



NRHM

NEWSLETTER

Vol.6 No. 2 August-September 2010

**Towards a Healthier
Nation**



Population issues discussed in Lok Sabha

Progress under **NRHM**



ASHAs

- 7,94,768 ASHA/Link workers Selected.
- 6,10,913 ASHA given orientation training up to 4th Module and 5.53 lakh ASHA have been positioned with kits.

Institutional Delivery

- Janani Suraksha Yojana (JSY) is operationalised in all the States 7.04 lakh women are

benefited in the year 2005-06, 29.31 lakh in 2006-07, 71.19 lakh in 2007-08, 85.42 lakh in 2008-09 and 92.29 in the year 2009-10.

Monthly H&N Days in Anganwadi

- Over 197 lakh Monthly Health and Nutrition Days have been organized at the Anganwadi Centres in various states during 2009-10.

Neo Natal Care

- Integrated Management of Neonatal and Childhood illnesses (IMNCI) started in 312 districts.
- With the help of Neonatology Forum over 3,09,818 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

- 4,94,085 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 29,495 Rogi Kalyan Samitis set up in various health centres and hospitals.

Infrastructure

- 1.46 lakhs Sub centres in the country are provided with untied funds of Rs. 10,000 each. 4,54,194 Sub centres & VHSC have operational joint accounts of ANMs and Pradhans for utilization of annual untied funds. 41,684 Sub centres are functional with second ANM.
- Out of 4276 Community Health Centres, 3075 CHCs have been selected for upgradation to IPHS and facility survey has been completed in 2880 CHCs (includes other also).
- 29,495 Rogi Kalyan Samitis have been registered at different level of facilities.
- 16,675 Sub centres for new construction and 9775 for renovation taken up under NRHM.
- 1473 Primary Health Centres taken up for new construction and 7091 for renovation under NRHM.
- 934 works at Community Health Centres for construction and 2276 works for renovation taken up under NRHM.

Manpower

- 11,205 Doctors and Specialist, 48,248 ANMs, 26,197 Staff Nurses, 17,471 Paramedics have been appointed on contract by States to fill in critical gaps.

Cover picture : Badminton ace, Sania Nehwal with other children at the 'World Population day 2010' programme at Rajpath, New Delhi. The programme was organised by Jansankhya Sthirata Kosh, Ministry of Health & Family Welfare. Another view of participants on page -3.

Management Support

- 1,696 professionals (CA/MBA/MCA) have been appointed in the State, 634 District level Programme Management Units (PMU) and 3,922 blocks to support NRHM.

Mobile Medical Units

- 1031 Mobile Medical Units operational under NRHM in States.
- Emergency Transport System operational in 12 States with the assistance of 2919 Ambulances
- Another 1674 Ambulances provided to States for working at PHC, CHC, Sub District and District Hospital.

Health Action Plans

- 35 State PIPs received in 2010-11.
- The first cut of Integrated District Health Action Plans (DHAP) has been finalized for 626 districts.

Mainstreaming of AYUSH

- Mainstreaming of AYUSH taken up in the States. AYUSH practitioners co-located in 11,904 facilities PHCs. AYUSH part of State Health 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

- 318 Mother NGOs appointed for 420 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. 6731.16 crore for the Ministry, an amount of Rs. 5862.57 crore was released as part of NRHM.
- Against Rs. 9065 crore for NRHM activities during 2006-07, Rs. 7361.08 crore released.
- During the FY 2007-08, out of total allocation of Rs. 11,010 crore for the Ministry, an amount of Rs. 10,189.03 crore was released as part of NRHM.
- During the FY 2008-09, out of total allocation of Rs. 12,050 crore for the Ministry, an amount of Rs. 11,229.47 crore was released as part of NRHM.
- During the FY 2009-10, out of total allocation of Rs. 14,050 crore for the Ministry, an amount of Rs. 11,613.39 crore was released as part of NRHM.



"We will have to make people in villages understand that they should not get their daughters married before the age of 18 years. Secondly, there should be a gap of three-four years between the birth of first and second child."

Population issues discussed in Lok Sabha

A motion regarding consideration of issues of population stabilization in the country was moved and discussed in the Lok Sabha on August 4, 2010. The Minister for Health & Family Welfare, **Shri Ghulam Nabi Azad**, moving the motion for consideration, said; This House is discussing the issue of Population Stabilisation for the second time exactly after thirty-three and half years. Every year the World Population Day is celebrated on 11th July and discussion is held as to how population can be stabilized in the entire world. If we want to stabilize population by delivering speeches in air conditioned rooms, it will never happen. For it, we will have to come out on the roads. Discussions should be held in Parliament, Legislative Assemblies, Zila Parishads and Corporations. We will have to take it as a movement rising above the party politics. You will be surprised to know that out of the total land of the world, India has merely 2.4 per cent

whereas it houses 17 per cent of the world's population.

The area of land has been decreasing every year and the population of the country has been increasing. Our population increases 1.8 crore every year. The National Population Policy was formulated in the year 2000. The mid-term objective of this policy was to bring down the Total Fertility Rate to 2.1 by the year 2010. Had this objective been achieved by the year 2000, the population of our country would have stabilized by the year 2045 but this did not happen.

However, there are 14 states who have achieved this TFR in the year 2010, they are, Tamil Nadu, Kerala, Andhra Pradesh, Karnataka, Goa, Maharashtra, Punjab, West Bengal, Himachal Pradesh, Delhi, Sikkim, Chandigarh, Pondicherry and Andaman



School children releasing balloons at Rajpath on the occasion of World Population Day

Nicobar Islands. There are three-four states in our country which have achieved TFR between 2.8 and 3.0, they are Manipur, Mizoram, Arunachal Pradesh and Jammu and Kashmir, but this is not going to serve our purpose. Central India is the biggest cause of concern for the country in terms of population. This includes Uttar Pradesh, Bihar, Madhya Pradesh, Chhattisgarh, Jharkhand and Rajasthan. The Total Fertility Rate in these states is the highest. If we look at the total fertility average in these states, the practice of having 5-6 children in a family is still in vogue and this is the biggest cause of concern for all of us.

As per the report of the Registrar General of India, the population of our country would increase by 37 crore between 2001 to 2026 and what is more striking is that the above seven states would account for 50 per cent of the said population. One main reason of increase in the population is early marriage and child marriage. In the villages of Bihar, more than 70 per cent girls get married before they attain the age of 18. Similarly, in Uttar Pradesh, more than 59 per cent girls get married before they attain the age of 18 years. This causes harm to child and mother as well and the infant and maternal mortality rate is highest among them.

So long as we do not tackle this child marriage problem, we will neither be able to check the mortality rate nor can we reduce the population. So this is the burning issue before the country in which we seek the cooperation of all the Hon'ble Members of Parliament. We will have to make people understand in villages that they should not get their daughters married before the age of 18 years. We should propagate this thing and ensure that no girl in villages gets married before the age of 18 years. Secondly, there should be a gap of three-four years between the birth of first and second child.

This would benefit not only the mother but also the child as well and would in turn be helpful in reducing the population. Thirdly, the girls who are illiterate should be made to study upto 12th standard because by that time, they would attain the age of 18 years. In Bihar, there are only 15 per cent girls who are secondary pass and in U.P. only 30 per cent girls are secondary pass.

As regarding family planning, we have decided that we will take 100 districts this year and would ensure that the means of family planning reach the block level, at primary health centres and sub-centres and the message is conveyed to every house in villages by the ASHAs. Only two persons can bring drastic change in the society and they are the one who contests elections and the other is the media persons. I, therefore, request both of them that they should create awareness among people about family planning in our country.

SHRIMATI SUMITRA MAHAJAN, Member of



Parliament said that after a long time, a good topic has come up for discussion. We have been pondering over this issue since 1951 in our own ways. In the year 2000, we formulated a population policy and implemented it. The population is to be stabilized by the year 2045 and there is a question in our mind whether it will be possible or not.

The Health Minister has said that contraceptives should reach every village. But I think development is the best contraceptive. In some states, girls below 18 years of age are married off. There should be a fixed age of marriage. There is a law in this regard and there is a need to ensure its implementation.

"Incentives should be given to the people who don't have a male child. Family Planning services should be strengthened."

"An action plan should be formulated for giving incentive for family planning. There is a need to stringently implement laws relating to child marriage and female foeticide."

The population of children below the age of 15 years is going to decline by the year 2016. It is going to come down to 28 per cent from 35 per cent but the population ranging from 15 years to 59 years which constitutes 58 per cent at present is going to become 64 per cent. We will not be able to achieve anything till we ensure participation and do not launch awareness programmes.

The Ministries of Family Welfare, Social Justice and Human Resource Development should constitute a group of Ministers to address this problem. Our young population can become our huge asset and a dangerous liability as well. If our schemes do not reach the poor people then our population can become a bane to us.

SHRI NAVEEN JINDAL, Member of Parliament, said that population growth is a serious and burning issue. Rising population directly puts pressure on our limited resources which results in price increase. Population stabilization is the need of hour.



Race for natural resources will intensify due to population growth. Rising population adversely affect availability of per capita land, food grains, drinking water and other essential commodities. It will put pressure on health and educational facilities, employment and housing. Poor people will become poorer.

Population growth will lead to mushrooming of slums in urban areas and it will also adversely affect climate change. The main reasons for population growth are fertility rate, preference for male child, infant mortality rate, child marriage, lack of family planning services etc. Therefore, incentives should be given to

the people who don't have a male child. Family planning services should be strengthened. Primary health care should be improved so that infant and maternal mortality rate is reduced and population growth is controlled. In this regard, one of the most important task is to build political consensus and develop political will power. If we rise above the party politics, I think we can achieve this target and bring progress and happiness to our countrymen.

SHRI SHAILENDRA KUMAR Member of Parliament,



congratulated Shri Azad for bringing a motion on population stabilization. He said, a number of problems can be solved if we are able to strike a balance between education needs, population and awareness. Common people, particularly people living below poverty line can reap the benefit of development. The Hon'ble Minister of Health was referring that we celebrate World Population Day every year. In this regard, I would like to put forth some suggestions. This programme should be continued for one fortnight or one month. The Ministry of Health and Family Welfare used to organize health fairs in all parliamentary constituencies but now this practice has been discontinued. These fairs should be restarted.

An action plan should be formulated for giving incentive for family planning. There is a need to stringently implement laws relating to child marriage and female foeticide. Representatives of people need to be extremely vigilant for preventing child marriage. There is also a need to pay special attention towards child mortality and malnutrition among children and women. There is a need to enact a law in regard to spacing between the birth of children because this is

the main cause of increase in population. There is a need to put a ban on techniques used for sex determination.



SHRI GORAKHNATH PANDEY, Member of Parliament, said that Increasing population is the biggest stumbling block in the path of nation's development. When we talk about development, it grows in an arithmetic fashion while population increases in a geometric fashion. There are several reasons for increase in population, the chief among which is lack of education. We need to pay attention towards it.

Compulsory education is the need of the hour. One of the reasons for increasing population is more time spent by the poor farmers and workers of the villages with their family members due to lack of entertainment facilities. There is a need to stop child marriage.

SHRI SUSHIL KUMAR SINGH, Member of Parliament said that population growth is directly related to poverty which leads to lack of education and lack of awareness. All these things are inter related. Due to poverty and lack of education, the poor tend to think that if they produce more children, it will stand them in good stead during their old age. Since my early days I have been hearing that a small family is a happy family and also regarding various family welfare programmes and slogans. However, so far these programmes and slogans have not been able to produce good results.



Our country has made a lot of progress during last decades but this growth has not been distributed in a equitable manner. One of the reasons for increasing population is the lack of balance in growth. Surely, we need to provide incentive for checking population growth but we also need to take preventive measures like China has done. Extremely flexible and soft attitude is not going to help. This problem is assuming serious proportions. We formulate several schemes but all of them come to a naught due to population explosion and will be so in future.



SHRI ABDUL RAHMAN Member of Parliament, said, while the population growth worldwide is alarming, the growth rate and available resources in Asian countries pose a tremendous problem primarily on the food and health fronts.

While the global population has increased three-fold during the last century, the population of India has increased five times. Presently, more than 50 percent of the population in India is in the reproductive age. We are facing a challenge in respect of population in Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan. These few states are covering almost 50 percent of the whole Indian population. It very clearly comes out that low literacy rates and higher levels of poverty are responsible for this. It means that the Government should take adequate steps to increase the literacy level in all the states. A positive and educational approach only shall have the desired results. The Government should take adequate steps to conduct awareness programmes. I would like to conclude that the stabilization of the population can be controlled only by two ways. One by increasing the literacy rate and other by decreasing or wiping out the higher levels of poverty.

"Extremely flexible and soft attitude is not going to help. This problem is assuming serious proportions. We formulate several schemes but all of them come to a naught due to population explosion and will be so in future."

Towards a Healthier Nation

Health is one of the most critical aspects behind the holistic growth & development of any nation. Keeping this prime objective in mind, the (UPA II) Government has taken certain landmark initiatives in the first year of its tenure to improve and augment the overall healthcare scenario of the nation.

Medical Education

The Government is committed to providing holistic medical care to its citizens and making primary health care accessible to people across the country. The last one year has seen major advances in expansion of medical and nursing education. These include:

- To increase the number of doctors across the country and for opening more medical colleges, norms relating to requirement and land and infrastructure have been rationalised in order to attract more entrepreneurs, particularly in under-served and difficult areas.
- The norm of 25 acres of land for setting up a medical college has been relaxed to 20 acres throughout the country. Further relaxation has been granted to hilly areas, notified tribal areas, North Eastern States and some Union Territories where 20 acres of land can be in two pieces within a distance of 10 kms keeping in mind the terrain and non-availability of land in these areas. In major cities, the norm has been further relaxed to 10 acres.
- Infrastructure requirements for setting up new medical colleges have been rationalized and requirement of bed strength and patient occupancy has been relaxed.
- Companies registered in India have been permitted, for the first time, to set up medical colleges.
- To increase availability of doctors, ceiling for MBBS admissions has been raised in Government colleges from 150 to 250 depending on bed strength.
- To encourage Government medical officers and fresh MBBS graduates to serve in remote, difficult and inaccessible areas of the country, two major



steps have been taken: (a) 50% of seats in postgraduate diploma courses reserved for Government medical officers who have served in these areas for 3 consecutive years. (b) For fresh MBBS graduates wishing to be selected through the national entrance examinations for post-graduate courses, a weightage of 10% is given for each year of rural service, whether appointed on permanent, adhoc or contractual basis, subject to a ceiling of 30%.



- To overcome the acute shortage of faculty in medical colleges and specialists and super specialists in hospitals, Teacher-Student ratio has been relaxed from 1 : 1 to 1: 2. As a result of this, 4000 additional Post Graduate seats have been created this year alone in Government Medical Colleges.
- To overcome shortage of faculty in medical Colleges at different levels, i.e., Assistant Professor, Associate Professor and Professor level, the requirement of number of years of service stipulated in the Medical Council of India (MCI) regulations in each of the three grades has been reduced by one year, i.e., from 4 years to 3 years.
- Opening of 132 ANM schools at an estimated cost or Rs. 5.00 crores per school.

Establishment of 137 GNM Schools at an estimated cost of Rs. 10.00 crores per school. Care will be taken to open these schools in those districts, where there are no such schools at

present, there by ensuring that all the districts of the country will have at least one Nursing School in the next two years.

- 14 State Nursing Councils are being strengthened at estimated cost of Rs. 1.00 crore per council.
- In another 14 cases, Nursing Cells in Directorate of Health Services in the states are being strengthened at an estimated cost of Rs. 1.00 crore per State.
- 6 more Nursing Colleges are being opened in AIIMS like institutions at an estimated cost of Rs 20.00 Crore per college
- Setting up of one national institute and 8 regional institutes of paramedical sciences across the country is under approval for an estimated cost of Rs. 1000 crore.
- To encourage entrepreneurs establish more AYUSH institutions the requirement of land, infrastructure and faculty for the establishment of AYUSH colleges and hospitals have been further

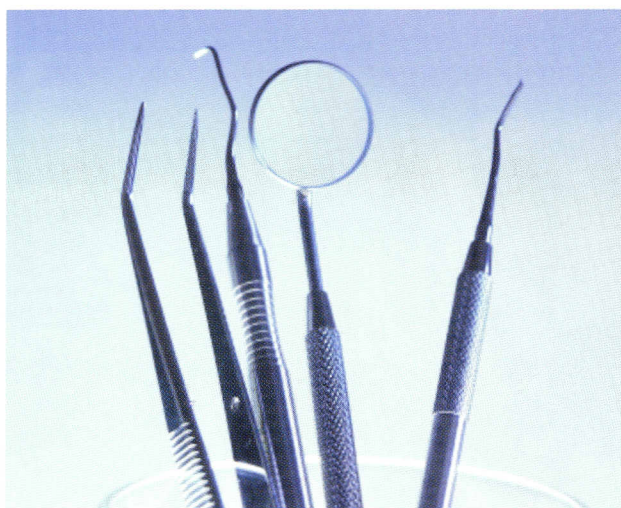
To encourage medical professionals to serve in rural areas, the Government has initiated major steps like reserving 50% seats in post graduate diploma courses for those who have served in rural areas for three consecutive years.

The Dental Council of India has commissioned a nation wide survey on dental health, manpower and pattern of diseases which is expected to serve as an important tool for policy formulation in the field of dental health.

Dental Education

Some of the major initiatives taken in the area of Dental Education in the last one year are as follows:

- In order to regulate minimum standards in dental



practice, Screening Test has been made compulsory for Indian students acquiring foreign dental degree before practicing in India. Necessary Regulations have been framed and are in force.

- Permission has been given for opening of ten new dental colleges in the country.
- Regulations to prevent ragging in dental colleges have been notified by DCI with the approval of Central Government.
- Dental Council of India has commissioned a national-wide survey on dental health, manpower and pattern of diseases which is in progress. This survey is expected to serve as an important tool for policy formulation in the field of dental health.

National Council for Human Resources in Health

The Ministry has proposed to set up a National Council for Human Resources in Health (NCHRH) as a regulatory body for health sector to reform the current framework and enhance supply of skilled personnel. A Task force set up to work out the modalities of setting up of the regulatory body has submitted their report on 31st July, 2009 which has been circulated to all states/ UTs for comments. Till date comments/ suggestions have been received from 13 states.



Pradhan Mantri Swasthya Suraksha Yojana

Pradhan Mantri Swasthya Suraksha Yojna was launched to make health care accessible to every Indian across the country. Its objective is to correct the imbalances in availability of affordable/ reliable tertiary level healthcare in the country in general and to augment facilities for quality medical education in the under-served states. The major steps taken during the past one year are:

- For setting up of AIIMS like institutions, environmental clearance was obtained for hospitals and medical colleges to be set up at Bhubaneswar, Patna, Jodhpur, Rishikesh, Raipur and Bhopal sites in 2009. Hostel construction in all the places is at advance stage of completion.
- Works for Medical College Complex for all six sites have been awarded. The work is to be completed within a span of two years.
- For completion of construction of college and hospital before the prescribed time, an incentive up to Rs. 12.5 Crore shall be payable to the contractor. However, for delay beyond the prescribed time of up to 6 months, penalty up to

Rs. 25 Crore shall be levied and for delay beyond six months, the contractor shall be liable to be blacklisted for a specified period.



To make health care accessible across the country, six AIIMS like institutions are being set up at Bhubaneswar, Patna, Jodhpur, Rishikesh, Raipur and Bhopal.

To strengthen, public health measures, the Department of Health Research identified 53 technologies for introduction in National Public Health Programmes.

Medical Health Research

Medical Research plays a key role in accelerating improvements in health systems and developing new initiatives in the health sector. For any country which is keen to make strides in health care, it is important to cultivate demand for relevant knowledge in various health streams, pool in research findings from various sources and use it to strengthen effectiveness of existing health systems. Such steps would go a long way in improving knowledge and awareness about best health practices among care givers and reduce inequality in delivery of health care services in the country.



- For the first time, Influenza A Vaccine is being developed in the country.
- Seed Virus was obtained from WHO to take up indigenous manufacturing. Three indigenous manufacturers are being supported by the Ministry of Health and Family Welfare to manufacture pandemic H1N1 vaccine by providing Rs 10.00 crores to each as a part of advance purchase agreement.
- For 2 patent items, (a) reagent for testing H1N1 influenza virus and (b) strip used in Glucometer for testing diabetes, the Department of Health Research is working on developing indigenous techniques.
- To strengthen public health measures, the Department of Health Research identified 53 technologies (Diagnostic, Management, Prevention and Public Health System) for evaluation for introducing them in the National Public Health Programmes.
- Diabetes prevalence and management survey approved in 8 states of North East and is being launched from June 2010.
- A Centre for Research in Indian Systems of Medicine (CRISM) has been set up at the University of Mississippi (USA) to facilitate scientific validation and dissemination of information on Ayurveda, Siddha and Unani Medicine through collaborative research and advocacy.

AIDS Control

The National Aids Control Organisation (NACO) established in the year 1992 has taken effective measures to ensure that people living with HIV have equal access to quality services in the country. To achieve this objective, the organization works in close collaboration with NGOs, Women's Self Help Groups, Faith Based Organisations, Positive Peoples Networks and Communities.

NACO endeavors to provide people with accurate, complete and consistent information about HIV, promote use of condoms for protection and emphasizes treatment of sexually transmitted diseases

- During the year 2009-10, under the National AIDS Control Programme, an additional 4 district level blood banks and 28 blood component separation units have been established and 60,000 blood donation camps organised. The free Anti Retroviral Treatment (ART) programme scaled up to 269 centres, and 315,640 patients were receiving free ART as of March, 2010. Second line ART initiated in Centres of Excellence and more than 1100 patients enrolled.
- State of art Blood Banks are being set up in the 4 metropolitan cities of New Delhi, Kolkata, Mumbai and Chennai at an estimated cost of Rs. 468 Crore.
- A state-of art Plasma Fractionation centre is being set up in Chennai at a cost of Rs. 250 Crore to produce blood components that are currently being imported



- To create awareness regarding AIDS, a second phase of the specifically designed exhibition train called Red Ribbon Express was launched on 1st December, 2009 to cover 152 stations in 22 states during its year long journey. In the first five months, the train reached out to 22 lakh people in 7 states. About 37,000 resource persons were trained while 26,000 were counseled and 17,000 tested for HIV.

The second phase of the Red Ribbon Express during the first five months of its run reached out to 22 lakh people in 7 states. About 37,000 resource persons were trained, 26,000 counseled and 17,000 tested for HIV.

Ministry of Health & Family Welfare has initiated proactive surveillance in collaboration with various health departments and is advocating inter sectoral convergence.

Controlling Dengue, Chikungunya, H1N1 Pandemic

The Government has initiated a number of steps to check the spread of Dengue, Chikungunya and Swine flu pandemic in the country. A comprehensive media plan has been put in place and a series of awareness campaigns have been launched across the country especially in endemic states like Delhi to prevent the spread of the disease.

The Ministry of Health & Family Welfare has initiated proactive surveillance in collaboration with various health departments and is advocating inter sectoral convergence among various agencies including the private sector for implementing appropriate preventive and control interventions. The government has also constituted 24 hour monitoring cells to check the spread of these diseases

Controlling the H1N1 pandemic:

- As an interim measure, Government has imported 1.5 million doses of pandemic H1N1 vaccine to vaccinate high risk group (health care workers) Vaccine has been deployed to all states/UT Administrations and vaccinations are under progress.
- Over 10 million passengers were screened at entry points at 22 international airports, 9 seaports and 6 ground crossings. About 600 laboratory confirmed cases were detected through screening
- Facility for laboratory testing of clinical samples for H1N1 and other Influenza increased from 2 to 45 (26 in

Government sector and 19 in private sector)

- 40 million capsules of Oseltamivir (anti viral drug) and four lakh bottles of pediatric syrup have been procured out of which 25 million capsules and 3 lakh bottles have been given to the States/UTs to manage the pandemic.
- A dedicated website has been launched to provide information on the disease

Revival of Vaccine Institutes

Revival of vaccine manufacturing units in public sector: Suspension of licences of the three public sector vaccine manufacturing units viz, Central Research Institute (CRI), Kasauli, Pasteur Institute of India, Coonoor and BCG Vaccine Laboratory, Guindy was revoked on 26.02.2010 enabling them to resume production in the larger public interest of vaccine security in the country. CRI, Kasauli has already started production of Diphtheria, Pertusis and Tetanus Toxide (DPT) vaccine from April 2010.

STOP MOSQUITO BREEDING IN AND AROUND YOUR HOME

Mosquitoes which spread Dengue and Chikungunya breed in clean water and bite during day time

- Make sure that all water tanks and water storage containers are covered
- Empty & dry/scrub coolers, drums, plant pots, bird bath, flower vases etc. every week
- Don't allow water to accumulate in old tyres, disposable cups, glasses, coconut shells and other containers

Adopt personal protection methods like full-sleeved clothing, mosquito repellents and mosquito nets to prevent mosquito bites

In case of high fever with headache, pain behind the eyes, joint & muscular pain, skin rash and fatigue, go to your nearest hospital/health centre

Let us work together to Prevent Dengue & Chikungunya

Issued in public interest by IEC Division for National Vector Borne Disease Control Programme, Directorate General of Health Services
Ministry of Health & Family Welfare, Government of India
www.nvbdcp.gov.in

Non-communicable Disease Control & Prevention

As per the changing health scenario worldwide, the most notable has been the rising burden of non communicable diseases especially in developing countries. The Ministry has implemented a number of initiatives to address these issues during the last one year.

- To increase the availability of trained personnel required for mental health care, 7 regional institutes have been funded against the 11 to be undertaken during 11th Plan for production of clinical psychologists, psychiatrists, psychiatric nursing and psychiatric social workers. Further, support has been provided to 9 institutes for 19 PG departments during the year 2009-10 for manpower development.

Under the Programme, an amount of Rs. 473 crore has been approved for manpower development and another Rs. 150 crore is under approval for the revised district mental health programme in the states.

- Under National Programme for Control of Blindness, number of cataract operation performed have registered a significant increase



from about 22 lakh operations in 2007-08 to 59 lakh cataract operations in 2009-10.

- National Policies for geriatric care, cardio vascular & diabetes and cancer finalised for a total outlay of about Rs. 1519 crore. Further, under the Mental Health Programme an amount of Rs. 473 crore has been approved for manpower development and another Rs. 150 crore is under approval for the revised district mental health programme in the states.

Under the National Programme for Control of Blindness, number of cataract operations performed have registered a significant increase from about 22 lakh operations in 2007-08 to 59 lakh cataract operations in 2009-10.

To strengthen and augment human resources during the year 2009-10, about 2475 MBBS doctors, 160 specialists, 7136 ANMs, 2847 staff nurses, 2368 AYUSH doctors and 2184 AYUSH paramedics were appointed.

National Rural Health Mission



The National Rural Health Mission was launched in the year 2005. In keeping with the principles of primary health care, the NRHM seeks to address the structural issues rooted in the health system and promote policies that strengthen public health management and service delivery in the country.

Given the diversity of needs of over 1 million hamlets and villages in rural areas it took a while to ensure the outreach of the programme to every corner. The journey of NRHM in the last 1 year has been an eventful one. A few landmarks established in the NRHM program are-

- Large number of medical and paramedical staff has been taken on contract to augment the human resources. During the year 2009-10, about 2475 MBBS doctors, 160 specialists, 7136 ANMs, 2847 staff nurses, 2368 AYUSH doctors and 2184 AYUSH paramedics were appointed.

- Mobile Medical Units increased to 363 districts in 2009-10 from 310 in 2008-09 to provide diagnostic and outpatient care closer to hamlets and villages in remote areas.
- About 50,000 Village Health and Sanitation Committees (VHSCs) set up.
- 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 Non Scalpel Vasectomy (NSV) for MOs, Professional Development Programme for CMOs are on full swing.
- 318 Mother NGOs appointed for 420 districts till date are fully involved in ASHA training and other activities.
- Over 197 lakh Monthly Health and Nutrition Days have been organized at the Anganwadi Centres in various states during 2009-10.



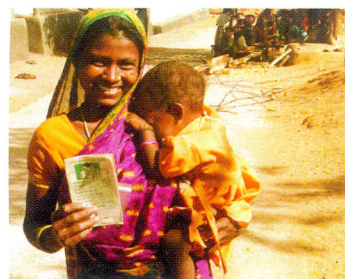
Reproductive and Child Health

Promotion of Maternal and Child Health has been one of the most important objectives of Health and Family Welfare programmes in India. A number of new programmes have been launched during this period in order to ensure that all pregnant women receive their Ante Natal Care (ANCs) and Post-Natal Care (PNCs) and children receive their full immunization.

- Under Navjaat Shishu Suraksha Karyakram (NSSK- New born care programme) launched on 15th of September 2009, district level trainers have been developed for all the erstwhile EAG States and Jammu & Kashmir, while State level trainers have been developed in Non EAG States.
- Under Janani Suraksha Yojana (JSY), a safe motherhood intervention for promoting institutional delivery, the number of beneficiaries increased from 7.39 lakh in 2005-06 to about 92.29 Lakh in 2009-10.
- For the first time, Bivalent Polio Vaccine for 2 wild polio virus (P1 and P3) has been introduced in the immunisation programme in January 2010.
- To obtain accurate data from across the country, a system for name based tracking of pregnant women and children for Ante-Natal Care and immunisation is being put in place. The tracking system will also capture the contact numbers of the beneficiaries and the health providers. This will help national monitoring of the health status of each pregnant women and infants / children across the country. A help desk/call-centre is also being established to randomly cross-check the health services delivered to these mothers and children.



- For the first time, an Annual Health Survey has been launched to provide data on key health indicators like the Total Fertility Rate (TFR), Crude Birth and Death Rates, Infant Mortality Rate (IMR), etc, at the district level and Maternal Mortality Rate (MMR) at the regional level. The survey is being conducted in collaboration with the Registrar General of India and has been launched in the 284 districts of 9 States, namely, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttarakhand, Orissa, Rajasthan and Assam. A proposal for estimation of anaemia, malnutrition, hypertension, diabetes, testing of iodine in salt used by households has also been approved.



Under Janani Suraksha Yojana (JSY), a safe motherhood intervention for promoting institutional delivery, the number of beneficiaries increased from 7.39 lakh in 2005-06 to about 92.29 lakh in 2009-10

The Drugs and Cosmetics Act has been amended where maximum penalty under the act has been raised to life imprisonment and fine of Rs 10 lakh. Specially designated courts have also been set up for trial of offences under the act.

Hospitals



Accessibility to Health Care has been one of the main focus areas of the Ministry of Health & Family Welfare. A larger number of schemes have been launched towards achieving this objective.

- Comprehensive Health Check up card was introduced in current session of Parliament for Members of Parliament to help create a data base of health indicators and detecting the various silent diseases like diabetes and hypertension.
- A state of art Sports Injury Centre is nearing completion at Safdarjung Hospital, New Delhi at an estimated cost of Rs. 75.00 crores. The centre would be commissioned before the Commonwealth Games in October 2010.
- A New Emergency Care centre of 290 bed capacity in Ram Manohar Lohia (RML) Hospital is under construction.

Legislation

- The Clinical Establishments (Registration & Regulation) Bill 2010 to provide for the regulation

of clinical establishments through compliance with minimum standards of service delivery, etc. was passed by the Lok Sabha on 3rd May 2010.

- A Bill to recognize the Sowa Rigpa (Amchi) system of medicine has been introduced in the Rajya Sabha on 06.05.2010.
- Transplant of Human Organs (THOA) amendment bill was introduced in the Lok Sabha last December and presented to the Parliamentary Standing Committee on 17 February 2010. The THOA amendments would help address the huge gap in demand and supply of organs.
- To keep under check any unscrupulous manufacturers/ traders, the Drugs and Cosmetic Act has been amended. The notification has been issued by the Ministry of Health & Family Welfare on 10th August, 2009. The amendments which include maximum penalty under the act has been raised to life imprisonment and fine of Rs 10 lakhs. Some of the offences have been made cognizable and non-bailable and specially designated courts have been setup for trial of offences under the act.
- The Bill for creation of a Central Drug Authority, centralized licensing of drugs, separate provision for regulation of clinical trials and medical devices and other consequential changes was referred to the Parliamentary Standing Committee (PSC). The cabinet decided that wider consultation be carried out with all concerned Ministries. The Ministry of Health & Family Welfare also felt appropriate to seek fresh views of the state governments in view of the comprehensive changes proposed. The consultation process has already started.

Drugs



In its commitment to safeguard the credibility of Indian Pharmaceutical Products, the Government has taken stringent measures to stop manufacturing of spurious drugs.

- A survey to assess the extent of spurious drugs in the country was conducted in the year 2009 by the Ministry of Health through the Central Drugs Standard Control Organization (CDSCO) on the basis of the statistical principles provided by the Indian Statistical Institute (ISI) Hyderabad.

Under the survey, 24,136 samples of 61 brands of drugs belonging to 9 therapeutic categories were examined. Twenty nine manufacturers from over 100 different pharmacy outlets drawn from metros, cities, districts, towns and villages were part of the survey. The survey revealed that the extent of spurious drugs was only 0.045%.

- A **whistle blower policy** has been initiated to reward informers giving information about manufacturers and distributors of spurious drugs. The features of the policy include a reward up to Rs 25 lakhs and secrecy for the identity of the informer. Nodal officers have been designated in the Drug Controller General (India) office to receive complaints/information.



A whistle blower policy has been initiated to reward informers giving information about manufacturers and distributors of spurious drugs.

Dear Sir,

I have retired as PODTT & also ADPM in RCH II Programme. Now I am in private practice and also doing social work in the NGO and IMA at PODILI, Prakasam Distt. Andhra Pradesh. I would be very thankful to you if you could include name in your mailing list and send me a copy of NRHM Newsletter by post regularly.

Dr. S. Saleema, MBBS, DGO
Retd. Dy. Civil surgeon,
Janatha Hospital,
Viswanadha Puram,
PODILI PO, Podili Mandal,
PRAKASAM Distt.
Andhra Pradesh

Dear Sir,

I, Dr. Sudhir Chandra Behera working as Medical Officer (Homoeopathy) in Raisuan PHC in the Dist- Keonjhar, Orissa. I have gone through your NRHM news letter. It is very informative to us. Kindly include my name in your mailing list. I request you to kindly send the newsletter every month and oblige.

Email : sudhirkb2001@gmail.com

Dr. Sudhir Chandra Behera, M.O. (Homoeopathy),
C/O- Surendra Nath Behera,
AT-Baniapat (Talasahi), PO-Keonjhar Garh,
DIST-Keonjhar - 758001
ORISSA

Dear Sir,

I am working as Junior Health Inspector at Pathanamthitta district, Kerala State. Let me first congratulate all your team members for introducing your publication NRHM Newsletter. It is very useful for me to point out the matters and pass it for the public. May I request you to be kind enough to send all kinds of awareness materials for me including NRHM Newsletter regularly to me.

Shri V. Lioumon Jacob,
Jr. Health Inspector,
T.C. 10/625, Kallingal House,
Perurkada P.O.
Trivandrum - 695 005
Kerala State

Sir,

My self is Prasanna Babu Abbu working as MIS Officer in Prakasam Dt., of Andhra Pradesh under this National Rural Health Mission. I am regularly studied and found this news letter is very informative for my duties and as per my routine work. So, i request you to ask the mailing unit to keep my name & mailing address in the mailing list and dispatch the one copy.

Prasanna Babu Abbu,
MIS Officer - DPMU-NRHM
Prakasam District - 523 001
Andhra Pradesh

Dear Sir,

NRHM Newsletter is very informative and useful for those seeking updated information on Health & Family Welfare issues. It is very useful for FWC, Ordinance Factory Hospital, Katni (MP). But it is not issued to FHC/Ordinance Factor Hospital, Katni (MP) since 2007. Therefore, please let us know the formality of subscription and mode of registration for regular issue of (three copies of each publication) NRHM Bulletin to FHC/Ordinance Factory Katni (MP).

Chief Medical Officer,
Ordinance Factory Hospital,
Katni (MP) - 483503

Dear Sir,

I am working as an Ayush Medical Officer at PHC Varnama. I used to read NRHM Newsletter borrowing from other PHC. We are working in Malaria Prone areas. I find this newsletter very useful and informative to me. I will be obliged if you kindly put my name in your mailing list. Please send to me the newsletter at PHC Varnama.

Dr. Khyati H. Shah,
Ayush Medical Officer,
Primary Health Centre,
Varnama,
Distt. Vadodara - 391 240
Gujarat.

Editor's Note : Readers may send their valid e-mail address to receive a web edition of the News Letter

Editorial Office:

409-D, Nirman Bhawan
Department of Health & Family Welfare,
Government of India.
New Delhi-110 011
Telefax: 91-11-23062466
e-mail: rajusarkar@gmail.com

Distribution Office :

Mass Mailing Unit
Department of Health & Family Welfare
5, Kotla Road
New Delhi-110 002
Ph: 91-11-23231666
e-mail: sk.vatta@nic.in

Editor: R.K. Sarkar

Designed and Printed by Universal Offsets, Delhi, for Department of Health & Family Welfare, Govt. of India.

EASY WAY

**TO PROTECT FROM THE H₁N₁ FLU
(SWINE FLU).**



**AVOID PUBLIC PLACE IF YOU HAVE FEVER, COUGH AND SORE THROAT.
VISIT THE DOCTOR OR A HEALTH SCREENING CENTRE IMMEDIATELY.**

CONTACT: OUTBREAK MONITORING CELL AT 011-23921401

**STOP THE
INFECTION
BE THE HERO !**