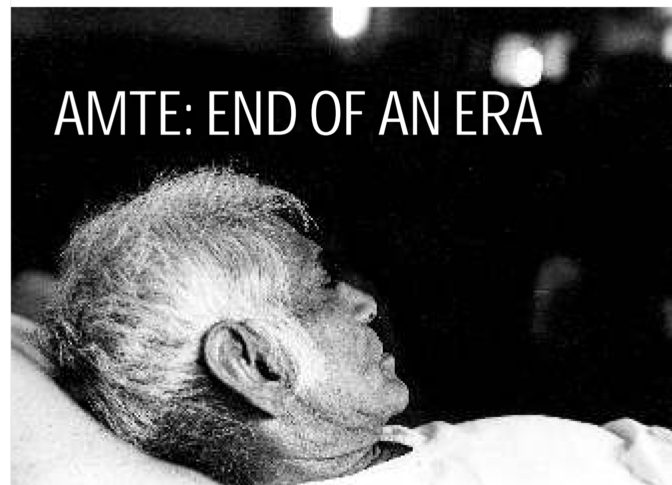
NRHM Newsletter

Vol.4 No.1/2 March - June 2008

LIGHTING A NEW CAMPAIGN...

PM Appeals to all elected representatives

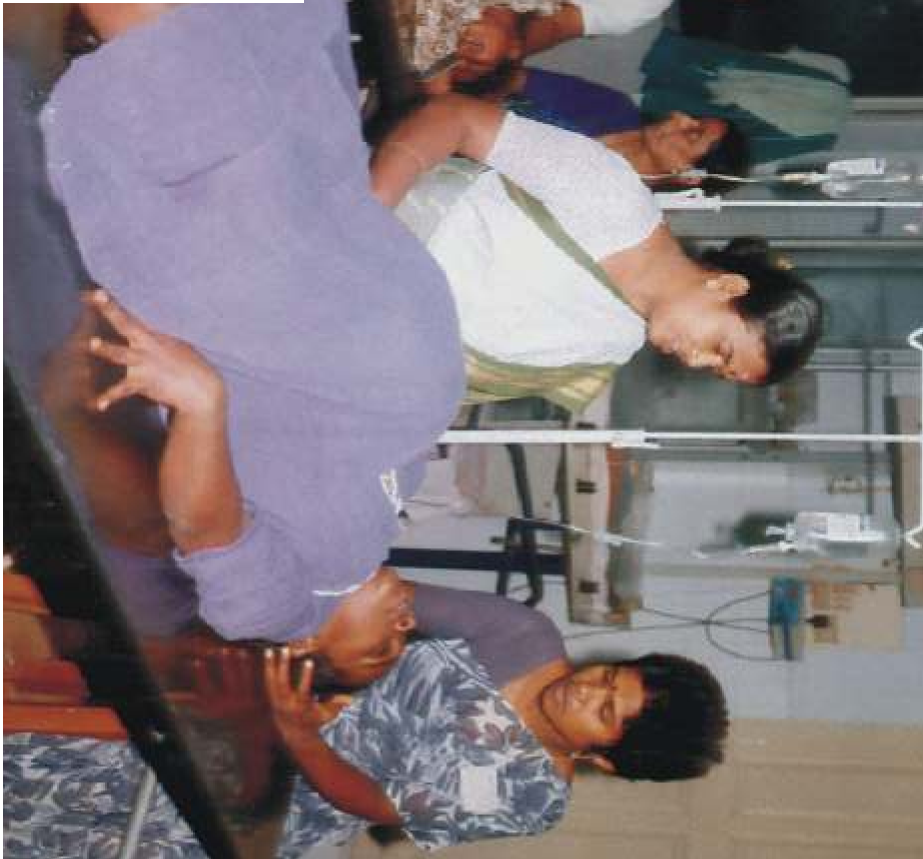


AMTE: END OF AN ERA

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



Dr Anbumani Ramadoss
Union Minister for Health & Family Welfare

Smt Panabaka Lakshmi
Union Minister of State for Health & Family Welfare

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

JANANI SURAKSHA DIWAS
11 APRIL

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

Nearly 80 lakh families already benefited from hospital delivery under Janani Suraksha Yojana

Designed by IEC, Ministry of Health & Family Welfare, Govt. Of India

Progress under NRHM

ASHAs
Selection of 481308 (ASHA) against Six lakh ASHAs during the Mission period (includes ASHAs for tribal areas and the Northeast). 357273 ASHAs given orientation training and positioned in villages.

Link Workers
The States of Gujarat, WB, Maharashtra, Andhra Pradesh and Haryana (non ASHA States) have selected, (apart from ASHAs for tribal areas) 147984 link workers and trained and positioned them in villages.

Infrastructure
All Subcentres in the country (145272) provided with untied funds of Rs. 10,000 each. Over 131168 sub centres have opened joint accounts of ANMs and Pradhans for utilization of annual untied funds of Rs.10,000/. 21944 subcentres have positioned a 2nd ANM.
Out of 3910, 2926 CHCs have been identified for upgradation to IPHS and facility Survey completed in 2569.
Rogi Kalyan Samitis
Over 18430 Rogi Kalyan Samitis set up in various facilities.

Manpower
8514 Doctors, 25987 ANMs, 11537 Staff nurses, 4390 paramedics have been appointed on contract by States to fill in critical gaps.

Management Support
Over 1500 professionals (CA/MBA) have been appointed in the State and 521 District level Program Management Units (PMU) and 2882 block level PMU's to support NRHM.

Mobile Medical Units
Funds for one Mobile Medical Unit (MMU) per district released for 318 districts. The states have, till date have operationalised 200 Mobile Medical Units with their own funds.

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 is being 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 State.

Institutional Delivery
Janani Suraksha Yojana (JSY) operationalised in all the States 34.49 lakh women benefited so far in 2006-07 and 51.35 lakh in 2007-08.

Neo Natal Care
Integrated Management of Neonatal and Childhood Illnesses (IMNCI) started in 142 districts this year.
With the help of Neonatology Forum over 46,000 health care personnel trained in Newborn Care in the country.
Module for Home based new born care developed in consultation with Dr. Abay Bhang.
ASHAs to be trained in Home based new born care shortly especially in the States of UP, Bihar, Orissa, Rajasthan and Madhya Pradesh.

Convergence
Over 38 lakh Monthly Health and Nurtrition Days are being organized at the Anganwadi Centres in various states.
Over 2.23631 Village Health and Sanitation Committees have been constituted by the States. They are being involved in dealing with disease outbreak.
Convergence with ICDS/Drinking Water/Sanitation/NACO/PRIs ground work completed.
School health programmes initiated by Tamil Nadu, West Bengal, Karnataka, AP, NE States.

Health Action Plans
State PIP received from 31 states during 2006-07 and 35 states PIP received during 2007-08. Project Implementation Plan (PIPs) of the States under NRHM have been appraised and funds released for the year 2006-07, 07-08 & 2008-09 as well.
Integrated District Health Action Plans (DHAP) have been prepared in 540 districts in various States.

Mainstreaming of AYUSH
Mainstreaming of AYUSH taken up in the States. AYUSH practitioners co-located in 4136 PHCs. AYUSH part of State Health Mission/Society as members.

Trainings
Trainings in critical areas including Anaesthesia, Skilled Birth Attendance (SBA) taken up for MOs/ANMs. Integrated Skill Development Training for ANMs/ LMV/MOs, Training on Emergency Obstetrics care and No Scalpel Vasectomy (NSV) for MOs, Professional Development Programme for CMOs are on full swing.
ANM Schools being upgraded in all States.
New Nursing schools taken up.

Mother NGOs
334 Mother NGOs appointed for 340 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
Independent evaluation of ASHAs/JSY by UNFPA/UNICEF/GTZ in 8 States.
Immunization coverage evaluated by UNICEF.
Independent monitoring by identified institutions like Institute of Public Auditors of India.
Ground work for community monitoring completed.

Surveys
NFHS III and DLHS II & RHS 2007 completed.

Financial Management
Financial Management Group set up under NRHM in the Ministry.
During the FY 2005-06, out of total allocation of Rs. 6318.60 crore (R.E.) for the ministry, an amount of Rs. 5862.57 crore was released as part of NRHM.
Against RE of Rs. 7951.08 crore for NRHM activities during 2006-07, Rs.7361.08 crore released till 31.03.2008. (92.6%)
Against BE of Rs. 11010 Crore for NRHM activities during 2007-08, amount of Rs. 10189 Crore released as on 31.03.08

IEC
IEC Multi-media campaign on health issues including immunization, Iodized Salt, Save the Girl Child
Special issues of NRHM Newsletter.
Health Melas organized in different States.
Information booklets disseminated.
Behaviour change workshops being organized for key stakeholders including state IEC representatives.

MEETING ON SAVE THE GIRL CHILD

PM appeals for more involvement of Elected representatives

The Prime Minister, Dr. Manmohan Singh, exhorted that every elected representative must consider it his duty to be active participant in the national campaign for saving the girl child. He said this while addressing the National Meeting on "Save the Girl Child" campaign in New Delhi on April 28.

"I urge every elected representative to step forward and help in empowering the Girl Child in every possible way. The action must begin at home, in our families, in our communities.

I do not say this as the Prime Minister of India. I say this as the proud father of three daughters. I wish for every girl in our country what I wish for my own daughters."

Describing the practice of female foeticide as most inhuman, uncivilized and reprehensible, Dr. Singh underlined that the societal discrimination against women begins in our very homes. "It begins even before the girl child is born. The patriarchal mindset and preference for male children is compounded by unethical conduct on the part of some medical practitioners assisted by unscrupulous parents who illegally offer sex determination services," he added.

Stressing the need for social awareness and strict enforcement of the Pre Conception and Pre-Natal Diagnostics Techniques Act, he urged all concerned to help in putting an end to this practice adopted by misuse of otherwise life saving modern technology.

Dr. Singh asked the Ministry of Health to focus on orienting the million plus elected representatives of the panchayats and urban local bodies and use them as the medium for fighting this practice. He told the Ministry of Women & Child Development that it should enlist the support of women panchayat leaders and women's Self-Help Groups to strengthen the nutrition programme in our country.

PM Dr. Manmohan Singh with Health Minister Dr. Anbumani Ramadoss, Women & Child Development Minister Smt. Renuka Choudhary & Minister of State for H&FW Smt. P Lakshmi at the meeting on Save the Girl Child Campaign in New Delhi.

Cover Picture: PM Lighting the Lamp to inaugurate the meeting.

Child sex ratio statistics in the 0-6 age group for the past four decades have been showing a continuous decline. The decline in girls per 1000 boys from 962 in 1981 to 927 in the year 2001 is indeed alarming. This indicates that growing economic prosperity and education levels have not led to a corresponding mitigation in this acute problem. In fact, the census figures illustrate that it is some of the richer states of the country where the problem is most acute and these States include Punjab which had only 798 girls, Haryana 819, Delhi 868 and Gujarat 883 girls per 1000 boys in the 2001 Census.

Urging the participation of every citizen in empowering the girl child, the Prime Minister said that the action must begin at home, in our families and in our communities. "I do not say this as the Prime Minister of India. I say this as the proud father of three daughters. I wish for every girl in our country what I wish for my own daughters," Dr. Singh added.

The National Meeting on "Save the Girl Child" was organised by the Ministry of Health & Family Welfare. The inaugural session was also addressed by Dr. Anbumani Ramadoss, Minister of Health & Family Welfare, Smt. Renuka Choudhury, Minister of State for Women & Child Development and Smt. Panabaka Lakshmi, Minister of State for Health & Family Welfare. The meeting was attended by Health Ministers of various States and the stake holders.

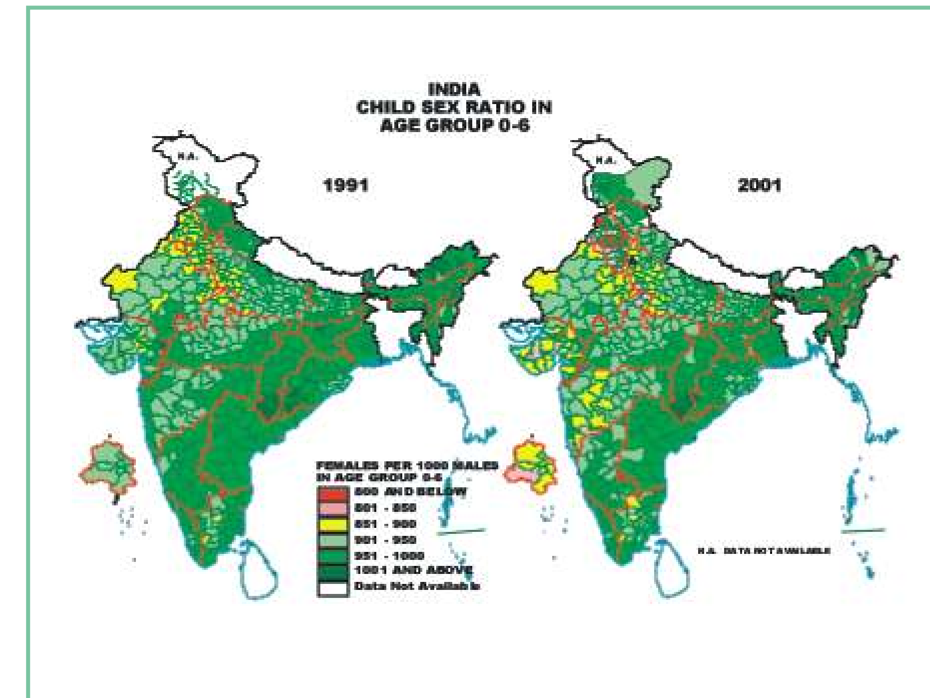
The Prime Minister said, " no nation, no society, no community can hold its head high and claim to be part of the civilized world if it condones the practice of discriminating against one half of humanity represented by women. We are an ancient civilization and we call ourselves a modern nation. And yet, we live with the ignominy of an adverse gender balance due to social discrimination against women built into our societal structures.

The focus of today's meeting is on the declining child sex ratio in the country, said Dr Singh. " But it is important to remember that gender related deprivation is an interlocked situation. Female illiteracy, obscurantist social practices like child marriage or early marriage, dowry, poor nutritional entitlements, taboos on women in public places all make the Indian women and especially the Indian girl child extremely vulnerable.

Union Health Minister & Minister of State for H&FW launching the website: **pndt.gov.in** with facility of online data entry by states/ districts/clinics

The Prime Minister recounted that as early as 1990, my esteemed friend, Prof. Amartya Sen brought to the attention of the world the fact that we have a situation in the world where more than 100 million women were missing. These missing women were geographically located in South Asia, West Asia and China. In Europe, the United States and Japan, women outnumber men substantially. The major difference is that women in these countries suffer little discrimination in basic nutrition and health care. It is nutrition and health care that become equalizers. I am happy that today we are discussing this important issue in the presence of both Ministers of Health and Women & Child Development in India. And we may consult a productive action to deal with this terrible onslaught on our civilization.

We must overcome this great problem through social awareness and strict



Child Sex Ratop (0-6 Years) Census 2001

S. No.	India / Bigger States	Total	Rural	Urban
1.	**India**	**927**	**934**	**906**
2.	Delhi	868	850	870
3.	Punjab	798	799	796
4.	Haryana	819	823	808
5.	Himachal Pradesh	896	900	844
6.	Rajasthan	909	914	887
7.	Gujarat	883	906	837
8.	Maharashtra	913	916	908
9.	Uttar Pradesh	916	921	890
10.	Bihar	942	944	924

enforcement of the Pre Conception and Pre-Natal Diagnostics Techniques Act. I earnestly urge all concerned to help in putting an end to this practice adopted by misuse of otherwise life saving modern technology.

Some of the State Governments which are especially vulnerable to this problem have taken positive actions on the issue. Schemes such as the Dikri Bachao campaign of Gujarat, Girl Child Protection Scheme of Tamil Nadu, Devi Rupak Scheme of Haryana, Ladli campaign of Delhi and the scheme for cash incentive to panchayats for improving the village sex ratio of Punjab are good steps. These achievements need to be built upon depending on the results that are on the horizon.

But it is not Government alone that can address this problem. Though Government must be active in mobilizing public opinion in this regard, we need active civil society involvement in the national campaign to save the Girl child, the prime minister said.

Let the Ministry of Health focus on orienting the million plus elected representatives of the panchayats and urban local bodies and use them as the medium for fighting this practice. The Ministry of Women & Child Development should enlist the support of women panchayat leaders and women's Self-Help Groups to strengthen the nutrition programme in our country. Action to protect the Girl Child has to be on the agenda of every elected leader in our country. This is not to say that only women should be part of this campaign. I do believe, every elected representative must consider it his duty to be an active participant in this national campaign.

Launching Atmaja-II, a teleserial on DD, focussing on violence against women

There has to be much greater focus on female literacy because the adverse sex ratio that we have today has to be challenged fundamentally in the minds of our people. The Chairperson of UPA, Smt. Sonia Gandhi, has recently urged that we must reorient the National Literacy Mission to focus on female literacy. Female literacy has considerable multiplier effects in all areas of empowerment of our girls and our women.

In conclusion, I wish to say that we need concerted and multi pronged societal action to address the several contributing factors in the predicament of the Indian girl child. We need to strengthen legislative enforcement, basic health care and nutrition and reorient national literacy and school education programmes to give

Sex ratio at birth by residence (India / Bigger States) 2004-2006 (SRS Data)

S. No.	India / Bigger States	Total	Rural	Urban
1.	**India**	**892**	**895**	**881**
2.	Delhi	847	810	854
3.	Punjab	808	813	800
4.	Haryana	837	838	834
5.	Himachal Pradesh	827	870	888
6.	Rajasthan	855	855	856
7.	Gujarat	865	886	827
8.	Maharashtra	879	879	878
9.	Uttar Pradesh	874	876	866
10.	Bihar	881	884	847

greater focus to women and the girl child. We need to mobilize leaders of civil society, particularly the religious leaders, for a nationwide campaign for ending all types of discrimination against our women built into our societal structures. I urge every citizen to step forward and help in empowering the girl child in every possible way. The action must begin at home, in our families, in our communities. I do not say this as the Prime Minister of India. I say this as the proud father of three daughters. I wish for every girl in our country what I wish for my own daughters.

Union Health & Family Welfare Minister Dr Anbumani Ramadoss, who gave an account of the Ministry's initiatives in arresting the rampant misuse of sex selection process, urged the Health Ministers of all the states to give top most priority to stopping female foeticide and to take measures to reverse the declining child sex ratio. Dr Ramadoss said that the Union Health Ministry has taken a number of steps for strict implementation of the Act as well as for creating awareness and sensitization. The most significant ones are release of funds @ Rs. 5 Lakhs the MP scheme to Members of parliaments in the vulnerable states for their constituency, training of Judiciary through the National Judicial Academy, launching of the campaign to save the girl child by Hon'ble President Pratibha Patil.

Dr Ramadoss said legislation alone cannot solve the problem of sex selection pratices and its impact on the adverse sex ratio. The core of the problem is the deep rooted prejudices and the patriarchial social framework and a value system based on son preference. Given the socio-cultural context and deep rooted prejudices what is needed is a change in the collective consciouosness.

Smt Renuka Choudhury, Minister of Women and Child Development, spoke extensively on the issue, detailing the causes and the evil that has created a black spot in out society.

Smt Panabaka Lakshmi, Minister of state for Health & Family Welfare, thanked the Prime Minister and other dignitaries for taking up this very important issue in this forum.

"The worst manifestation in our country of gender discrimination is female foeticide. Unfortunately, female foeticide is committed not only by the illiterate and the impoverished, it is being committed in cities and among the educated and well-to-do. It is shocking that there are higher incidents of female foeticide in the more developed districts and regions of our country. Society has to be made aware that a girl child is a boon and a gift." Hon'ble President of India, Smt. Pratibha Devisingh Patil, at the 17th convocation of Mother Teresa Women's University

Implementation of PC&PNDT Act in State/UTs : Important Initiatives taken by State/UTs

(1) Punjab:

? Conviction of 4 Centres.

? Suspension of registration of a doctor for five years by the State Medical Council.

? Back bus banners displayed.

? Songs and drama shows staged in all the 141 blocks of the State

? Exclusive girl child competitions organized for under 2 year girl child in the State and selected baby girls awarded Kisan Vikas Patras worth Rs.500 and Rs.300 as first and second prize which on maturity are used for school education of these girls.

? Specific advertisements published in leading newspapers on the occasion of Navratras and Ashtami.

? Organisation of Judicial Colloquium at Chandigarh by Human Rights Law Network in coordination with the Health Department.

? Organization of a big seminar by Punjab Legal Services Authority chaired by Hon'ble Ex-Chief Justice of India, Sh. Y K Sabharwal.

? Involvement of Panchayats in the campaign for the cause of the girl child. Incentives in the form of cash prize of Rs.3 lakhs for Panchayats achieving Child Sex Ratio (CSR) of 1000 in a financial year and a prize of Rs.2.5 lakhs achieving CSR of 951-1000. A total of 11 Panchayats have already been selected for award of Rs.3 lakhs each during the current financial year (2006-07).

? Involvement of Jathedars of Takahat Shri Damdama Sahib and Anandpur Sahib in preaching and advocacy.

? Holding of a meeting by the National Minorities Commission to discuss steps to improve sex-ratio in the country with focus on Punjab.

? Organisation of workshops at Chandigarh by Plan and Voluntary Health Association of India (VHAI) for sensitization of the MLAs and Confederation of Indian Industry to the cause of girl-child.

? Celebration of Lohri festival for the newly born girl children annually by the WCD Department for raising the Social Status of the girl children.

? Replication of Nawanshahar strategy, under taken by Deputy Commissioner, Nawanshahar for social mobilization in the whole State.

? Launching of Balari Rakshak Yojana, a state funded scheme, for promotion of girl children. Under the scheme, incentive is paid for adopting terminal method of sterilization after the birth of only one or two girl children @ Rs. 500/- and Rs. 700/- respectively.

? Under the Reproductive and Child Health Project-II, following strategies will be implemented:

- Prize of Rs.1.00 lakh for best Panchayat.
- A prize of Rs. 5000/- for each informer.
- An incentive of Rs. 5000/- for arranging a decoy patient.

As a result of enforcement of the PNDT Act and awareness generation activities undertaken in the state, a slight improvement in sex-ratio has been deciphered as per the survey of births conducted in all the Head Quarter villages of the 2858 Sub-centres in the state during the months of January to July 2005 wherein the sex-ration is 817 in contrast to 789 in the year 2001, which is a positive sign.

(2) Haryana:

? A State Task Force consisting of dedicated officers of the Department for conducting raids/inspection of ultrasound centres has been constituted.

? In one case, the Court has ordered the doctor and his technician to undergo simple imprisonment for a period of 2 years and fine of Rs.5000/- each. The case has been sent to MCI for suspension of registration of the doctor. In two other cases, charges have been framed against the accused.

? Message appeal to stop female foeticide by Hon'ble Chief Minister and Health Minister, Haryana.

? Sponsoring of TV spots by Sh. Jaspal Bhatti.

? Concession of 10 paise per unit for domestic electricity connection in the name of a woman, in case that the property is owned by a woman.

? 2% rebate on stamp duty in respect of purchase of immovable property of women.

? Decision to reserve 33% seats for women in direct recruitment quota in teaching categories.

? Benefit of Rs.5000/- @ Rs.2500/- per girl child on the birth of second girl child per annum for five years.

? Establishment of delivery huts which would help in better monitoring of male-female ratio.

- ? A "Balika Bachao Sammelan" organized by Multipurpose Health Workers under the Chairmanship of CM of Haryana.
- ? A prize of Rs.5.00 lakhs, Rs.3.00 lakhs and Rs.2.00 lakhs to first three districts showing improvement in the child sex ratio.

(3) Himachal Pradesh:

- ? Payment of an amount of Rs.5.00 lakhs as an Additional Development Grant to the best Panchayat.
- ? Award of Rs.10,000/- to the informer about female foeticide.
- ? "Indira Gandhi Balika Suraksha Yojna" under which eligible couples adopting terminal methods of family planning having single/two living females and no male child will be awarded Rs.25000/20000/- in cash.

(4) Gujarat:

- ? Advocacy Workshops with active participation of MLAs and Ministers.
- ? Conducting decoy operations
- ? Constitution of State Inspection and Monitoring Committee (SIMC)

(5) Orissa:

- ? State Supervisory Board reconstituted under the Chairmanship of Hon'ble Minister, Health & Family Welfare. Meeting was held on 29.09.2007.
- ? State Advisory Committee has also been reconstituted and meeting has been held on 18.08.2007.
- ? Multi Member State Appropriate Authority has been formed.
- ? District level Advisory Committee reconstituted.
- ? State Task Force formed under Chairmanship of Chief Secretary to monitor the checking of Nursing Homes and other diagnostic centers where sex determination can be done and the MTP Centers.
- ? District Task Force has been formed under the Chairmanship of Collector and includes SP, CDMO, District Social Welfare Officer as members.
- ? All the clinical establishments of the district irrespective of their involvement with the ultra Sound activity/ MTP have been inspected. Total No. of Nursing Homes inspected 495, out of which 345 are registered, 150 are unregistered, 127 were sealed. Total No. of Ultra Sound Clinics inspected 388, out of which 368 are registered, 20 are unregistered, 65 Ultra Sound Clinics were sealed. Out of which FIR lodged against 5 at Nayagarh and 1 at Ganjam District. Total No. of MTP Centers inspected 167, out of which 159 are registered, 8 are unregistered, 27 sealed. FIR lodged against 1 MTP Centre in Ganjam District. Instructions have been issued to the district authorities implementing the PCPNDT Act to be more vigilant in monitoring and inspection of the clinical establishment-cum-ultra sound clinics regularly. Again instructions have been issued to call for the meeting of District Advisory Committee bi-monthly to monitor the clinical activities individually in the district. It is also instructed to initiate legal action against the clinical establishment of ultra sound clinic and MTP Centers violating the Act.
- ? Awareness campaigns for the public, service taker and service provider on legal issues relating to the PCPNDT Act, at District level.
- ? ASHA and AWW will be involved for creating awareness among the rural people and in this context they will be oriented during their induction training about PCPNDT Act and its punishment for its violation. Again SHGs functioning at village level will be involved in the said Programme.
- ? Legal services Provider to create legal awareness of the service for propagation of the message against the pre-natal sex determination.

1. Display of hoardings in different public places, hospitals, Private Intuitions regarding PCPNDT Act and punishment prescribed under different sections for both service provider and service taker. Wide publication of the Act by which the non-government organizations or any public person can file complaint against the law violator.
2. Every month in the District level monthly meeting PCPNDT will be discussed as the pivot point.

Awareness will be created by WCD Department at district level about the rights of the female child as equal with the male child by which son preference can be eliminated.

Community based monitoring of Health services under NRHM

First Phase 2007

Community Monitoring in NRHM - The National Rural Health Mission (NRHM) was launched on the 12th of April 2005 with the goal of improving the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. In order to ensure that the services reach those for whom they are meant the NRHM has introduced an intensive accountability framework that includes Community-based Monitoring as one of its key strategies.

The accountability framework proposed in the NRHM is a triangulation process that includes internal monitoring, periodic surveys and data from community based monitoring. Community Monitoring is also seen as an important aspect of promoting community led action in the field of health.

The provision for Monitoring and Planning Committees has been made at PHC, Block, District and State levels.

The adoption of a comprehensive framework for community-based monitoring and planning at various levels under NRHM, places people at the center of the process of regularly assessing whether the health needs and rights of the community are being fulfilled.

Process of Community Monitoring - The exercise of "Community monitoring" involves drawing in, activating, motivating, capacity building and allowing the community and its representatives (e.g. community based organiza-tions, people's movements, voluntary organizations and Panchayat representatives) to directly give feedback about the functioning of public health services, including giving inputs for improved planning of the same. The community and community-based organisations will monitor demand/need, coverage, access, quality, effectiveness, behaviour and presence of health care personnel at service points, possible denial of care and negligence. The monitoring process will include outreach services, public health facilities and the referral system.

Some of the frameworks on which Community Monitoring may be done, and which are included within the NRHM Implementation Framework are as follows:

1. Village Health Plan, District Health Plan
2. Entitlements under the Janani Suraksha Yojna
3. Roles and responsibilities of the ASHA

4. Indian Public Health Standards for different facilities like Sub Centre, PHC and CHC
5. Citizen's Charter and so on.

Initiating the Community Monitoring process

The Advisory Group on Community Action (AGCA) is a Standing Committee within the NRHM. The AGCA has proposed a detailed proposal for Community Monitoring to the Union Ministry of Health and Family Welfare. The Union Ministry of Health and Family Welfare (MoHFW) has accepted this proposal and has initiated the First Phase of the Community Monitoring from March 2007. It has been decided that the first phase will be of eleven months (March 07-Jan 08), further extended up to September 2008 and will cover nine states (Assam, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Karnataka and Tamil Nadu).

In the first phase Community Monitoring has covered a selected number of districts in each state (depending upon the size of the state). In each of these districts, three blocks have been covered and within each block 3 PHCs have been covered and within each PHC area, 5 villages have been covered. This leads to a total of 1350 villages, 270 PHCs and 90 blocks being covered for Community Monitoring in the first phase.

The entire process of Community Monitoring have been implemented as a partnership between the Health Department and Civil Society Organisations. This process in being supervised at the National level by the AGCA and at the State level by a joint State Community Monitoring Mentoring Group to be set up specifically for this purpose. The AGCA plays the role of facilitation and support to the entire process, working with the mentoring teams and organizations at state level. A National Secretariat has been set up jointly by Population Foundation of India and Centre for Health and Social Justice to implement this pilot programme in consultation with the AGCA and the Mission Directorate.

Role of Civil Society Organisations in Community Monitoring

The civil society organisations will have three kinds of roles in this process - firstly, as members of monitoring committees; secondly, as resource groups for capacity building of monitoring committees; and thirdly, as facilitating agencies assisting the process of setting up the monitoring committees and for the collection of information. To ensure wider participation, a diversity of civil society networks and organizations with experience of rights based activities and accountability enforcing activities are sought to be involved in this first phase.

The overall responsibility for implementing the first phase of Community Monitoring also rests with Civil Society Organizations.

Activities within the Community Monitoring Process

The following activities are envisaged within the Community Monitoring process

At the National Level through the National Secretariat

1. Developing Curriculum and Materials for orientation process at different levels.
2. Developing a common protocol for community monitoring including tools for adaptation at the state level, if necessary.
3. Developing a system of documentation for the entire process.
4. Supporting state level implementation.

At the State Level

1. Setting up of the State Community Monitoring Mentoring Group.
2. Identifying state level secretariat and district level implementing NGOs that will facilitate the activities given below.
3. Formation, orientation and activation of monitoring committees at village, PHC, Block and District Level.
4. Training of Block level facilitators and further orientation of Community Monitoring teams at all levels.
5. Conducting Community Monitoring at the Village, PHC, Block and District levels on a periodic basis.
6. Public sharing of information through Jan Sunwai/ Jan Sanwad.

Implementing agencies in States:

The following agencies / nodal NGOs have been identified by AGCA to hand hold the operationalisation of community monitoring activities in the nine States:

1. Rajasthan: Prayas, Chittorgarh.
2. Maharashtra: Sathi-Cehat, Pune.
3. Orissa: Kalinga Center for Social Development, Bhubneshwar.
4. Madhya Pradesh: M.P. Gyan Vigyan Parisar, Bhopal.
5. Tamilnadu: CMP-TNSF, Community Health Cell, Chennai.
6. Jharkhand: Child in Need Institute, Ranchi.
7. Chattisgarh: Sandhan Sansthan, Durg.
8. Assam: Voluntary Health Association of Assam, Guwahati.
9. Karnataka: Karuna Trust, Bengaluroo.

Delhi CM Smt. Sheila Dixit with Union Health Minister Dr. A Ramadoss & Minister of state Smt P Lakshmi at the inauguration of Trauma care centre at RML hospital, New Delhi.

Dr Ramadoss & Smt P Lakshmi at the inuguration of HINDLAB-diagnostics laboratory, a joint venture between HLL & CGHS, at CGHS dispensary RK Puram New Delhi

Dr Ramadoss & Smt P Lakshmi at the convocation of Lady Hardinge Medical college, Delhi.

Dr Ramadoss with young peacemakers at the 18th World Congress of International Physicians for prevention of Nuclear medicine (IPPNW) in New Delhi.

Smt. P Lakshmi, Minister of State for H & FW, speaking at a meeting on Tobacco Advertising, promotions & sponsorship in New delhi.

Smt Sonia Gandhi, chairperson of UPA, with Smt Renuka Choudhury,Minister of Women & Child Development at the function of International Women's Day in New Delhi.

Smt P Lakshmi, Minister of state for H&FW, speaking at the Herbal International Summit in New Delhi.

All Pix by A.K. Puri

Obit/Baba Amte
AN ICON OF OUR TIMES

In the fifties, there was no Multi Drug Therapy and "lepers" were treated as untouchables a by-product of slime and grime. They were social outcastes- ostracized and left to die by the Society. It was in those days, Amte thought of protecting them, extending them the healing touch, providing them support for health care, and a little self confidence and respect by staying with them in the same commune.

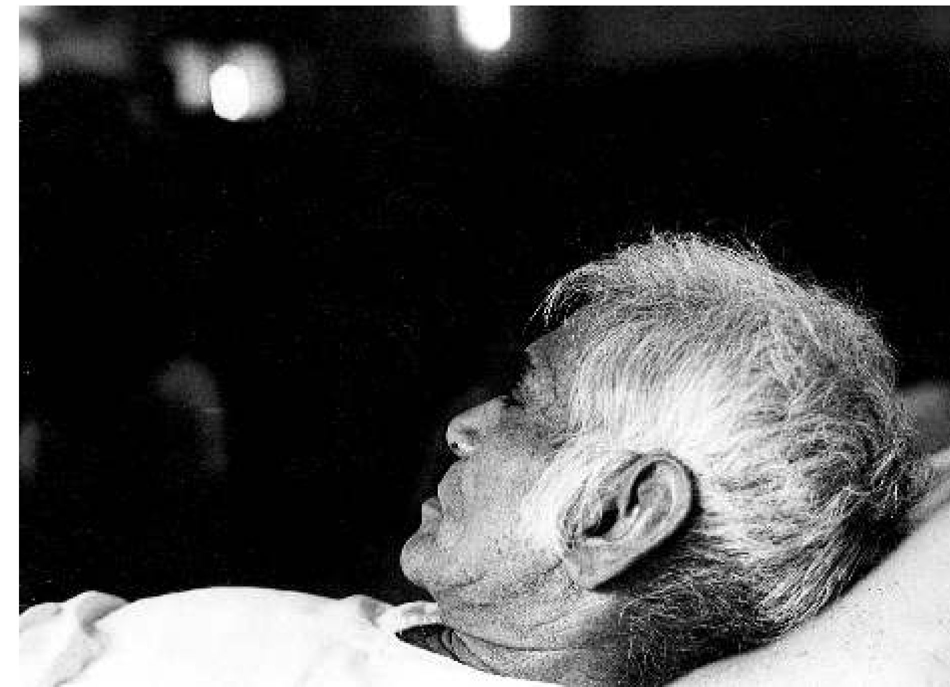
The passing away of Baba Amte recently brings the curtain down on the life and work of an exceptionally brilliant personality of our time.

Baba Amte's life-story reads like a fairy tale. Born in an orthodox Brahmin family- landlords of Hinganghat town in Maharashtra, young Murlidhar was beaten once for taking his meals with the family of a servant. That punishment was meant to check his superiority status in the society. But it actually brought him closer to the suppressed and silenced majority.

Anandvan, or the Forest of Happiness, was founded in 1951 in midst of a rocky arid land in Warora, Maharashtra. He had with him his wife Sadhna, toddler son Vikas, a cow, Rs 14, and six leprosy patients. There was no Multi Drug Therapy in those days and "lepers" were treated as untouchables a by-product of slime and grime. They were social outcastes- ostracized and left to die by the Society. It was in those days, Amte thought of protecting them, extending them the healing touch. Providing them support for health care, and a little self confidence and respect. Training them in different kinds of cottage industries. He even encouraged the leprosy patients to get married. Slowly, things began to take shape. The arid land turned greener. Now families of leprosy patients were living in Anandvan. For their kids , schools were a necessity. So Schools were set up and then it was turn of colleges. Subsequently, people from the outside world which shunned the "lepers" were now sending their children to study at their schools and colleges.

Today's Anandvan is an example of incredible growth- it produces everything for a simple living, the most exuding joy and happiness. Anandvan has a general hospital, colleges for science , arts, commerce, and agriculture, schools, an intensive modern farm of 300 acres, handicraft projects, a workshop, agro-industries and fisheries- all that is required to make a human settlement completely self-sufficient. And everything has been built from scratch by the leprosy patients (the social outcasts) who believed charity destroys and work builds.

When I met Baba in1986 at Anandvan, he was about to finish his lunch in the community kitchen where hundred of leprosy patients and others also have meals together. In fact, Anandvan exemplifies the success of a great commune.



The more you peep into his life, the greater you sink in humility and gratitude. For more than three decades, due to a spinal problem, the man could only walk or sleep straight. He could not sit on a chair. But that did not deter him from undertaking his regular chore of activities which began at 4.30 in the morning.

The first seven years of Anandvan , in Amte's own words, were tough and depressing. No help, no support, no visits of friends or relatives- Amte rued , " now, even my shadow is scared of accompanying me in my adventures." Nevertheless, he said, " more human sweat has done in the wells dug at Anandvan than the water found in them."

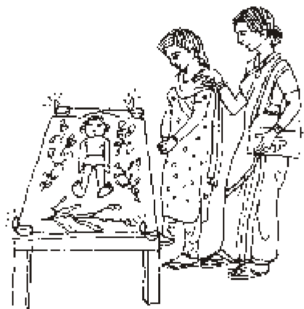
Amte left Anandvan in the nineties to work with the tribals in Hemalkasa along with his elder son Dr Vikas Amte. He felt the people of Anandvan were capable of managing it independently. Subsequently he joined the Narmada bachao andolan with Medha Patkar and fought for the people uprooted by the spread of Narmada dam water.

Suffering from blood cancer, Baba Amte breathed his last in Anandvan. He left his legacy of doing good work for the people with his sons, Vikas and Prakash. Both are doctors and their wives who are also doctors- all working in the rural areas of Vidarbha, Maharashtra. Baba's story would be incomplete without Sadhnatai, his wife and partner in each and every endeavour since the first days of Anandvan in the fifties.

-RK Sarkar

Tips for village health worker

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.



Have compassion Kindness often helps more than medicine. Never be afraid to show your care.

Dear Village Health Worker,

You are trained mostly about people's health needs. But to help your village be a healthy place to live, you must also be in touch with their human needs. Your understanding and concern for people are just as important as your knowledge of medicine and sanitation.

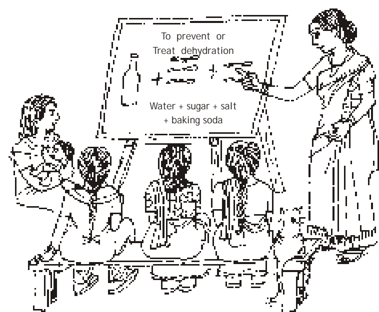
Here are some suggestions that may help you serve your people's human needs as well as health needs :

1. BE KIND

A friendly word, a smile, a hand on the shoulder, or some other sign of caring often means more than anything else you can do. Treat others as your equals. Even when you are hurried or worried, try to remember the feelings and needs of others. Often it helps to ask yourself. "What would I do if this were a member of my own family?"

Treat the sick as people. Be especially kind to those who are very sick or dying. And be kind to their families. Let them see that you care.

2. SHARE YOUR KNOWLEDGE



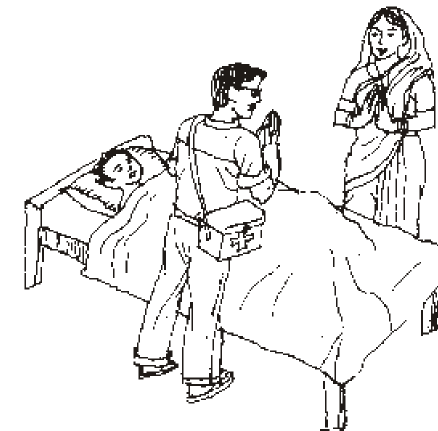
Look for ways to share your knowledge.

As a health worker, your first job is to teach. This means helping people learn more about how to keep from getting sick. It also means helping people learn how to recognize and manage their illnesses - including the sensible use of home remedies and common medicines.

There is nothing you have learned that, if carefully explained, should be of danger to anyone. Some doctors talk about self care as if it were dangerous, perhaps because they like people to depend on their costly services. But in truth, most common health problems could be handled earlier and better by people in their own homes.

3. RESPECT YOUR PEOPLE'S TRADITIONS AND IDEAS

Because you learn something about modern medicine does not mean you should no longer appreciate the customs and ways of healing of your people. Too often the human touch in the art of healing is lost when medical science moves in. This is too bad, because. . . .



Work with traditional healers and midwives- Not against them. Learn from them and encourage them to learn from you.

> If you can use what is best in modern medicine, together with what is best in traditional healing, the combination may be better than either one alone.

In this way, you will be adding to your people's culture, not taking away.

Of course, if you see that some of the home cures or customs are harmful, you will want to do something to change this, But do so carefully, with respect for those who believe in such things. Never just tell people they are wrong. Try to help them understand WHY they should do something differently.

People are slow to change their attitudes and traditions, and with good reason. They are true to what they feel is right. And this we must respect.

Modern medicine does not have all the answers either. It has helped solve some problems, yet has led to other, sometimes even bigger ones. People quickly come to depend too much on modern medicine and its experts, to overuse medicines, and to forget how to care for themselves and each other.

So go slow - and always have a deep respect for your people, their traditions, and their human dignity. Help them build on the knowledge and skills they already have.

4. KNOW YOUR OWN LIMITS

Know your limits.

No matter how great or small your knowledge and skills, you can do a good job as long as you know and work within your limits. This means : Do what you know how to do. Do not try things you have not learned about or have not had enough experience doing, if they might harm or endanger someone.

But use your judgement.

Often, what you decide to do or not do will depend on how far you have to go to get more expert help.

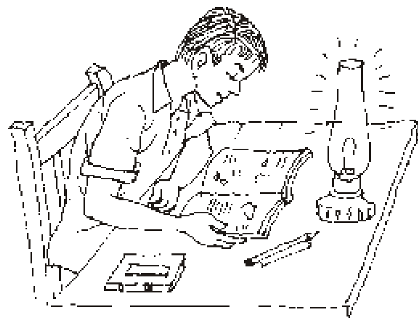
For Example, a mother has just given birth and is bleeding more than you think is normal. if you are only half an hour away from a medical centre, it may be wise to take her there right away. But if the mother is bleeding very heavily and you are a long way from the health centre. you may decide to massage her womb or give misoprostal tablets even if you were not taught this.

Do not take unnecessary chances. But when the danger is clearly greater if you do nothing, do not be afraid to try something you feel reasonably sure will help.

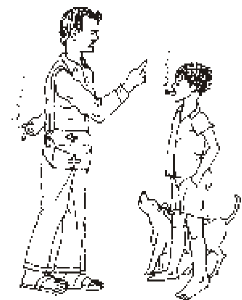
Know your limits - but also use your head. Always do your best to protect the sick person rather than yourself.

5. KEEP LEARNING

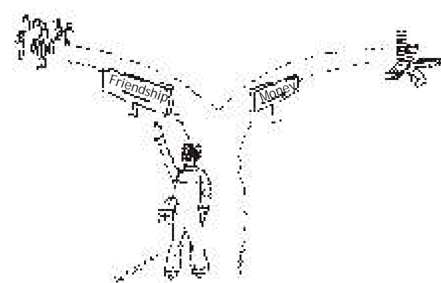
Use every chance you have to learn more. Study whatever books or



Keep learning - Do not let anyone tell you there are things you should not learn or know.



Practice what you teach (or who will listen to you?)



Work first for the people - Not the money (People are worth more)

information you can lay your hands on that will help you be a better worker, teacher, or person.

Always be ready to ask questions to doctors, sanitation officers, agriculture experts, or anyone else you can learn from.

Never pass up the chance to take refresher courses or get additional training.

Your first job is to teach, and unless you keep learning more, soon you will not have anything new to teach others.

6. PRACTICE WHAT YOU TEACH

People are more likely to pay attention to what you do than what you say. As a health worker, you want to take special care in your personal life and habits, so as to set a good example for your neighbours.

Before you ask people to make latrines, be sure your own family has one.

Also, if you help organize a work group - for example, to dig a common garbage hole - be sure you work and sweat as hard as everyone else.

> A good leader does not tell people what to do. He sets the example.

7. WORK FOR THE JOY OF IT

If you want other people to take part in improving their village and caring for their health, you must enjoy such activity yourself. If not, who will want to follow your example?

Try to make community work projects fun. For example, fencing off the public water hole to keep animals away from where people take water can be hard work. But if the whole village helps do it as a 'work festival' - perhaps with refreshments and music - the job will be done quickly and can be fun. Children will work hard and enjoy it, if they can turn work into play.

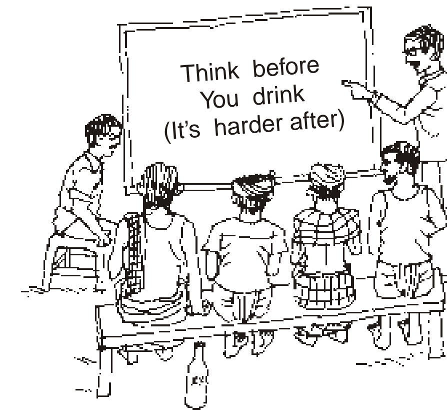
Your may or may not be paid for your work. But never refuse to care, or care less, for someone who is poor or cannot pay.

This way you will win your people's love and respect. These are worth far more than money.

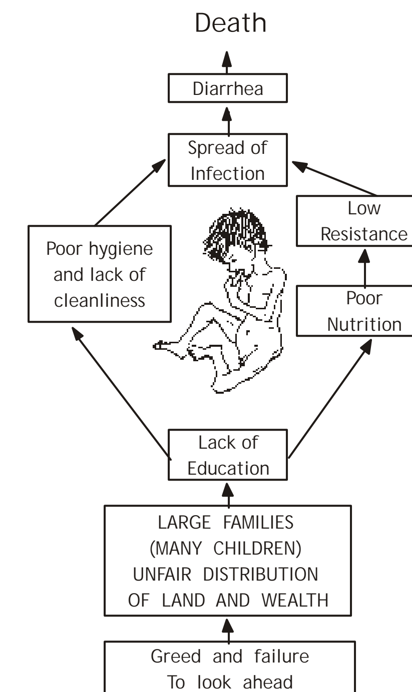
8. LOOK AHEAD - AND HELP OTHERS TO LOOK AHEAD

A responsible health worker does not wait for people to get sick. He tries to stop sickness before it starts. He encourages people to take action now to protect their health and well-being in the future.

Many sicknesses can be prevented. Your job, then, is to help your people understand the causes of their health problems and do something about them.



Help others to look ahead



The chain of causes leading to death from diarrhea.

Most health problems have many causes, one leading to another. To correct the problem is a lasting way. You must look for and deal with the underlying causes. You must get to the root of the problem.

For example, in many villages diarrhea is the most common cause of death in small children. The spread of diarrhea is caused in part by lack of cleanliness (poor sanitation and hygiene). Your can do something to correct this by digging latrines and teaching basic guidelines of cleanliness.

But the children who suffer and die most often from diarrhea are those who are poorly nourished. Their bodies do not have strength to fight the infections. So to prevent death from diarrhea we must also prevent poor nutrition.

And why do so many children suffer from poor nutrition?

- Is it because mothers do not realize what foods are most important (for example, breast milk)?
- Is it because the family does not have enough money or land to produce the food it needs?
- Is it because a few rich persons control most of the land and the wealth?
- Is it because the poor do not make the best use of land they have?
- Is it because parents have more children than they or their land can provide for, and keep having more?
- Is it because fathers lose hope and spend the little money they have on drink?
- Is it because people do not look or plan ahead? Because they do not realize that by working together and sharing they can change the conditions under which they live and die?

You may find that many, if not all, of these things lie behind infant deaths in your area. You will, no doubt, find other causes as well. As a health worker it is your job to help people understand and do something about as many of these causes as you can.

But remember : to prevent death from diarrhea will take far more than latrines, pure water, and nutrition centers. You may find that family planning, better land use, and fairer distribution of wealth, land, and power are more important in the long run.

The causes that lie behind much sickness and human suffering are short-sightedness and greed. If your interest is your people s well-being, you must help them learn to share, to work together, and to look ahead.

Dear Sir,

I have been working as a Jr. Public Health Nurse in rural area of Kozhikode district in Kerala since last21 years. I read your newsletter at the PHC. The matter which you have published are very useful. I want to have your NRHM Newsletter on a regular basis. Kindly put me on your mailing list.

Ms. S. Sunanda,
Jr. Public Health Nurse,
PHC Atholi,
Kozhikode,
Kerala.

Dear Sir,

I am a lecturer of education in MLMN College of Education. I saw your Newsletter at the PHC and found it very inspiring and informative which would be a source of knowledge. Today health education is very important for every individual. I request you to kindly put my name and address in the regular mailing list of Newsletter.

Shri Dandinker Suryakant,
Lecturer,
MLMN College of Education,
Jyothi Nagar,
Chikamagalur

Dear Sir,

As I am involved in all the National Health Programmes, this NRHM Newsletter is useful for paramedical staff. I am working as Multipurpose Health Assistant in Primary Health Centre. It gives the latest information regarding National Rural Health Mission as well as it helps to improve health qualities in the rural areas and to provide better services to them. Kindly send me NRHM Newsletter regularly. Please include my name in your mailing list.

Shri S. Krishnaiah,
H.No. 8-1-332, Shivaji Nagar,
Secundrabad 500 003
A.P.

Dear Sir,

I am the District Programme Coordinator of Programme Management Unit of Darjeeling district of West Bengal. I thank that I will be extremely benefited if I will get the opportunity to go through regularly/ monthly with the NRHM Newsletter. So I request you to kindly put my name to your mailing list for receiving the NRHM Newsletter in English on a regular basis.

Shri Moukana Mukherjee,
District Programme Coordinator, Programme Management Unit,
District Health & Family Welfare Samity(SMP),
Siliguri Mahakuma Parishad Building, 2nd Floor,
Hakimpara, Siliguri 734 001.

Dear Sir,

Navjeevan Seva Mandal is a voluntary organization involved in HIV and AIDS care and support programme in Delhi since 1`997. There are 450 AIDS affected children now under the support and service system in our project. We have read your NRHM Newsletter and found it very useful and informative. Kindly include our name in your mailing list.

Shri A. Henry Jesu Dasan,
Navjeevan Seva Mandal,
C-534, Sector 19, Rohini,
New Delhi 110 085

Dear Sir,

Ours is a charitable voluntary organization working towards prevention and promotion of health of the rural population. This newsletter will definitely be useful for our hospital and for our outreach programme in the villages. Kindly put our name in your mailing list.

Sr. Rose Anne,
Adminsitrator,
Holy Cross Hospital,
West Khasi Hills Distt.
Mairang P.O.
Meghalaya 793 120

Dear Sir,

I read your Sept-Oct 2007 NRHM Newsletter. Thanks for giving better information about Leprosy. I really appreciate and congratulate all your team members. Kindly put my name in your mailing list.

Dr. Bharati Kiran Kattimani, BAMS,
C/o. Dr. U.G. Khattimani,
Bazar Road, At/Post Nesargi 591121
Distt. Belgaum, Karnataka State.

Dear Sir,

I am appointed as a District Malaria Officer, District Anand, Gujarat. I have read your NRHM Newsletter. It is very resourceful to all the medical and paramedical staff. I request you to kindly send the Newsletter every month and also request you to send all previous issues if possible.

Ms. Kamlesh P. Chavada,
14, Meghanagar Society,
Pavanchakki Road,
Nadiad 387 002 (Guj.)

Dear Sir,

It is requested to please send us a free copy of NRHM Newsletter for our library

Shri Shivendra Singh,
Assistant Librarian,
University College of Nursing,
Baba Farid University of Health Sciences,
GGS Hospital Campus, Sadiq Road,
Faridkot 151 203 Punjab

Dear Sir,

I am working as a Coordinator in a voluntary organization working amongst Fisher folk and the Yanadi communities. Our organization is based on females and works for sex workers, sanitation, personal hygiene, health, save the foetus, education, agriculture. Our target villages are very backward class area. The people are very poor and fall under BPL. Recently I have read your NRHM Newsletter. Your newsletter is very useful to me in the field of work and discussion classes that I participate in my working area. Kindly keep me on your mailing list. From here onwards kindly send us a copy of Newsletter to my given address. And also request you if it is possible to please send all the previous issues also.

Shri. T. Madhu Sudan Rao,
D.No. 2 73 B, Near Yedlapati Nagar,
Rajaka Pet,
Chebrolu (PO) & (MDL)
Guntur Distt. PIN 522 212 (A.P).

Dear Sir,

I highly appreciate the efforts of the NRHM Editorial Team for the excellent and quality publication. "The Care for your Daughter" written by Shri R.K. Sarkar is appropriate to increase awareness level and also a step to improve the status of women in the society. I humbly request you that the NRHM Newsletter may also be printed in Malayalam language. I would also like to receive the NRHM Newsletter regularly at the address given below.

Dr. P.U. Ramanand,
Chief Functionary, Mother NGO NRHM-Palakkad &
Secretary, Gangothri Charitable & Educational Trust,
New village, Nemmara (Post), Palakkad District,
Kerala State 678 508

Dear Sir,

I am working in the rural sector of District Hooghly since more than 3 years. Presently I am posted as Medical Officer at Rural Hospital, Chanditala, Hooghly under Govt. of West Bengal. I will be obliged if you kindly put my name and permanent contact address in your mailing list.

Dr. Pradipta Bhattacharya,
Medical Officer (Anaesth),
Chanditala Rural Hospital,
Hooghly.

Dear Sir,

Gramin Mahila Vikas Sansthan is a voluntary organization working for the empowerment of poor and vulnerable communities in rural areas of Ajmer district in Rajasthan for past 10 years. We came to know that your esteemed organization is publishing NRHM Newsletter and we are herewith requesting that kindly send the above book to enable us to equip ourselves and improve our knowledge levels as well as quality of work.

Shri Shanker Singh Rawat,
Secretary,
Grameen Mahila Vikas Sansthan,
Bubani (Ajmer)

Dear Sir,

I am a young health worker at the grass root level. I am inspired by one volume of your NRHM Newsletter. Kindly register my name in your mailing list of NRHM Newsletter (Oriya version).

Shri Susanta Kumar Das,
Health Worker,
Manijanga, Jagatsinghpur,
Odisha 754 160

Be wise. Immunize

Timely vaccination saves life

Dear Sir,

I will be very grateful if you enroll my name in your mailing list for receiving the NRHM Newsletter in Assamese on a regular basis.

Shri S. Das,
Senior Health Educator,
O/o. District Medical Officer,
West Kameng District,
Bomdila 790 001
Arunachal Pradesh.

Dear Sir,

I am working as Assistant Para Medical Officer in Mandal Primary Health Centre, Singareni Village and Mandal of Khammam District, A.P. I have read your NRHM Newsletter. It is very useful to field workers and IEC activities. So I request you to kindly enlist my name in your mailing list.

Shri B. Venkateshwar Rao,
APMO, thummala Gadda Bazar,
Khammam District,
Andhra Pradesh 507 002

Dear Sir,

Ours is a state level non-governmental organization working in the field of health & family welfare, environment, women and child development, youth programmes, adolescent health and child development. Our organization is also running family planning and immunization centre along with naturopathy hospital. There is one library also where regular readers come for books, magazines and newspapers. You are requested to kindly enroll our name in your mailing list.

Dr. H.S. Hudda,
Director,
Mahatama Gandhi Prakritik Chikitsa Samiti,
286/5, Gandhi Nagar,
Jind 126 102
Haryana.

Dear Sir,

We would be honoured to inform you that we had received a copy of the NRHM Newsletter and after reading found it to be of great benefit for our nursing students. So we would like to request you to add us into your mailing list for regular copies of English Newsletter.

Principal,
Nagarjuna Educational Society,
Nagarjuna College of Nursing,
Kanuru,
Vijayawada 520 007.

Dear Sir,

I am working as tutor in Medical College. I request you to send NRHM Newsletter as they are useful for Medical students.

Dr. T. Kannaiah, MBBS, DPH,
25-2-317, 4th Cross,
New Military Colony,
Vedayapalem,
Nellore 524 004

Dear Sir,

I will be thankful if you please include my name in your mailing list and send me your NRHM Newsletter regularly.

Dr. R. Raja Kumar, M.D.,
Specialist Physician,
BHEL General Hospital,
House No. 48, HIG Phase I,
BHEL Township, R.C. Puram,
Hyderabad 32

Dear Sir,

I am working as ophthalmic paramedic for the last 19 years for the Govt. of Andhra Pradesh and sincerely appreciate the efforts of your team to bring out the NRHM Newsletter in a good shape and maintaining quality. Please enroll my name in your mailing list. The letter section is very impressive and informative. Mr. Partha Sarathi Datta's letter (Vol.,3 No.3, Sept-Oct 2007) is very interesting and one must agree with him. Our country is now facing the diseases and disorders of both developing and developed countries face. Problems like VAD, Diarrhoea, and Dengue which are called "poor man diseases" are more common in developing countries and life style related diseases/disorders like diabetes and obesity are common in developed countries. But our country is facing problems of both these two categories. Out health system should take adequate steps to face this situation. India has already become the capital of diabetes and one out of three blind persons in the world living in our country. Some of the important elements of 'Primary Health' concept we are neglected. Priority is given to some of the programmes and elements like sanitation and drugs are totally neglected. Poor budgeting, insufficient funds and poor monitoring are some of the areas to keep an eye. Periodical training programmes for the paramedical personnel and continuous medical education will bring some positive change in the present scenario. When we compare the budgetary allocation to health sector in developed countries with that of ours, it clearly shows the immediate need to increase, to meet the urgency of the present situation. Inadequate staff, availability of services and affordability or rural population is some of the problems in the primary health sector which should be addressed first.

Shri Balaji P. Panigrahi, (M.Sc.), DOA, DCEH
Ophthalmic Officer,
Primary Health Centre,
Pedda Majji Palem.
Vizianagaram District, A.P.

Dear Sir,

National Institute of Siddha has been established as a joint venture by the Government of India and Government of Tamil Nadu to impart postgraduate education in siddha medicine. We have a full fledged library attached to this Institution. We request you to enroll our Institution in your regular mailing list and send copies of the NRHM Newsletter and other periodicals to this Institution for the benefit of faculty and student.

Dr. V. Arunachalam,
Director,
National Institute of Siddha,
Tambaram Snatorium
Chennai 600 047

Dear Sir,

I am regular reader of your popular magazine NRHM Newsletter. I would like to request you to enroll my name for the mailing list.

Shri Bhalchandra S. Trivedi,
Ashirwad, Near Sweta Towers,
Behind Holy Saint School,
Kalawad Road,
Rajkot 360 001
Gujarat

Dear Sir,

I am a Medical Officer (Homoeo) working in Government Homoeo Dispensary in remote area of Tripura. As a newly appointed physician under NRHM scheme. I would like to have NRHM Newsletter on regular basis to keep myself up-to-date about the health and diseases of rural India. So kindly put my name and address in your mailing list.

Dr. Partha Sarathi Ray,
C/o Niranjan Debnath,
Ram Krishna Mission Road,
Gandhighat, Agartala,
Tripura (West) 799 001

Dear Sir,

I got a copy of NRHM Newsletter and I have gone through it. The topics covered in the newsletter are useful & informative. I am interested in knowing more about the NRHM programme. I request you to kindly send me the NRHM newsletter regularly.

Dr. Shiv Shanker Tripathy
AT/PO Baranga
Distt. Ganjam 761 006
Orissa

Dear Sir,

Ahmedabad Municipal Corporation has implemented RCH Programme since 2004 and shortly NUHM will be implemented. The NRHM Newsletter has important articles related to all RCH programme which are useful to the officers concerned with the project. You are requested to send the Newsletter regularly.

Dr. S.P. Kulkarni,
Medical Officer of Health,
Ahmedabad Municipal Corporation,
Health Department,
Prabhalaxmi Prasutigruh Building,
Ved Mandir Road, Kankaria,
Ahmedabad

Dear Sir,

Received a copy of the NRHM Newsletter and read it in detail. The write-ups in the newsletter are very useful regarding implementation of the rural health programme. I would like to subscribe this newsletter regularly.

Shri M.K. Babu,
President,
Thalikulam Grama Panchayath,
Thrissur,
Kerala 680569

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

Editor: R.K. Sarkar

This Newsletter is also brought out in Hindi, Oriya, Assamese and Urdu

Distribution office :
Mass Mailing Unit
Ministry of Health & Family Welfare
MCI Building, Kotla Road
New Delhi-110 002
Ph: 91-11-23231674

Designed and Printed by Hooghly Printing Co. Ltd. (A Govt. Of India Undertaking) Kolkata, for Department of Family Welfare, Govt. of India.