

## **Brief note on Child Health**

The Reproductive and Child Health programme (RCH) II under the National Rural Health Mission (NRHM) comprehensively integrates interventions that improve child health and addresses factors contributing to Infant and under-five mortality. Reduction of infant and child mortality has been an important tenet of the health policy of the Government of India and it has tried to address the issue right from the early stages of planned development. The National Population Policy (NPP) 2000, the National Health Policy 2002 and the Eleventh Five Year Plan (2007-12) and National Rural Health Mission (NRHM - 2005 – 2012) have laid down the goals for child health.

### **Child Health Goal under RCH II/NRHM**

<b>Child Health Indicator</b>	<b>Current status (per 1000 live births)</b>	<b>RCH II/NRHM 2010/2012</b>	<b>MDG 2015</b>
<b>IMR (Infant Mortality Rate)</b>	50	<30	28
<b>Neonatal Mortality rate</b>	34	<20	<20
<b>Under 5Mortality Rate</b>	64	--	<38

Source: Sample Registration System (SRS) 2009

### **Millennium Development Goal:**

A meeting of representatives of 189 countries took place at the Millennium Summit in September 2000, committing their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets, with a deadline of 2015 that have become known as the Millennium Developmental Goals (MDGs). There are eight goals under MDGs, where Goal No. 4 is dedicated to reduce child mortality.

### **Goal 4: Reduce Child Mortality**

**Target 4:** Reduce by two thirds the mortality rate among children under five between 1990 and 2015.

Under this MDG Goal 4, different indicators have been fixed for improving child health and they are:

- 4.1 Under-five mortality rate
- 4.2 Infant mortality rate
- 4.3 Proportion of 1 year-old children immunised against measles

In the year 1990, the U5MR taken was 116 per 1000 live births. The U5MR goal for 2015 for India is 38 per 1000 live births. (Source UNICEF State of the World Children 2010)

In the year 1990, the IMR taken was 83 per 1000 live births. The IMR goal for 2015 for India is 28 per 1000 live births. (Source UNICEF State of the World Children 2010)

### **International Comparison of Child Health Indicators**

In “ State of the World Children2009” (UNICEF) India is ranked 49 in Under Five Mortality list and Sierra Leone ranked one with highest U5MR.

The table below shows a comparative status on IMR in different countries

<b>Rank</b>	<b>Country</b>	<b>IMR(2009)</b>
1	Afghanistan	134
2	Democratic Republic of the Congo	126
4	Sierra Leone	123
16	Nigeria	86
21	Uganda	79
28	Pakistan	71
32	Cambodia	68
38	Zimbabwe	56
40	Myanmar	54
41	Bhutan	52
49	India	50
54	South Africa	43
56	Bangladesh	41
60	Nepal	39
63	Iraq	35
72	Indonesia	30
82	Jamaica	26
100	Egypt	18

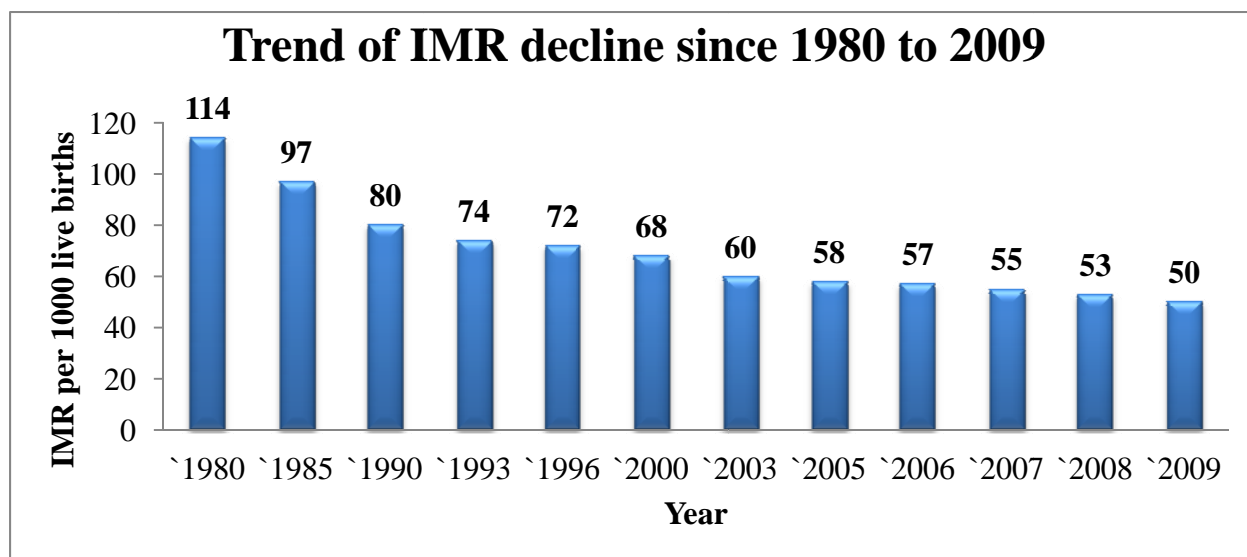
101	Saudi Arabia	18
117	Syria	14
123	Sri Lanka	13
130	Maldives	11
131	Russia	11
145	Kuwait	8
149	United Arab Emirates	7
150	United States	7
163	United Kingdom	5
164	Australia	4
171	Switzerland	4
184	Qatar	3
189	Singapore	2
191	Sweden	2
192	San Marino	1

Source: UNICEF State of World's Children Report 2010

## Trends of Child Health Indicators:

### Infant Mortality Rate

Infant mortality is defined as the probability of dying before the first birthday. As per the Sample Registration System 2009, the Infant Mortality Rate (IMR) for the country is 50 per 1000 live births.



Source: Office of the Registrar General of India 2009

### **Causes of Infant Deaths**

The medical causes of infant deaths in India 2001-03 as given by the Registrar General of India, Ministry of Home Affairs, are perinatal conditions (46%), respiratory infections (22%), diarrhoeal disease (10%), other infectious and parasitic diseases (8%), and congenital anomalies (3.1%).

### **Under-five Mortality Rate (U5MR)**

Under five mortality is defined as the probability of dying before the fifth birthday. Under Five Mortality Rate (U5MR) at national level has declined during the last decade. It has come down from 109 per thousand (NFHS I- 1992-93) to 74 per thousand during the period (NFHS III-2005-06). As per the Sample Registration System 2009, the under five-mortality rate is 64 per thousand live births.

<b>NFHS</b>	<b>Year</b>	<b>U5MR</b>
<b>NFHS I</b>	<b>1992-93</b>	<b>109</b>
<b>NFHS II</b>	<b>1998-99</b>	<b>95</b>
<b>NFHS III</b>	<b>2005-06</b>	<b>74</b>

### **Causes of Under 5 Mortality**

As per WHO estimates, the causes of Child Mortality in the age group 0-5 years in India are as below:

- (a) Neonatal causes (55%)
- (b) Pneumonia (11%)
- (c) Diarrhoeal disease (11%)
- (d) Measles (4%)
- (e) Injuries (3%)
- (f) others (16%)

## Child Death Statistics

	2004	2005	2006	2007	2008	2009
<b>Early NMR(Deaths in1<sup>st</sup> week)</b>	26 per 1000 live births	28 per 1000 live births	28 per 1000 live births	29 per 1000 live births	27 per 1000 live births	27 per 1000 live births
<b>NMR (Deaths below 1 month)</b>	37 per 1000 live births	37 per 1000 live births	37 per 1000 live births	36 per 1000 live births	35 per 1000 live births	34 per 1000 live births
<b>IMR (Deaths below 1 year)</b>	58 per 1000 live births	58 per 1000 live births	57 per 1000 live births	55 per 1000 live births	53 per 1000 live births	50 per 1000 live births
<b>U5MR (Deaths below 5 years )</b>	N.A.	N.A.	N.A.	N.A.	69 per 1000 live births	64 per 1000 live births

Other than U5MR, it is important to monitor other key child health indicators like breast feeding, exclusively breastfeeding, complementary feeding, anaemia, diarrhoea, underweight etc. These reflect the status of the ongoing programme interventions. The results of NFHS –III survey carried out in 2005-06 and the more recent DLHS III survey (2007-08) and coverage evaluation survey reveal that there has been some improvement though not to the extent expected with some showing a fall in breastfeeding, exclusively breastfeeding, complementary feeding, anaemic, diarrhoea, underweight. Details are placed below:

## Coverage Evaluation Survey 2009 (India)

Indicators	CES 2009		
	Total	Rural	Urban
<b>Child feeding practices</b>			
Early initiation of Breast feeding within one hour (%)	33.5	34	32.3
Exclusive breastfeeding till 6 months (among 6-9 months) (%)	36.8	NA	NA
<b>Acute Respiratory Infection Management</b>			
Children under 2 years with symptoms of ARI (%)	18.8	18.9	18.5
Percentage treated by Govt. Health Facility/ Provider	21.1	21.9	19.0
Percentage treated by Any health facility	82.6	79.6	90.5
Proportion not seeking any healthcare for ARI	17.4	20.4	9.5
<b>Acute Diarrhoea Management</b>			
Children under 2 years who had diarrhoea during two weeks (%)	15.5	15.2	16.3
Children with diarrhoea received advise /treatment (%)	76.1	75.2	78.2
Children with diarrhoea in the last 2 weeks who received ORS (%)	42.8	39	52.1
Percentage treated by Govt. Health Facility/ Provider	20.9	21.9	18.5
Percentage treated by Any health facility	67.8	64.9	74.8
Proportion not seeking any healthcare for Acute Diarrhea	32.2	35.1	25.2

## DLHS III –Child Health Indicators (India)

Indicators	DLHS-3 (2007-08)			DLHS-2 (2002-04)		
	Total	Rural	Urban	Total	Rural	Urban
<b>Child feeding practices</b>						
Children under 3 year's breastfed within one hour of birth <sup>10</sup> (%) .....	40.5	39.8	42.5	27.8	25.1	34.7
Children age 0-5 exclusively breastfed <sup>11</sup> (%).....	46.8	48.1	43.2	NA	NA	NA
Children age 6-35 months breastfed for at least 6 months (%).....	25.5	26.2	23.7	22.7	NA	NA
Children age 6-9 months receiving solid/semi-solid food and breast milk (%)...	23.7	24.1	22.5	NA	NA	NA

Indicators	DLHS-3 (2007-08)			DLHS-2 (2002-04)		
	Total	Rural	Urban	Total	Rural	Urban
<b>Awareness about Diarrhoea and ARI</b>						
Women aware about danger signs of ARI <sup>12</sup> (%)...	57.4	54.9	62.8	41.3	41.6	40.4
<b>Treatment of childhood diseases (women who had live birth during reference period)</b>						
Children with diarrhoea in the last 2 weeks who received ORS (%)...	34.2	30.7	43.8	30.3	25.7	42.0
Children with diarrhoea in the last 2 weeks who were given treatment (%).....	70.6	68.9	75.4	73.2	71.2	78.3
Children with acute respiratory infection or fever in last 2 weeks who were given advise or treatment (%).....	71.4	68.9	78.8	73.9	71.7	79.6

### NFHS III

No.	INDICATORS	INDIA (NFHS - 2)	INDIA (NFHS - 3)
1.	% of neonates breastfed within one hour of life	16.0	23.4
2.	% of infants breastfed exclusively till 6 months of age	NA	46.3
3.	% of infants receiving complementary feeds apart from breast feeding at 9 months	NA	55.8
4.	% of children 6-35 months of age who are anaemic	74.2	79.1
5.	% of children under 3 years age with diarrhoea in the last 2 weeks who received ORS	26.9	26.2
6.	% of children under 3 years age who are underweight	46.7	45.9

## State wise Child Health Indicators

### 1. Infant mortality rate

India/States/ Union Territories	Infant mortality rate			
	2006	2007	2008	2009
<b>India</b>	<b>57</b>	<b>55</b>	<b>53</b>	<b>50</b>
<b>Bigger states</b>				
1. Andhra Pradesh	56	54	52	49
2. Assam	67	66	64	61
3. Bihar	60	58	56	52
4. Chhattisgarh	61	59	57	54
5. Delhi	37	36	35	33
6. Gujarat	53	52	50	48
7. Haryana	57	55	54	51
8. Jammu & Kashmir	52	51	49	45
9. Jharkhand	49	48	46	44
10. Karnataka	48	47	45	41
11. Kerala	15	13	12	12
12. Madhya Pradesh	74	72	70	67
13. Maharashtra	35	34	33	31
14. Orissa	73	71	69	65
15. Punjab	44	43	41	38
16. Rajasthan	67	65	63	59
17. Tamil Nadu	37	35	31	28
18. Uttar Pradesh	71	69	67	63
19. West Bengal	38	37	35	33

India/States/ Union Territories	Infant mortality rate			
	2006	2007	2008	2009
<b>Smaller states</b>				
1. Arunachal Pradesh	40	37	32	32
2. Goa	15	13	10	11
3. Himachal Pradesh	50	47	44	45
4. Manipur	11	12	14	16
5. Meghalaya	53	56	58	59
6. Mizoram	25	23	37	36
7. Nagaland	20	21	26	26
8. Sikkim	33	34	33	34
9. Tripura	36	39	34	31
10. Uttaranchal	43	48	44	41
<b>Union Territories</b>				
1. A & Nicobar Islands	31	34	31	27
2. Chandigarh	23	27	28	25
3. Dadra & Nagar Haveli	35	34	34	37
4. Daman & Diu	28	27	31	24
5. Lakshadweep	25	24	31	25
6. Pondicherry	28	25	25	22

**Source:** Office of the Registrar General of India 2009

### Under-five Mortality Rates (U5MR)

India & Bigger States	Under-five Mortality Rates (U5MR)
<b>India</b>	<b>64</b>
1. Andhra Pradesh	<b>52</b>
2. Assam	<b>87</b>
3. Bihar	<b>70</b>
4. Chhattisgarh	<b>67</b>
5. Delhi	<b>37</b>
6. Gujarat	<b>61</b>
7. Haryana	<b>60</b>
8. Himachal Pradesh	<b>51</b>
9. Jammu & Kashmir	<b>50</b>
10. Jharkhand	<b>62</b>
11. Karnataka	<b>50</b>
12. Kerala	<b>14</b>
13. Madhya Pradesh	<b>89</b>
14. Maharashtra	<b>36</b>
15. Orissa	<b>84</b>
16. Punjab	<b>46</b>
17. Rajasthan	<b>74</b>
18. Tamil Nadu	<b>33</b>
19. Uttar Pradesh	<b>85</b>
20. West Bengal	<b>40</b>

**Source:** Office of the Registrar General of India 2009

## Child Health Interventions

**1.1 Integrated Management of Neonatal & Childhood Illnesses (IMNCI)** strategy is one of the main interventions under the RCH II/NRHM.

- The strategy encompasses a range of interventions to prevent and manage the commonest major childhood illnesses which cause death i.e. neonatal illnesses, Acute Respiratory Infections, Diarrhoea, Measles, Malaria and Malnutrition. It focuses on preventive, promotive and curative aspects, i.e. it gives a holistic outlook to the programme. The objectives is to implement IMNCI package at the level of household and Sub-centres (through ANMs), Primary health centres (through medical officers, nurse and LHV's), to provide a comprehensive newborn and child health services to address major neonatal and child hood illnesses.
- Which includes Pre-service and In-service training of providers, improving health systems (e.g. facility up-gradation, availability of logistics, referral systems), Community and Family level care.
- IMNCI is being implemented in **433 districts** across the country and **492611 health personnel** have been trained in IMNCI till October 2011.

	<b>Total</b>	<b>High Focus-Non NE</b>	<b>High Focus NE</b>	<b>Non High Focus-Large</b>	<b>Non High Focus-Small</b>
No. of districts implementing IMNCI	433	235	45	138	15
No. of People trained on IMNCI	492611	257782	19846	214575	408

## 1.2 Facility Based Integrated Management of Neonatal and Childhood Illness (F- IMNCI)

- F-IMNCI is the integration of the Facility based Care package with the IMNCI package, to empower the Health personnel with the skills to manage new born and childhood illness at the community level as well as at the facility. Facility based IMNCI focuses on providing appropriate skills for inpatient management of major

causes of Neonatal and Childhood mortality such as asphyxia, sepsis, low birth weight and pneumonia, diarrhea, malaria, meningitis, severe malnutrition in children. The interventions in the training manuals are based on the latest available scientific evidence.

- The health provider after training will furnish all the required care for a newborn and child, identify and manage common complications, stabilize newborns and child needing additional interventions. Master trainers at State level and at district level are pediatricians from tertiary hospital and medical college.
- This training is being imparted to Medical officers, Staff nurses and ANMs at CHC/FRUs and 24x7 PHCs where deliveries are taking place. The training is for 11 days. The long term program needs will be met with the health personnel and workers possessing the optimum skills for managing newborn and children both at the community level as well as the facility level.
- 2970 medical personnel have been trained in F-IMNCI till October 2011.

**1.3 Home Based New Born Care (HBNC):** A new scheme has been launched to incentivize ASHA for providing Home Based Newborn Care. ASHA will make visits to all newborns according to specified schedule up to 42 days of life. The proposed incentive is Rs. 50 per home visit of around one hour duration, amounting to a total of Rs. 250 for five visits. This would be paid at one time after 45 days of delivery, subject to the following:

- a. recording of weight of the newborn in MCP card
- b. ensuring BCG , 1st dose of OPV and DPT vaccination
- c. both the mother and the newborn are safe till 42 days of the delivery, and
- d. registration of birth has been done

This will be confirmed through recording in MCP cards & ASHA visit from.

#### **1.4 Facility Based Newborn and Child Care:**

Neonatal mortality is one of the major contributors (2/3) to the Infant Mortality. To address the issues of higher neonatal and early neonatal mortality, facility based newborn care

services at health facilities have been established. Infrastructure strengthening, logistics and capacity building of Health workers have been ensured in these facilities.

**a) Special Newborn Care Units (SNCU)**

- These are specialized new born and sick child care units at district hospitals with specialised equipments, which include phototherapy unit, oxygen hoods, infusion pumps, radiant warmer, Laryngoscope and ET tubes, nasal cannulas Bag and mask, and weighing scale.
- These units have a minimum of 12 to 16 beds with a staff of 3 physicians, 10 nurses, and 4 support staff to provide round the clock services for a new born or child requiring special care such as managing newborn with neonatal sepsis and child with pneumonia, dehydration etc, prevention of hypothermia, prevention of infection, early initiation and exclusive breast feeding, post natal care, immunization and referral services.
- Till date 293 SNCU have been developed. State wise details of SNCUs is given in annexure-I.

**b) Newborn Stabilization units (NBSUs)**

- Stabilization Units are step down units from Special New Born Child Care Units (SNCU) and are meant for providing facilities for newborn babies and child referred from the periphery where the babies can be stabilized through effective care. These are being set up in First Referral Units (FRUs) and Community Health Centre (CHCs). These units provide services, which include resuscitation, provision of warmth, early initiation of breast feeding, prevention of infection and cord care, supporting care including oxygen, IV fluids, provision for monitoring of vital signs including blood pressure and referral services.
- 1134 NBSUs have been developed till October 2011.

**c) New Born Care Corners (NBCCs)**

- These are special corners within the labour room where support for optimal management of a newborn is provided. The services include resuscitation, provision of

warmth/ KMC, and prevention of infection and cord care and early initiation of breast-feeding. The equipments at newborn care corners include Weighing scale, radiant warmer, suction machine and mucus sucker.

- 8582 NBCC have been developed till October 2011.

**1.5 Navjat Shishu Suraksha Karyakram (NSSK)** is a programme aimed to train health personnel in basic newborn care and resuscitation.

- Navjaat Shishu Suraksha Karyakram - Basic Newborn Care and Resuscitation, has been launched to address care at birth issues i.e. Prevention of Hypothermia, Prevention of Infection, Early initiation of Breast feeding and Basic Newborn Resuscitation. Newborn care and resuscitation is an important starting-point for any neonatal program and is required to ensure the best possible start in life. The objective of this new initiative is to have one person trained in Basic newborn care and resuscitation at every delivery.
- Master trainers at Central and State level are pediatricians from tertiary hospital and medical college and at district level pediatricians and gynecologists from the district hospital. This training is being imparted to Medical officers, Staff nurses and ANMs at CHC/FRUs and 24x7 PHCs where deliveries are taking place.
- The training package is based on the latest available scientific evidence and will be immensely useful in decreasing neonatal mortality. The training is for 2 days and is expected to reduce neonatal mortality significantly in the country.
- Till date 44,977 medical personnel have been trained in NSSK. State wise details of NSSK trained health personal is given in annexure-II.

**1.6 Infant and Young Child Feeding:** Promotion of early initiation of breast feeding (within one hour of delivery) and exclusive breast feeding till 6 months and timely complementary feeding with continued breast feeding is emphasized under the infant and young child feeding programme.

- Early and exclusive breast feeding for the six months of age and timely complementary feeding with continued breastfeeding for 2 yrs is the single most preventive intervention for child survival.
- Infant and young child feeding advocates the following:-
  - Early initiation (within one hour of birth) and exclusive breast feeding till 6 months.
  - Timely complementary feeding after 6 months with continued breast feeding till the age of 2 yrs.

### **1.7 Nutritional Rehabilitation Centres (NRC) (treat severe acute malnutrition amongst children)**

Severe Acute Malnutrition is an important contributing factor for most deaths amongst children suffering from common childhood illness, such as diarrhoea and pneumonia. Deaths amongst SAM children are preventable, provided timely and appropriate actions are taken.

- Nutritional Rehabilitation Centres (NRCs) are being set up in the health facilities for inpatient management of severely malnourished children, with counselling of mothers for proper feeding and once they are on the road to recovery, they are sent back home with regular follow up.
- For treatment and management of SAM children, under RCH II/NRHM programme, 480 Nutrition Rehabilitation Centres have been operationalized in the country till October 2011.

### **1.8 Reduction in morbidity and mortality due to Acute Respiratory Infections (ARI) and Diarrhoeal Diseases: Promotion of zinc and ORS supplies is ensured.**

#### **a) Childhood Diarrhoea**

In order to control Diarrhoeal diseases Government of India has adopted the WHO guidelines on Diarrhoea management.

- India introduced the low osmolarity Oral Rehydration Solution (ORS), as recommended by WHO for the management of diarrhea.

- Zinc has been approved as an adjunct to ORS for the management of diarrhea. Addition of Zinc would result in reduction of the number and severity of episodes and the duration of diarrhoea.
- New guidelines on management of diarrhoea have been modified based on the latest available scientific evidence.

**b) Acute Respiratory Infections**

- Acute Respiratory Infections forms 19 % of all under five mortalities in India (WHO 2007 report) and along with Diarrhoea are two major killers of under five children.
- India leads the world in the number of pneumonia cases with nearly 44, 00, 000 cases yearly. Early diagnosis and appropriate case management by rational use of antibiotics remains one of the most effective interventions to prevent deaths due to pneumonia. The ARI guidelines are being revised with the inclusion of the latest available global evidence.

**1.9 Supplementation with micronutrients:** through supplies of Vitamin A & iron supplements.

**a) Vitamin – A**

- The policy has been revised with the objective of decreasing the prevalence of Vitamin A deficiency to levels below 0.5%, the strategy being implemented is:
  - 1,00,000 IU dose of Vitamin A is being given at nine months
  - Vitamin A dose of 2,00,000 IU (after 9 months) at six monthly intervals up to five years of age
  - All cases of severe malnutrition to be given one additional dose of Vitamin A.

**b) Iron and Folic Acid supplementation**

- To manage the widespread prevalence of anaemia in the country, the policy has been revised.
- Infants from the age of 6 months onwards up to the age of five years shall receive iron supplements in liquid formulation in doses of 20mg elemental iron and 100mcg folic acid per day per child for 100 days in a year.

- Children 6-10 years of age shall receive iron in the dosage of 30 mg elemental iron and 250mcg folic acid for 100 days in a year.
- Children above this age group would receive iron supplements in the adult dose

## 1.10 Universal Immunization Programme

Vaccination protects children against many life threatening diseases such as tuberculosis, diphtheria, pertussis, polio, tetanus, hepatitis B, Measles. Approximately 2.7 crore infants are immunized against seven vaccine preventable diseases every year.

- Government of India supports the vaccine programme as follows :
  - ✓ Supply of vaccines and syringes
  - ✓ Cold chain equipments
  - ✓ Fund for meeting operational costs
- The full immunization coverage of children has increased from 53.5% in 2007-08 to 61.0% in 2009

As per the latest Coverage Evaluation Survey (CES-2009), 74.1% children in India aged 12-24 months are vaccinated with measles vaccine. India has made considerable progress in addressing the issue of Measles vaccination by introducing the 2<sup>nd</sup> dose of Measles vaccination at the age of 16-24 months. This introduction is based on two prong strategy:

1. States/UTs with >80% Measles coverage have introduced 2<sup>nd</sup> dose of Measles in their Routine Immunization Programme. There are 21 such states in the country.
2. States/UTs with <80% coverage (14 states) are first covering all children between nine months to 10 years age through a Measles Supplementary Immunisation Activity (SIA) in a phase-wise manner followed by introduction of 2<sup>nd</sup> dose under their routine immunisation programme. The 1<sup>st</sup> phase Measles SIA was held in 2010 covering 45 districts in 13 states and vaccinating more than 1.2 crore (12 million) children. The Phase II of Measles SIA currently under implementation will cover 142 districts in 14 states with a target of > 4 crore (40 million) children.

## **New initiatives**

### **Janani Shishu Suraksha Karyakram (JSSK)**

- Janani Shishu Suraksha Karyakram (JSSK) was launched on 1<sup>st</sup> June 2011 and has provision for both pregnant women and sick new born till 30 days after birth as follows :
  - ✓ Free and zero expense treatment
  - ✓ Free drugs and consumables
  - ✓ Free diagnostics
  - ✓ Free provision of blood
  - ✓ Free transport from home to health institutions
  - ✓ Free transport between facilities in case of referral
  - ✓ Drop back from institutions to home
  - ✓ Exemption from all kinds of user charges.
- An amount of Rs. 1170 crore has been provided to States under NRHM PIP 2011-12 for entitlements under this initiative.
- The initiative would further promote institutional delivery, eliminate out of pocket expenses which act as a barrier to seeking institutional care for mothers and sick new borns and facilitate prompt referral through free transport.

### **Mother and Child Tracking System**

A name based Mother and Child Tracking System has been put in place which is web based to ensure registration and tracking of all pregnant women and new born babies so that provision of regular and complete services to them can be ensured.

**State wise status of Sick Newborn Care Units (SNCUs) (as on October 2011)**

<b>STATES</b>	<b>No. of SNCUs</b>
Bihar	8
Chhattisgarh	2
Himachal Pradesh	2
Jammu & Kashmir	2
Jharkhand	2
Madhya Pradesh	28
Orissa	16
Rajasthan	36
Uttar Pradesh	7
Uttarakhand	1
Arunachal Pradesh	0
Assam	6
Manipur	1
Meghalaya	0
Mizoram	0
Nagaland	0
Sikkim	0
Tripura	0
Andhra Pradesh	14
Goa	1
Gujarat	34
Haryana	6

<b>STATES</b>	<b>No. of SNCUs</b>
Karnataka	25
Kerala	16
Maharashtra	34
Punjab	0
Tamil Nadu	30
West Bengal	6
Andaman & Nicobar	1
Chandigarh	1
Dadra & Nagar Haveli	1
Daman & Diu	1
Delhi	10
Lakshadweep	0
Puducherry	2
<b>Total</b>	<b>293</b>

## State wise progress of NSSK trained health personals in India (as on October, 2011)

Sr. No	State/UTs	No. of health personnel trained in NSSK
<b>India</b>		<b>44977</b>
<b>A. Non-NE High Focus States</b>		
1	Bihar	3106
2	Chhattisgarh	73
3	Himachal Pradesh	0
4	Jammu & Kashmir	272
5	Jharkhand	1469
6	Madhya Pradesh	3918
7	Orissa	1648
8	Rajasthan	2297
9	Uttar Pradesh	1946
10	Uttarakhand	881
<b>Sub Total</b>		<b>15610</b>
<b>B. NE States</b>		
11	Arunachal Pradesh	261
12	Assam	1827
13	Manipur	80
14	Meghalaya	496
15	Mizoram	174
16	Nagaland	123
17	Sikkim	162
18	Tripura	95
<b>Sub Total</b>		<b>3218</b>
<b>C. Non High Focus States</b>		
19	Andhra Pradesh	551
20	Goa	NR
21	Gujarat	5561
22	Haryana	2176
23	Karnataka	40
24	Kerala	861
25	Maharashtra	4827
26	Punjab	2066
27	Tamil Nadu	8231
28	West Bengal	1486
<b>Sub Total</b>		<b>25799</b>
<b>D. Union Territories</b>		

29	A & N Islands	121
30	Chandigarh	13
31	Dadra & Nagar Haveli	0
32	Daman & Diu	121
33	Delhi	60
34	Lakshadweep	0
35	Puducherry	35
<b>Sub Total</b>		<b>350</b>