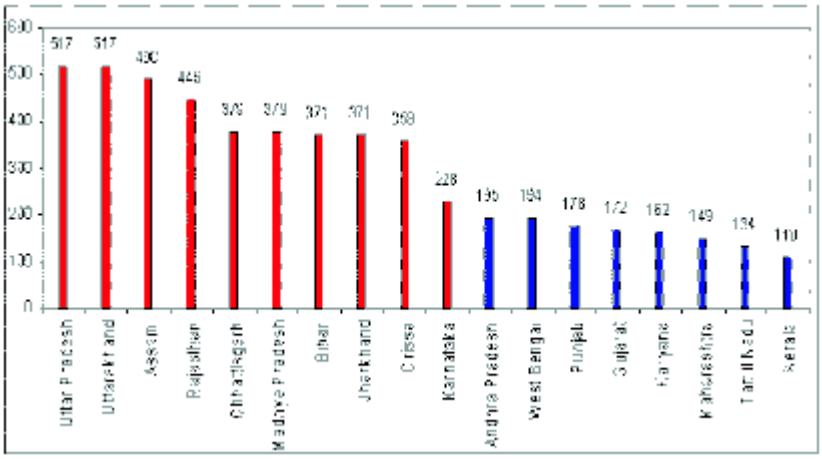
Over the years considerable progress has been made in reducing MMR. The main aim of RCH II is to reduce MMR to >100 by 2010. The chart below shows the latest MMR figures of key states..

To achieve the goals a number of supply side interventions have been initiated such as universal access to SBA, Essential EmOC through network of FRU and 24x7 PHCs, improving Access to EmOC services through PPP (e.g., Chiranjivi Yojana in Gujarat), access to early and safe abortion services and Strengthen Referral Systems, etc. However, perhaps the most remarkable intervention in this regard has been the Janani Suraksha Yojana (JSY) which, taking advantages of all these parallel interventions, tries to shift the scale towards institutional deliveries.



Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. The Yojana, launched on 12th April 2005, by the Hon'ble Prime Minister, is being implemented in all states and UTs with special focus on low performing states. JSY is a 100 % centrally sponsored scheme and it integrates JSY benefits with delivery and post-delivery care.

The primary components of JSY are early registration, micro-birth planning, referral transport (home to health institution), institutional birth, post delivery visit and reporting, family planning and counseling. Since its inception in 2005, there has been a remarkable off take of this intervention under NRHM.



Findings of independent evaluation

An evaluation of JSY scheme was carried out in 2007 in 6 states, viz. Uttar Pradesh, Rajasthan, Madhya Pradesh, Orissa, Assam and West Bengal. The major highlights of the evaluation were as under:

- Institutional deliveries have substantially increased.
- Positive shift to Institutional Delivery compared to previous birth.
- Shift in place of delivery from District Hospitals to CHCs/PHCs.
- Increased utilization of ANC services.
- Social Equity issues being addressed.
- ANMs/ASHAs/AWWs have been the main source of information about JSY.

With JSY, the govt. hospitals are now more than a match for private hospitals in terms of women availing facility of delivery as well as incentives

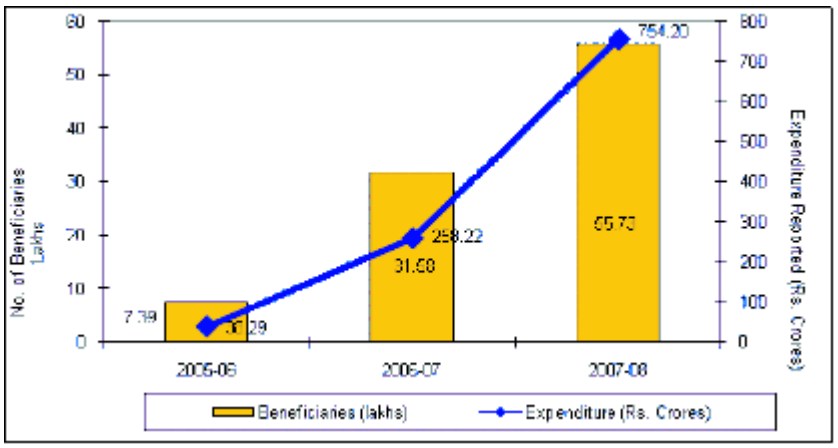
Road map for achieving target

- 15-20 % annual incremental growth in Institutional Deliveries till 2012.
- Focus on facility up-gradation and improved quality of services.
- Adoption of cheque payment system to minimize cash handling at all levels.
- Increased partnership with private Sector to expand the choice and reach of the scheme.

Major Concerns:

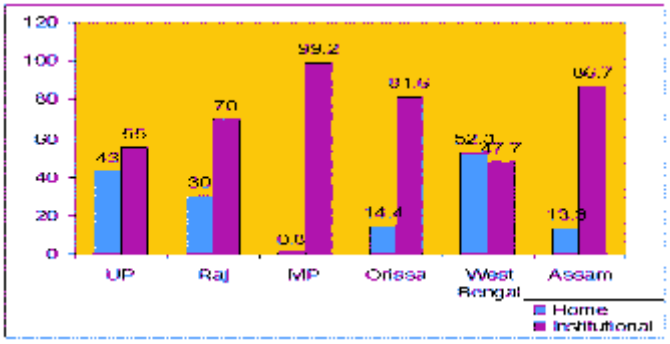
- Awareness about the JSY is low in some states particularly among rural women.
- Communication is not focused on emphasizing on importance of institutional delivery.
- Women are discharged after delivery before minimum recommended stay.
- ASHA is not assisting pregnant women in arranging referral Transport at most places.
- Delays in disbursement of cash incentive to beneficiaries.
- Reporting of physical and financial progress of JSY is not timely and consistent.
- Important components of JSY such as micro-birth planning are not emphasized.
- Mapping of facilities and strengthening is not matched with increased demand for institutional deliveries.

Quantum jump in no. of JSY beneficiaries and fund utilization under JSU

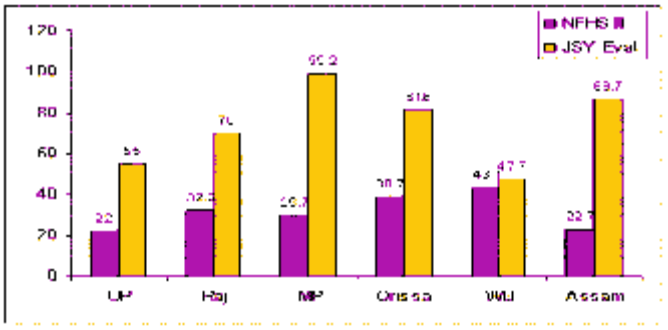


NRHM has boosted immunization coverage

Place of delivery %



Increase in Institutional deliveries



- Private Sector is not involved for enhancing access to Basic and EmOC services.
- Existing mechanisms of Village Health and Nutrition Day not utilized for creating awareness and recruitment of women for JSY.
- No systems are put in place to address grievance.
- Health functionaries and specialist are not fully aware of JSY.

How can the programme be strengthened:

- Effective and comprehensive BCC to increase awareness and emphasize importance of institutional delivery.
- Ensuring timely payment of cash incentive to the beneficiaries and ASHAs to retain their interest in the scheme. Even if payment through account payee cheques is taking time, payment through bearer cheque may be started forthwith.
- On no count the payments may be delayed for want of fund availability under JSY. The RCH-Flexible Pool fund can be accessed to meet the demand which can be later recouped when fund is allocated for JSY.
- Establishment of grievance redressal mechanism at all levels.
- Introduction of Innovative referral transport schemes.
- Longer stay after delivery at the facilities to ensure essential newborn care.
- Improve planning for strengthening of public sector institutions to match with increased demand for services.

- Accreditation of Private sector to improve access.
- Strengthen monitoring and reporting of physical and financial performance of JSY.
- Streamline funds flow to districts and sub- district levels.

The biggest intervention of NRHM/RCH-II will require every body's whole hearted participation to succeed.

NRHM has boosted immunization coverage

Pregnancy Tool kit

NISHCHAY- Safe Motherhood in your control !

The Ministry of Health and Family Welfare (MOHFW), GOI, through the National Rural Health Mission (NRHM) has introduced 'Nishchay' a rapid home based pregnancy test kit in the country. This user friendly kit can be used by the woman herself and addresses the issue of availability and accessibility by being promoted free of cost through ASHAs.

Hindustan Latex Family Planning Promotion Trust (HLFPPT) is currently implementing programme 'Nishchay' in eleven high priority (high birth rate and low institutional delivery as per NFHS-III) states of the country- Uttar Pradesh, Madhya Pradesh, Uttarakhand, Chattisgarh, Bihar, Jharkhand, Rajasthan, Assam, Meghalaya , Nagaland and Orissa. Activities of Nishchay have also been initiated in West Bengal, Andhra Pradesh, Kerala, Tamil Nadu and Karnataka, at the request of respective state governments.

The HLFPPT team has trained four hundred forty six master trainers from seven states. More than twelve thousand ASHAs have been trained at block level.

The ASHA booklet on Nishchay by Director Health and Family Welfare (GOMP) and pictures of the booklet incorporated in “steps for safe motherhood”, a checklist booklet to be developed by GOMP. During Master trainers training at Jaipur, Rajasthan, one of the participant named the demo kit as 'Jaadu Ki Pankhi' and explained it as an attempt to provide a stimulating set of interpersonal communication tools to ASHA with standard and simple messages.

ASHA training at Unnao, Uttar Pradesh

An ASHA worker of Aareah block, Bhojpur (Bihar) said “ Nishchay gaon ki mahila ke liye bahut hi upyogi hai aur sabse acchi baat hai yeh Bharat sarkar ki dwara muft dee jaa rahi hai”.

A group of ASHA workers from Madhya Pradesh said that “now we can maintain the record of pregnant women in our working area from her first month of pregnancy and further ensure better health care during maternity and child birth.”

Bringing to light the convergence of Nishchay programme with other facilities under National Rural Health Mission (NRHM) a batch of ASHAs from Madhya Pradesh informed that “after detection of pregnancy, a pregnant woman enrolled under Janani Suraksha Yojna which is run

NRHM has boosted immunization coverage

Nishchay Canter

under NRHM. She doesn't need to pay frequent visit to private and expensive nursing home for her delivery. Once she goes into labour, we call a helpline for an ambulance, the call center directs the nearest ambulance to reach her home and take her to a government hospital or a certified nursing home for safe institutional delivery. With Nishchay being available with us, the woman and her family do not have to pay anything!" Mobile video vans have also been integrated for community awareness and sensitization through edu-entertainment films on menstruation, ANC-PNC, contraception and Nishchay.In the state of Uttar Pradesh, eleven districts have been covered. Six districts have been covered in Madhya Pradesh. In Bihar the activities have been initiated in four districts.

Local NGOs play a pivotal role in not just monitoring the programme but also in conducting folk activities and interactive sessions. Nishchay programme has a strong partnership with two hundred and fifteen grassroot organizations. Mr. Santosh Tiwari from Zilla Yuva Kalyan Samiti, Uttar Pradesh said that Nishchay is a great opportunity for the organization to strengthen its linkages with the community. Ms. Poonam Toppo from ASHA, Ranchi said that through this programme they are able to address a lot of other issues faced by rural women. "In West Bengal, the state government has been contemplating on introducing a pregnancy test strip in the ASHA kit but now with Nishchay being launched it has strengthened the existing RCH programme" said a personnel from CINI, West Bengal.

Union Health Minister Dr. Anbumani Ramadoss and Union Health Secretary Shri Naresh Dayal meeting Prime Minister of Bhutan H. E. Lyonchen Jigmi Y. Thinley on 15th July at New Delhi

Public-Private partnership

Joining hands to extend reach & serve better

With the steady progress of NRHM and RCH II there has been a steep demand particularly in RCH services at all levels in the country, driving home the realization that the public sector is not geared as yet to cater to all the demands at least in the short term. Moreover the private sector is already catering to 70% of health care but mostly in the urban areas. There is therefore a strong case for Public Private partnership in the form of accreditation of private/ NGO facilities to reach the under privileged, underserved and the poorer sections of the people living in far flung rural areas who need the services the most. This is also one of the mandates and guiding principle of NRHM and RCH II.

Incidentally the MOHFW has already operationalised a viable and working accreditation process for sterilisation services in the country complemented with a matching monetary package. The uptake has been slow due to poor dissemination but of late is picking up in most of the states especially in the EAG states due to sustained persuasion with the states. The present accreditation guidelines being attempted by the ministry for comprehensive RCH services including maternal health, child health and family planning services is therefore a welcome step in the right direction.

Management of Arunachal PHCs by NGOs

To provide clinical and preventive health services in the rural, underserved areas , 4 Primary Health Centres have been given to 4 NGOs. The innovation envisages outsourcing the management and operation of a PHC in each district to voluntary agencies / NGOs / non commercial hospitals. The agencies would engage manpower and procure drugs and consumables for operationalising the PHCs. The list of essential medicines to be stocked with the PHCs would be decided by the NGOs in consultation with the State Government and in line with the list of essential medicines prepared by GOI.

Ante natal check-up at Health Centre

Services include : Ante natal care, post natal care, new born care and services for institutional deliveries, Immunization, Family planning services (provision of terminal and spacing services), Depot holders for ORS/ contraceptives, ARI/ diarrhoeal services, Laboratory services, Health education, outreach services (RCH camps, tubectomy,

immunization camps), Services under NAMP, DOTS, BCC, IEC and training.

The state has proposed for scaling up the intervention to cover 16 PHCs in the 16districts of the state by 2010.

A budget of Rs. 5.81crores was earmarked in 2007-08 (80% funds from GOI, 10% by State Government and 10% by voluntary agencies/NGOs); which included monitoring, evaluation, IEC and project management / coordination costs.

Assam's Mobile Boat Clinics

To ensure complete access to public health care services to vulnerable migrants especially women and children living in riverine areas of Dibrugarh district , the first boat clinic was introduced by an NGO, Centre for North East Studies and Policy Research on a pilot basis in Dibrugarh district of Assam in May 2005. The state govt. supports the operational expenses. The boat clinic project was started with the following objectives : Provide antenatal care to all pregnant women in inaccessible and uncovered areas, improve the quality of ANC, increase awareness among the mothers and communities about the significance of ANC and PNC, strengthen routine immunization , cater to Emergency services.

A Mobile Boat Clinic

The boat clinic includes a team of two doctors (additionally two doctors to be hired during emergency/ relief operations), 2 paramedics, ANM, coordinator and community worker. IEC materials such as banners and hoardings are also available in the boat.

Following the success of the first boat clinic, a second boat clinic has been launched in Tinsukia district. Now there is a plan for scaling up the number of boat clinics in seven districts (Dhubri, Jorhat, Barpeta, Sonitpur, Dhemaji, Goalpara and Kamrup)

Chiranjeevi Yojana, Gujarat

This innovative scheme of Gujarat was covered in detail in the Aug.- Sept. 2005 issue of NRHM newsletter.

The scheme was launched to Increase access of BPL expectant mothers for safe delivery through PPP/ voucher scheme redeemable at certified private sector facilities. Expectant mother from BPL family given entitlement coupon for deliveries. The coupon l covers all delivery costs as part of a package.

Under this scheme, Rs. 180,000/- is being given to a private specialist (Gynaecologist) as a package for conducting 100 deliveries which include

Awareness training for ASHAs

normal, complicated deliveries and C-sections. The condition is that the beneficiary should be a BPL or a certified needy woman and should have registered for her ante-natal care (ANC) with the health system.

The identified providers/ hospitals will provide the care for delivery, transportation cost up to Rs. 200 from the village to the facility and Rs.50 to Dai/ any other accompanying person.

The state initially supported 5 backward districts- Banaskantha, Sabarkantha, Dahod, Panchmahal and Kutch for implementing this scheme on a pilot basis. Now it is being implemented throughout Gujarat with state funding.

Janani's work in Bihar & Jharkhand

Janani is among the largest public-private networks delivering family planning and reproductive health care in India. It operates primarily in Bihar and Jharkhand. Janani broadened the scope of its program to include three linked networks of shops in not only urban but also rural markets, franchised doctors who deliver clinical services and village level providers who distribute products and also refer clients to the doctors. In 1996, Janani began its operations through a partnership with the Government of India (GoI) under the Contraceptive Social Marketing Program (CSMP) that focused only on selling condoms and oral contraceptives through shops. In 1997, existing health care provider in a village and a female counterpart, generally his wife, were trained to sell contraceptives, do basic over-the-counter (OTC) diagnostic tests (e.g. pregnancy dipsticks), provide family planning counseling, and make referrals to the clinical network. These providers were networked as Titli Centers (TCs) and were provided with information, education, and communication (IEC) support.

The integration of clinical services through the Surya Clinic (SC) network of doctors began in 1999. MBBS qualified doctors in district and block level towns were recruited and trained on family planning procedures. TCs were paid a commission to refer clients to the SCs. Through the end of 2005, Janani had provided training for over 90,000 rural providers and 900 doctors. Currently Janani's network consists of 18 Surya Clinics in Bihar and Jharkhand and another 70 franchise doctors with outreach networks of approximately 100 outreach workers for each clinic. It also delivers products through approximately 32,000 urban and rural shops in these two states. In Madhya Pradesh, Janani operates a clinical in the state capital.

A Titli centre of Janani

Under the NRHM, Janani was allotted 19 districts in Bihar for conducting outreach sterilization services (OSS).

Male participation in Family Planning

More men now adopting NSV

Vasectomy as a procedure was the predominant mode of sterilization in the country in the seventies comprising as much as 70% of total sterilization. However due to multiplicity of factors together with the advent of laparoscopic female sterilization a body blow was dealt to the programme from which it could never recover till the recent past. NSV was introduced in the country in 1992 and was implemented as a project between 1997-2002 with aid from UNFPA. Since 2004, NSV has been introduced into the National Family Planning Program with the twin objectives of:

1. Achieving population stabilization in a short period
2. Shifting the responsibility of FP from the females to the males and hence addressing gender equity concerns by bringing men to the forefront in population and reproductive health programmes

Increasing male participation is one of the major components of NPP, 2000. Promotion of NSV as a FP measure is one of the most important component of the RCH programme.

Advantages of NSV	Constraints:
1. It is a simple, safe, short, sound, stitch less and scalpel less permanent method for men to adopt. 2. Can be made easily available even at PHC level as infrastructure requirement for it is bare minimum 3. The minimum qualification requirement of the service provider is only MBBS.	1. Since it is a relatively new surgical technique, skilled providers are not available at the PHC level. 2. Acceptance of this method by the males is still very low and hence case load available for training of doctors in this skill is very limited creating a vicious circle of few providers and fewer acceptors. 3. Awareness and knowledge of this method is still limited both among the acceptors and providers. Attitude of both these groups is still not very positive towards acceptance and promotion of male sterilization.

Programmatic shortcomings:

Lack of trained providers (manpower), Lack of assured service delivery points, Less thrust at the state level, Poor dissemination of the method, Lack of counseling services

Programmatic interventions to address the shortcomings

1. Manpower Development:

Development of manpower for service provision is not uniform in all the states. The well performing states have stepped up their training of service providers in NSV which is not seen in the other states. To address this concern, a three pronged strategy has been developed namely:

I. Surgical faculty training: As NSV is overlooked during under graduate training in Medical Colleges, a new strategy of hands on training of

NSV share in Sterilisation		
S. No.	STATES	2007-08 (%)
1.	SIKKIM	48.2
2.	HIMACHAL PRADESH	17.3
3.	JHARKHAND	16.2
4.	DELHI	13.3
5.	HARYANA	12.1
6.	PUNJAB	11.7
7.	JAMMU & KASHMIR	8.6
8.	WEST BENGAL	6.9
9.	MADHYA PRADESH	6.8
10.	GUJARAT	6.7

Surgical Faculty of the Medical Colleges in NSV has been started this year so as to involve them in training of undergraduates and post graduates, which in turn will help in increasing the pool of trained service providers. About 200 members of the surgical faculties of medical colleges have been trained in 52 courses held at 6 designated training centres in the country during 2007-08.

II. District Trainers Training: It been taken up at Maulana Azad Medical College, Delhi to have a qualitative, uniform training of District Trainers certified to train Medical Officers in NSV in a decentralized and faster manner since Jan'06 and also to attain the goal of having one district trainer per district for all the 632 districts in the country. 12 District trainers' courses have been held till date and 6 states - Punjab, Rajasthan, HP, Uttarkhand, Haryana, Chattisgarh have become self sufficient with a minimum of one District trainer per district.

III. NSV providers training at the district level through funds released from RCH II flexipool.

2. Camp Approach:

With a view to address the issue of scarce service delivery points the GOI had developed and provided guidelines on "Camp approach in NSV through Advocacy and Community Mobilization" along with funds through RCH II flexi pool and this was utilized by the states to promote NSV.

Some of the Northern States like MP, Haryana, Punjab, HP, Jharkhand, Chattisgarh and Rajasthan adopted the approach and showed encouraging uptrend in 05-06 ranging from 5 to 15%. Some of these states like Jharkhand, Haryana and Himachal could maintain that high level of performance even in 2006-07.

3. Revised compensation Scheme

The revised compensation scheme in operation since September 2007 has generated much demand for NSV and the onus is now on the states to gear up their NSV strategy and show substantially improved performances this year onwards in a consistent manner

Performance:

1. Percentage of male sterilization out of the total sterilization in the country had been quite low at 2.5% of total sterilization during 2006-07.
2. However the performance in NSV has substantially improved from 114005 in 2006-07 to 219776 in 2007-08 (an increase of over 92%) which is the highest in the country since the last 30 years
3. The percentage of vasectomy to total sterilization has also improved to a 30 year high to 4.5 % in 2007-08 from 2.5% in 2006-07
4. The performance of NSV has been better in the eight EAG and two other high focus states of J&K and Himachal Pradesh, where the percentage of vasectomy to total sterilization has also improved to an all time high of 7.15 % in 2007-08 from 3.7% in 2006-07

STATES WHOSE PERFORMANCE SUBSTANTIALLY IMPROVED OVER 06-07				
S. No.	STATES	2006-07	2007-08	QUANTUM INCREASE
1.	GUJARAT	1032	20646	20 TIMES
2.	WEST BENGAL	1828	18352	10 TIMES
3.	BIHAR	1134	6238	5½ TIMES
4.	JAMMU & KASHMIR	404	1879	4½ TIMES
5.	MADHYA PRADESH	10,972	30816	3 TIMES
6.	ORISSA	790	2605	3 TIMES
7.	JHARKHAND	6461	17281	2¾ TIMES
8.	DELHI	1320	3467	2½ TIMES
9.	PUNJAB	5615	11048	2 TIMES
10.	HIMACHAL PRADESH	3144	5289	1¾ TIMES

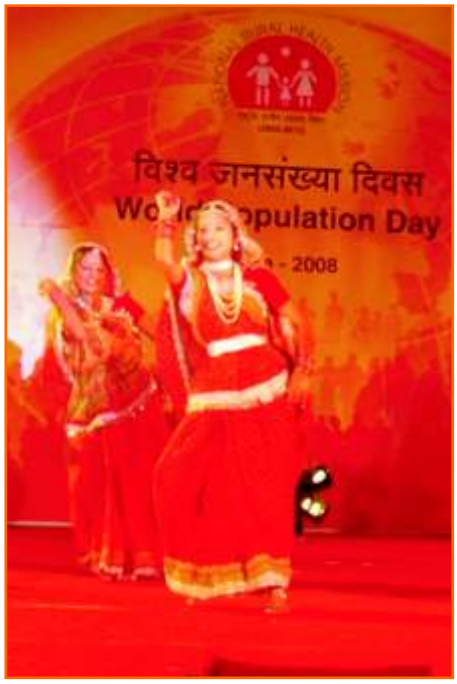
5. The states which have performed creditably this year has been Gujarat, Jharkhand, Madhya Pradesh, Himachal Pradesh, Haryana, Punjab, Delhi, Andhra Pradesh, West Bengal, Maharashtra and Jammu and Kashmir.

The above tables reflect that at least in 18 out of the 29 states in the country, there has been a perceptible shift in focus on male sterilization. Many reasons have been put forth for this. However the main reason identified is the emphasis given by the state government to the programme. The brightest examples are the states of Gujarat and Jharkhand and West Bengal. Moreover the revised compensation scheme has also contributed in no small measure as the acceptors now are being paid compensation for their loss of wages to undergo the surgery. This has empowered them to avail of the services. The providers too are no more a disgruntled lot as they too are being paid a token amount for delivery of services.

With the all-round improvement seen in the programme both in terms of service delivery as well as manpower development it is hoped that NSV will regain its preeminent position in sterilization services in the near future with the men shouldering the responsibility of family planning and rectifying the gender inequity prevalent in the programme hitherto.

World Population Day 2008

Dr. Anbumani Ramadoss, Union Health Minister, addressing the press after main function of World Population Day on July 11, 2008 at Patna (below); school girls at the function troupes performing and a baloon announcing the day (left)



National Safe Motherhood Day observed

To bring attention to the safe motherhood scenario in India, the White Ribbon Alliance of India (WRAI), in collaboration with the Ministry of Health & Family Welfare (MoHFW) organized an event to mark National Safe Motherhood Day, April 11, 2008, in Delhi. The event was attended by more than 200 diverse stakeholders including Ms Aradhana Johri ,Joint Secretary and other high-level officials from the Ministry of Health and Family Welfare, celebrities, representatives from UN agencies, INGOs, NGOs, nurses, and grassroots workers.

The main objective of the event was to launch a Campaign called "Deliver Now for Women and Children" which is a key part of the Global Campaign for the Health Millennium Development Goals (MDGs), and is being coordinated by the Partnership for Maternal and New Born and Child health. The aim of the campaign is to improve equitable access to quality health care by creating an advocacy drive that unites the voices of many partners concerned with maternal and child health. The White Ribbon Alliance for Safe Motherhood, India, an alliance of individuals, organizations and communities, have adopted the theme of Ensuring Entitlements with additional focus on demand for quality of care in health service delivery for the campaign in 2008.

During the event, Ms Shabana Azmi, actor and former Member of Parliament, Guru Shovana Narayan, Padmashree, Kathak Maestro, and Mr Subir Malik, member, Parikrama Rock Band joined the campaign as Ambassador, Champion and Youth Icon for the issue.

Dr Bulbul Sood, Country Director CEDPA India and Co-Chair WRA India spoke about the alliance and its work in India since 1999 and said that White Ribbon Alliance has been receiving guidance from the Government of India since its inception and has taken up numerous activities to promote safe Motherhood.

NRHM has boosted immunization coverage

The teeth, gums, and mouth

Excerpts from the Indian adaptation of *Where There is No Doctor*, recently brought out by the Ministry of Health & Family Welfare, Govt. of India, for the use of field Health workers.

Care of the teeth and gums

Taking good care of teeth and gums is important because :

- Strong, healthy teeth are needed to chew and digest food well.
- Painful cavities (holes in the teeth caused by decay) and sore gums can be prevented by good tooth care.
- Decayed or rotten teeth caused by lack of cleanliness can lead to serious infections that may affect other parts of the body.

To keep the teeth and gums healthy :

1. Avoid sweets. Eating many sweets (sugar cane, candy, pastry, tea or coffee with sugar, soft or fizzy drinks like colas, etc.) rots the teeth quickly.

Do not accustom children to sweets or soft drinks if you want them to have good teeth.

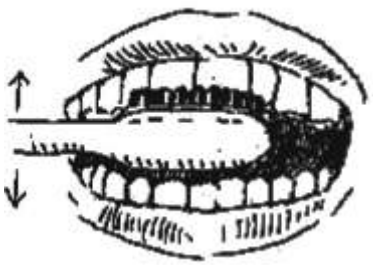
2. Brush teeth well every day - and always brush immediately after eating anything sweet. Start brushing your children's teeth as the teeth appear, Later, teach them to brush their teeth themselves, and watch to see that they do it right.

3. Putting fluoride in the drinking water or directly on teeth helps prevent cavities. Some health programs put fluoride on children's teeth once or twice a year. Be sure your children have this done if they have the chance.

But do not use tooth paste with fluoride. There is enough fluoride in water, in our country. Extra fluoride may make you suffer from a disease called FlUOROSIS for which there is no treatment.

Caution : Fluoride is poisonous if more than a small amount is swallowed. Use with care and keep it out of the reach of children.

"This child has a sweet tooth - but soon he'll have no more" (no more teeth).



Brush the teeth from top to bottom, like this,

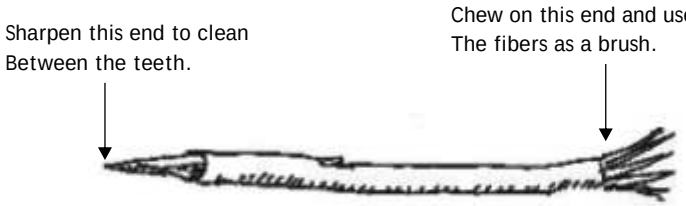
Never from side To side

Brush the front, Back, top, and Bottom of all teeth.

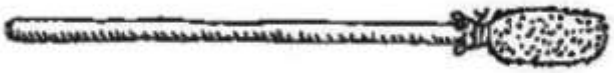
Eat foods like amla, orange, lemon, guava, sprouted gram, tomato. These contain the vitamins which are necessary to keep the gums healthy. Ragi and bajra contain calcium which makes teeth strong. Also include some milk in your diet.

If you do not have a toothbrush :

Use the twig of a Neem tree, like this :



Or tie a piece of rough towel around the end of a stick,
And use it as a toothbrush



If you do not have toothpaste :

Make a tooth powder by mixing salt and bicarbonate of soda in equal amounts. To make it stick, wet the brush before putting it in the powder.

Salt with soda works as well as toothpaste for cleaning teeth, if you do not have bicarbonate of soda, just use plain salt.

If a tooth already has a cavity :

To keep it from hurting as much or forming an abscess, avoid sweet things and brush well after every meal.

If possible, see a dental worker right away. If you go soon enough, he can often clean and fill the tooth so it will last for many years.

When you have a tooth with a cavity, do not wait until it hurts a lot.
Have it filled by a dentist right away.

Toothaches and abscesses

To calm the pain :

- Clean the hole in the tooth wall, removing all food particles. Then rinse the mouth with warm salt water.
- Take a pain reliever like aspirin.
- Chewing cloves may help.
- If the tooth infection is severe (swelling. pus, large tender lymph nodes), use an antibiotic : tablets of ampicillin or penicillin will help

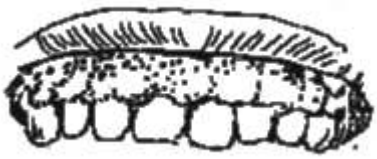
If the pain does not go away or keeps coming back, the tooth should probably be pulled.

A toothache results
When a cavity becomes infected.

An abscess results when the infection reaches the tip of a root and forms a pocket of pus.

Treat abscesses right away - before the infection spreads to other parts of the body.

Pyorrhea, a disease of the gums



Inflamed (red and swollen), painful gums that bleed easily are caused by :

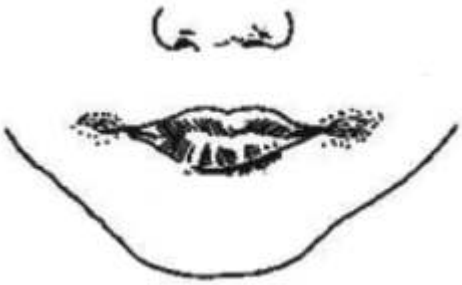
1. Not cleaning the teeth and gums well or often enough.
2. Not eating enough nutritious foods (malnutrition).

Prevention and treatment :

- Brush teeth well after each meal, removing food that sticks between the teeth. Also, if possible, scrape off the dark yellow crust (tartar) that forms where the teeth meet the gums. Then rinse the mouth with warm salt water.
- Eat protective foods rich in vitamins, especially eggs, meat, beans, dark green vegetables, and fruits like oranges, lemons, and tomatoes. Avoid sweet, sticky, and stingy foods that get stuck between the teeth.

Note : Sometimes medicines for fits (epilepsy) cause swelling and unhealthy growth of the gums. If this happens, consult a trained health worker and consider using a different medicine.

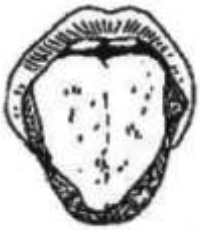
Sores or cracks at the corners of the mouth



Narrow sores at the corners of children's mouths are often a sign of malnutrition.

Children with these sores should eat foods rich in vitamins and proteins : like milk, meat, fish, nuts, eggs, fruits, and green vegetables.

White patches or spots in the mouth



The tongue is coated with white 'fur'. Many illnesses cause a white or yellowish coating on the tongue and roof of the mouth. This is common when there is a fever. Although this coating is not serious, it helps to rinse the mouth with a solution of warm water with salt and bicarbonate of soda several times a day.

Thrush : small white patches on the inside of the mouth and tongue that look like milk curds stuck to raw meat. They are caused by a fungus or yeast infection called moniliasis. Thrush is common in newborn babies and in persons using certain antibiotics, especially tetracycline or ampicillin.

Unless it is very important to keep taking the antibiotic, stop taking it. Paint the inside of the mouth with gentian violet. Chewing garlic or eating yogurt may also help. In severe cases, use nystatin.

Cold sores : small, white, painful spots on or inside the lips and mouth. They often appear when a person has a cold or fever. They last for a few days and go away by themselves.

Rinse the mouth with salt water or put a little hydrogen peroxide or cortico-steroid ointment on the sores. Antibiotics do not help.

Dear Sir,

Academy for Nursing Studies is a voluntary organization involved in public health research, publication and training. The Government of Andhra Pradesh has entrusted the activity of training 70,700 ASHAs (State Nodal Agency) through out the State in 23 districts to our organization. We are regularly reading your newsletter by borrowing from office of Commission of Family Welfare, A.P. We request you to kindly register our Institute's name in the mailing list.

Shri G. Shouri Choudary,
State Coordinator,
Academy for Nursing Studies,
Flat No. 215, Marthasville Apartments,
Rajbhavan Road, Somajiguda,
Hyderabad, A.P.

Dear Sir,

I was in Gujarat Health Scheme and NRHM Newsletter was very informative and educative. After my retirement, I am staying at V.V. Nagar, Anand. I am still attached with health oriented activities and I request you to send the NRHM Newsletter on regular basis. Kindly put my name in the mailing list.

Dr. V.K. Arya,
Flat No. 305,
Shri Ramvatika Apartments,
Vallabh Vidyanagar,
District Anand.

Dear Sir,

I would like to receive NRHM Newsletter which I found very interesting Near my place nobody is getting it. Kindly put my name in your mailing list.

Shri R. Thomas Thanapaul,
H26, Old ASTC HUDCO, Phase XII,
TNHB, Hosur
Tamil Nadu

Dear Sir,

I have read your NRHM News letter. It is very resourceful to all the medical staff.
Kindly keep me on your mailing list and also request you to send the previous issues.

Dr. (Mrs.) Asha Shapeti,
Deputy Director,
State Institute of Health and Family Welfare,
Magdi Road,
Bangalore-560 023.

Dear Sir,

I have gone through your NRHM Newsletter. It is very good. I request you to send this to us regularly. I also request you for your other periodical to send us as they will be very useful to my colleagues and students.

Dr. G.L. Saini,
Senior Demonstrator,
Department of Community Medicine,
Dr. S.N. Medical College,
Jodhpur, Rajasthan

Dear Sir

Kindly include my name in the mailing list of your publication NRHM newsletter. This will be very useful for our undergraduate & postgraduate students. Please send it regularly so as to update our knowledge.

Dr R K SONI
Professor
Deptt of Community Medicine
Dayanand Medical College (Old Campus),
Ludhiana Punjab 141001

Dear Sir

I am working as a Librarian PES Institute of Medical Sciences & Research, Kuppam in Chittoor Dist of Andhra Pradesh. I congratulate all your team for introducing a useful newsletter. I read your NRHM Newsletter. It is very useful to all the Medical staff. This is useful for all Paramedical workers and social workers working in our medical college. I request you to kindly send the Newsletter every month regularly to our college Central Library. We will keep it in Journals Section to keep the staff updated with the developments in the country.

Mr. Ramesh,,
Librarian,
PES Institute of Medical Sciences & Research,
Kuppam, Chittoor Distt., - 517 425
Andhra Pradesh

Dear Sir,

Let me first congratulate your team on coming out with a quality publication - The NRHM Newsletter. It is an excellent publication which is useful for all levels of Health functionaries. I have received the copies of this bulletin recently and had it distributed among all the faculty members and the residents and the feedback was very positive.
Keep up the good work.

Dr. G.K. Ingle,
Director, Professor & Head
Department of Community Medicine
Maulana Azad Medical College
New Delhi 110002
Tel (O): 011-23230844 Mobile: 09899444340

Dear Sir,

I would like to request for the hard/soft copy of NRHM newsletter on a regular basis if possible. I am working as professor & head Department of Community Medicine.

Dr Surekha Kishore
Professor & Head Department of Community Medicine
Himalayan Institute of Medical Sciences
Dehradun

Dear Sir,

I am at present working as Medical officer on the NRHM in Kerala State. May I, request you to be kind enough to send all awareness materials NRHM including the NRHM News letter to me in the following address.

Dr. R. Rajappan Pillai
Manikandabipasam
Post - Parippally
Dist. Kollom
Kerala, Pin - 691574

Dear Sir,

I whould like subscribe NRHM Journal & NRHM News letter to update the knowledge of our Students. As we are running RANM nursing Course at our "Bhakti Institute of Nursing" Pandharpur Dist - Solapur. If there are subscription charges inform us.

So please help us in this Direction.

Principal Bhakti Institue of Nursing
Mahadwar Road
Pandharpur
Dist - Solapur - 413304

Dear Sir,

I read your news letter recently. the NRHM news letter is very resourceful & useful for us.

My department provide education to medical students on current national health issues. If we get the NRHM, news letter regularly, the staff & students of my department will be highly benefitted. So please send the NRHM, news letter regularly & obliged.

Dr. P.K. Jain
Rural Institute of medical science & Research
Saifai, Etawah U.P. (206301)

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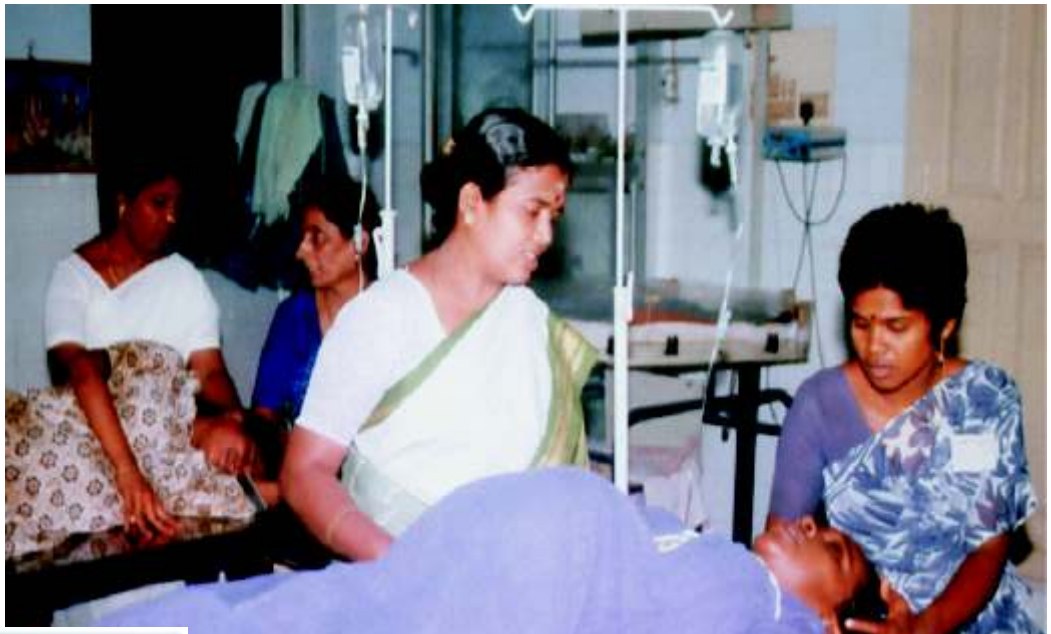
Make Mother & Baby Safe

Path to *Safe delivery*

- Register Pregnancy in a Hospital/Health Centre
- At least 3 check-ups must during pregnancy
- Take TT Immunization, Iron & Folic Acid tablets
- Opt for delivery only at hospital or by a Skilled Birth Attendant
- 2 check-ups after delivery Check-up within 48 hours Of delivery will ensure Survival of baby too



Impact of sustained campaigns

Antenatal care services expanded

Hospital deliveries increased

More Safe deliveries by doctors, staff nurses/ ANM

Marked rise in Immunization programme for mother and children

Immunization facilities available at all Anganwadi Centres, Health Sub Centres, Primary Health Centres, Community Health Centres, District Hospitals and major hospitals.

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

Nearly 123 lakh families already benefited from hospital delivery under Janani Suraksha Yojana