HEALTH PROGRAMS

INTEGRATED GLOBAL ACTION PLAN FOR PREVENTION & CONTROL OF PNEUMONIA & DIARRHOEA (GAPPD)	OBJECTIVES ACHIEVED BY 2025:- 1) DECREASE PNEUMONIA MORTALITY BY <3/1000 LIVE BIRTHS 2) DECREASE DIARRHOEA MORTALITY BY <1/1000 LIVE BIRTHS 3) DECREASE INCIDENCE OF PNEUMONIA & DIARRHOEA BY <75% 4) DECREASE PREVALENCE OF STUNTING BY <40%
GLOBAL HEPATITIS B PREVENTION PROGRAM	TARGETS BY 2021:- 1) REDUCE NEW CASES OF HBV & HCV BY 90% 2) REDUCE DEATH DUE TO VIRAL HEPATITIS BY 65%
GLOBAL FRAMEWORK FOR PREVENTION OF NON COMMUNICABLE DISEASES	TARGETS BY 2020:- 1) HALT THE RISE IN DIABETES & OBESITY 2) REDUCTION IN PREVALENCE OF HYPERTENSION BY 25% 3) REDUCTION IN MORTALITY BY CARDIOVASCULAR DISEASE BY 25% 4) REDUCTION IN MEAN POPULATION INTAKE OF SALT/SODIUM BY 30% 5) REDUCTION IN PREVALENCE OF TOBACCO USE BY 30% 6) REDUCTION IN HARMFUL USE OF ALCOHOL BY 10% 7) REDUCTION IN PREVALENCE OF INSUFFICIENT PHYSICAL ACTIVITY BY 10% 8) ATLEAST 50% OF ELIGIBLE PEOPLE RECEIVE DRUG THERAPY & COUNSELLING TO PREVENT HEART ATTACH & STROKE 9) >80% AVAILABILITY OF AFFORDABLE BASIC TECHNOLOGIES & ESSENTIAL MEDICINES
DIETARY MODICIFICATIONS FOR CORONARY ARTERY DISEASE	FAT INTAKE - <20% OF TOTAL ENERGY SATURATED FATTY ACID - <10% OF TOTAL FAT INTAKE DIETARY CHOLESTEROL - <100mg/1000KCal/day COMPLEX CARBOHYDRATES - 2KCal/gm; LOW GLYCEMIC INDEX SALT INTAKE - <5gm/day ALCOHOL INTAKE AVOIDED
END TB STRATEGY	GLOBAL TARGET - TO END TB BY 2035 1) REDUCTION IN INCIDENCE OF TB BY 90% (<10/1,00,000 POPULATION PER YEAR) 2) REDUCTION IN TB DEATHS BY 95% INDIAN TARGET - TO ELIMINATE TB BY 2025 1) CASE DETECTION - >90% OF TARGET 2) CURE RATE - >90% OF TARGET OF THE 90% DETECTED, 90% SHOULD BE ADEQUATELY TREATED & 90% SHOULD BE CURED
SUSTAINABLE DEVELOPMENT GOALS - TB STRATEGY	TARGETS BY 2030:- 1) REDUCTION IN INCIDENCE OF TB BY 90% (<20/1,00,000 POPULATION PER YEAR) 2) REDUCTION IN TB DEATHS BY 90%
NATIONAL STRATEGIC PLAN FOR TB ELIMINATION	TARGETS BY 2025:- 1) >90% NOTIFICATION RATE 2) >90% SUCCESSRATE FOR ALL NEW TB CASES 3) >85% SUCCESS RATE FOR RETREATMENT CASES

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HEALTH PROGRAMS

RNTCP INCENTIVE STRATEGY	1) Rs.1000/- FOR PRIVATE PRACTITIONER/TREATMENT SUPPORT PROVIDER (Rs.500/- AT TIME OF DIAGNOSIS + Rs.500/- AT TIME OF COMPLETION OF TREATMENT) 2) Rs.1500/- FOR NOTIFICATION OF PREVIOUSLY TREATED CASES 3) Rs.2000/- AT END OF INTENSIVE PHASE 4) Rs.3000/- AT END OF CONTINOUS PHASE 5) Rs.500/- PER MONTH FOR THE PATIENT UNDER NIKSHAY POSHAN YOJNA 6) Rs.500/- FOR TB INFORMANT
NATIONAL LEPROSY ERADICATION PROGRAMME	TARGETS:- 1) PREVALENCE RATE - <1/10,000 POPULATION 2) ANNUAL NEW CASE DETECTION RATE (ANCDR) - <10/1,00,000 POPULATION 3) CURE RATE - >95% OF CASES 4) STIGMA REDUCTION BY 50% INCENTIVES TO ASHA:- 1) CONFIRMED DIAGNOSIS OF NEW CASE - Rs.250/- 2) EARLY CASE DETECTION BEFORE ONSET OF VISIBLE DEFORMITY - Rs.250/- 3) NEW CASE WITH VISIBLE DEFORMITY IN HANDS/FEET/EYE - Rs.200/- 4) COMPLETION OF TREATMENT OF PAUCIBACILLARY CASE - Rs.400/- 5) COMPLETION OF TREATMENT OF MULTIBACILLARY CASE - Rs.600/-
NATIONAL /GLOBAL FRAMEWORK FOR MALARIA ELIMINATION	GOALS:- 1) MALARIA ELIMINATION BY 2030 2) MAINTAIN MALARIA FREE STATUS IN STATES WHICH HAVE ALREADY ACHIEVED THAT STATUS TARGETS:- 1) DECREASE IN MORTALITY DUE TO MALARIA BY 90% BEFORE 2030 2) DECREASE INCIDENCE OF MALARIA BY 90% COMPARED TO 2015 3) MAINTAIN & PREVENT RE-ESTABLISHMENT OF MALARIA 4) MAINTAIN ELIMINATION OF MALARIA IN 35 COUNTRIES
NATIONAL STRATEGIC PLAN FOR MALARIA ELIMINATION	GOALS:- 1) ELIMINATE MALARIA IN CATEGORY I BY 2020 2) ELIMINATE MALARIA IN CATEGORY II BY 2022 3) REDUCE TRANSMISSION IN CATEGORY III TO STABILIZE API<1 BY 2022
NATIONAL LYMPHATIC FILARIASIS ELIMINATION PROGRAM	TARGETS BY 2020:- 1) ELIMINATE LYMPHATIC FILARIASIS BY 2020 2) CHILDREN BORN AFTER INITIATION OF PROGRAM ARE FREE FROM CIRCULATING ANTIGENEMIA 3) NUMBER OF MICROFILARIA <1% 4) MASS DRUG ADMINISTRATION >65% COVERAGE

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HEALTH PROGRAMS

NATIONAL STRATEGIC ACTION PLAN FOR HIV	TARGETS BY 2024:- 1) REDUCE 80% NEW CASES 2) 95% OF ESTIMATED SHOULD BE DIAGNOSED 3) 95% CASES SHOULD BE STARTED ON ART 4) ELIMINATE MOTHER TO CHILD HIV TRANSMISSION 5) ELIMINATE HIV/AIDS RELATED STIGMA & DISCRIMINATION 6) SUSTAINABLE SERVICE DELIVERY BY 2024
SUSTAINABLE DEVELOPMENT GOALS - HIV STRATEGY	90-90-90 STRATEGY BY 2020 1) 90% OF ALL PEOPLE LIVING WITH HIV SHOULD BE DIAGNOSED/KNOW STATUS 2) 90% OF ALL DIAGNOSED CASES SHOULD BE STARTED ON ART 3) 90% OF ALL TREATED CASES SHOULD HAVE ADEQUATE VIRAL LOAD REMISSION
UNAIDS - HIV STRATEGY	END THE AIDS EPIDEMIC BY 2030 95-95-95 STRATEGY BY 2030 1) 95% OF ALL PEOPLE LIVING WITH HIV SHOULD BE DIAGNOSED/KNOW STATUS 2) 95% OF ALL DIAGNOSED CASES SHOULD BE STARTED ON ART 3) 95% OF ALL TREATED CASES SHOULD HAVE ADEQUATE VIRAL LOAD REMISSION
NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS	GOAL:- TO ACHIEVE BLINDNESS RATE <0.3% BY 2020 PROGRAM INDICATORS:- 1) CATARACT SURGERIES - 400 SURGERIES/LAKH/YEAR 2) LEVEL OF BITOT'S SPOTS - <0.5% IN SCHOOL GOING CHILDREN 3) NIGHT BLINDNESS <1%
NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAM	TARGET:- 1) <5% PREVALENCE OF IDD IN 10-14 YEARS 2) <10% PREVALENCE OF IDD IN ALL AGE GROUPS STRATEGY:- AT MANUFACTURER LEVEL - >30PPM AT CONSUMER LEVEL - >15PPM

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HEALTH PROGRAMS

EMPLOYEE'S STATE INSURANCE SCHEME 1948	MANDATORY FOR FACTORIES HAVING:- 1) >20 EMPLOYEES WITH LOW/NO POWER USAGE 2) >10 EMPLOYEES WITH HIGH POWER USAGE BENEFICIARY:- WORKERS EARNING <Rs.21,000/- CORPORATION:- 1) 4% MONTHLY WAGE FROM EMPLOYER (3.25%) & EMPLOYEE (0.75%) 2) PROVIDES HEALTH INSURANCE SCHEME TO EMPLOYERS & EMPLOYEES A) SICKNESS BENEFITS:- 91 DAYS LEAVE WITH 70% WAGE BENEFITS B) EXTENDED SICKNESS BENEFITS:- 2 YEARS LEAVE WITH 80% WAGE BENEFITS; FOR 34 DISEASES C) ENHANCED SICKNESS BENEFITS/MEDICAL BENEFITS:- VASECTOMY - 7 DAYS LEAVE WITH 100% WAGE; 14 DAYS LEAVE WITH 100% WAGE D) DISABLEMENT BENEFITS:- 90% WAGE BENEFITS TILL RECOVER/LIFETIME E) MATERNITY BENEFITS:- FULL WAGES FOR 26 WEEKS OF PREGNANCY; 6 WEEKS AFTER MISCARRIAGE/ABORTION; 4 WEEKS (MEDICAL DISORDER AFFECTING PREGNANCY) F) FUNERAL EXPENSES:- Rs.15,000/- TO FAMILY OF DECEASED G) DEPENDANT BENEFIT:- 90% WAGE TO FAMILY, IN CASE OF DEATH ON AN EMPLOYEE DUE TO WORK REASONS; FOR SPOUSE (LIFELONG); FOR CHILDREN (UPTO 18 YEARS/MARRIAGE) H) REHABILITATION BENEFIT - ON PAYMENT OF Rs.10/-, WORKER & FAMILY GET MEDICAL TREATMENT AFTER PERMANENT DISABLEMENT
FACTORIES ACT 1948	FOR FACTORIES HAVING:- 1) >20 EMPLOYEES WITH LOW/NO POWER USAGE 2) >10 EMPLOYEES WITH HIGH POWER USAGE MAXIMUM ACCEPTABLE WORKING HOURS:- 48 HOURS/WEEK; NOT EXCEEDING 9 HOURS/DAY; 2 HOURS OVERTIME/DAY MAXIMUM PERMISSIBLE WORKING HOURS:- 60 HOURS/WEEK ADOLESCENT WORKING HOURS:- 6AM - 7PM; <4.5 HOURS/DAY; LEAVE ONCE IN 15 DAYS WORKSPACE >500 cu.ft / worker CRECHE - >30 FEMALES; >50 WORKERS CANTEEN - >250 WORKERS WELFARE OFFICER - >500 WORKERS SAFETY OFFICER - >1000 WORKERS
SHRAMIK / RAJIV GANDHI / PRADHAN MANTHRI KALYAN YOJANA 2005	BENEFICIARY:- INDIVIDUALS WHO WORKED IN A COMPANY FOR >3 YEARS; UNEMPLOYED DUE TO CLOSURE OF FACTORY/RETRECHMENT/PERMANENT INVALIDITY OF > 40% DUE TO NON-EMPLOYEMENT RELATED INJURY BENEFITS:- 1) UNEMPLOYMENT ALLOWANCE OF 50% SALARY FOR 2 YEARS 2) MEDICAL FACILITIES UNDER ESI HOSPITALS 3) PROVISION OF REHABILITATIVE/VOCATIONAL TRAINING

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HEALTH PROGRAMS

<table>
<tr><td>MATERNITY ACT 2017</td><td>WORKING MOTHERS - GET 12-26 WEEKS OF PAID LEAVE
WORKING MOTHERS WITH 2 SURVIVING CHILDREN - 12 WEEKS OF PAID LEAVE
ADOPTING MOTHER & COMMISIONING MOTHERS - 12 WEEKS OF PAID LEAVE; FROM DATE OF HANDING OVER OF CHILD</td></tr>
<tr><td>AYUSHMAN BHARAT SCHEME/ PRADHAN MANTRI JAN AROGYA YOJANA 2017</td><td>BENEFICIARY:- >50 CRORE POPULATION / >10.7 CRORE FAMILIES
Rs.5,00,000/FAMILY/YEAR
NO CAP ON FAMILY SIZE/MEMBERS
COVERS SECONDARY & TERTIARY CARE HOSPITALIZATION
ALL PRE EXISTING DISEASES COVERED</td></tr>
<tr><td>POSHAN ABHIYAAN / NATIONAL NUTRITION MISSION</td><td>BENEFICIARY:- 0-6 yr CHILDREN, ADOLESCENTS, PREGNANT & LACTATING WOMEN

OBJECTIVES:- BY 2022
1) REDUCTION OF PREVALENCE OF LBW BY 6 % (2% PER YEAR)
2) REDUCTION OF UNDERNUTRITION/STUNTING BY 6% (2% PER YEAR)
3) REDUCTION OF PREVALENCE OF ANEMIA BY 9% (3% PER YEAR)</td></tr>
<tr><td>ASHA INCENTIVE FOR COUPLE PROTECTION</td><td>DELAY FIRST CHILD TILL 2 YEARS POST MARRIAGE - Rs.500/-
SPACING BETWEEN 2 CHILDREN FOR >3 YEARS - Rs.500/-
PERMANENT FAMILY PLANNING OF COUPLE WITHIN TWO OR LESS CHILDREN - Rs.1000/-</td></tr>
<tr><td>NATIONAL FAMILY INDEMNITY SCHEME</td><td>INSURANCE FOR STERILIZATION:-
1) DEATH AT HOSPITAL/ WITHIN 7 DAYS OF DISCHARGE - Rs.2,00,000/-
2) DEATH FOLLOWING STERILIZATION (8th - 30th DAYS DISCHARGE - Rs.50,000/-
3) EXPENSES FOR TREATMENT OF MEDICAL COMPLICATIONS - Rs.25,000/-
4) FAILURE OF STERLIZATION - Rs.30,000/-
5) DOCTORS/FACILITIES COVERED FOR LITIGATIONS UPTO 4 CASES PER YEAR INCLUDING DEFENCE COST - Rs.2,00,000/- PER CASE</td></tr>
<tr><td>JANANI SURAKSHA YOJANA</td><td>
<table>
<tr><th rowspan="2">PERFORMANCE OF STATES</th><th colspan="2">RURAL</th><th colspan="2">URBAN</th></tr>
<tr><th>MOTHER</th><th>ASHA</th><th>MOTHER</th><th>ASHA</th></tr>
<tr><td>LOW</td><td>1400/-</td><td>600/-</td><td>1000/-</td><td>400/-</td></tr>
<tr><td>HIGH</td><td>700/-</td><td>600/-</td><td>600/-</td><td>400/-</td></tr>
</table>
</td></tr>
<tr><td>ASHA INCENTIVE FOR NEWBORN CARE</td><td>HOME DELIVERY - FOR ATLEAST 3 VISITS - Rs.125/- PER VISIT
TWINS - DOUBLE PAYMENT - Rs.500/- PER VISIT
TRIPLETS - TRIPLE PAYMENT - Rs.750/- PER VISIT

LOW BIRTH WEIGHT NEWBORNS - Rs. 50/- FOR EACH ADDITIONAL FOLLOW-UP VISIT EVERY MONTH UPTO TWO YEARS
SNCU DISCHARGED NEWBORNS - Rs.50/- FOR EACH ADDITIONAL FOLLOW-UP VISIT EVERY MONTH UPTO ONE YEAR</td></tr>
<tr><td>INDIAN NEWBORN ACTION PLAN</td><td>TARGET:-
REDUCE NMR & SBR TO <10 BY 2030</td></tr>
</table>

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HEALTH PROGRAMS

GLOBAL VACCINE ACTION PLAN	TARGETS BY 2020:- 1) 100% IMMUNIZATION COVERAGE 2) >2/3rd REDUCTION IN UNDER-5 MORTALITY 3) POLIOMYELITIS ERADICATION 4) NEONATAL TETANUS, MEASLES, RUBELLA TO BE ELIMINATED IN ATLEAST 2 WHO REGIONS
NATIONAL HEALTH POLICY (2017-2022)	(A) HEALTH LIFE:- 1) INCREASE IN LIFE EXPECTANCY AT BIRTH FROM 67.5 TO 70 YEARS BY 2025 2) REDUCTION IN TFR <2.1 BY 2025 (COUPLE PROTECTION RATE >60%) 3) ESTABLISH DALY REGULAR TRACKING TREND BY 2022 (B) MORTALITY:- 1) IMR <28 BY 2019; IMR<25 BY 2025 2) UNDER 5 MORTALITY RATE - 23 BY 2025 3) MMR<100 BY 2020; MMR<70 BY 2025 4) NMR<16 BY 2025 5) SBR<16 BY 2025 (C) DISEASE PREVALENCE:- 1) HIV - 90-90-90 (DETECTION, TREATED, VIRAL LOAD REMISSION) BY 2020 2) LEPROSY ELIMINATION BY 2018 3) KALA AZAR ELIMINATION BY 2017; EXTENDED TO 2020 4) LYMPHATIC FILARIASIS ELIMINATION BY 2017; EXTENDED TO 2020 5) TB CURE RATE >85%; TB CASE DETECTION >70% BY 2025 6) DECREASE IN PREMATURE MORTALITY OF CVD BY 25% BY 2025 (D) HEALTH PERFORMANCE INDICATORS:- 1) INCREASE UTILIZATION OF HEALTH SERVICES BY 50% BY 2025 2) ANC COVERAGE BY >90% BY 2025 3) SKILLED ATTENDANCE AT BIRTH >90% BY 2025 4) NEWBORN FULLY IMMUNIZED >90% BY 2025 5) FAMILY PLANNING >90% BY 2025 (E) NON COMMUNICABLE DISEASES:- 1) CONTROLLED STATUS OF 80% OF HYPERTENSIVE & DIABETICS BY 2025 2) REDUCTION IN TOBACCO USE <30% BY 2025 3) STUNTING REDUCTION <40% BY 2025 4) SAFE WATER & SANITATION ACCESS-100% BY 2020 5) REDUCE OCCUPATIONAL INJURY-50% BY 2020 (F) HEALTH SYSTEM INDICATORS:- 1) HEALTH EXPENDITURE TO 2.5% GDP BY 2025 2) STATE SECTOR HEALTH SPENDING >8% OF TOTAL BUDGET 3) ALL IPHS STANDARDS TO BE IMPLEMENTED BY 2025 4) ESTABLISH HEALTH SURVELLIANCE & REGISTRIES BY 2020

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HEALTH PROGRAMS

SUSTAINABLE DEVELOPMENT GOALS	TARGETS BY 2030:- GOAL NO.3 3.1) MMR <70/1,00,000 3.2) NMR <12/1000 LIVE BIRTHS; UNDER-5 MORTALITY RATE <25/1000 LIVE BIRTHS 3.3) END - TB, HIV, MALARIA / NEGLECTED TROPICAL DISEASES, HEPATITIS, WATER BORNE DISEASES 3.4) REDUCE 1/3rd PREMATURE MORTALITY FROM NCDs & PROMOTE MENTAL HEALTH 3.5) PREVENTION OF SUBSTANCE ABUSE 3.6) REDUCE DEATHS FROM ROAD TRAFFIC ACCIDENTS BY 50% 3.7) ENSURE UNIVERSAL ACCESS TO SEXUAL & REPRODUCTIVE HEALTH-CARE SERVICES 3.8) ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES, MEDICINES AND VACCINES FOR ALL 3.9) REDUCE DEATHS FROM HAZARDOUS CHEMICALS & AIR, WATER & SOIL POLLUTION CONTAMINATION
NATIONAL VITAMIN A PROPHYLAXIS PROGRAM	TARGETS IN SCHOOL GOING CHILDREN:- 1) BITOT SPOTS <0.5% 2) NIGHT BLINDNESS <1% 3) CORNEAL ULCERS <0.01% 4) CORNEAL SCARRING <0.05%
HUMAN DEVELOPMENT INDEX (HDI)	2019 - INDIA HDI - 0.647 RANK - 129
GLOBAL HUNGER INDEX (GHI)	2019 - INDIA GHI - 30.3 RANK - 102
ANNUAL POPULATION GROWTH RATE	2019-20 - 0.99
DECADAL POPULATION GROWTH RATE	2001-2011 - 17.64
OVERALL SEX RATIO	2020 : 924 FEMALES PER 1000 MALES
CHILD SEX RATIO	2020 : 900 FEMALES PER 1000 MALES
ELIGIBLE COUPLE RATE	15-18%
COUPLE PROTECTION RATE	54%
TOTAL FERTILITY RATE	2.2 PER WRA
LITERACY RATE	74%
MATERNAL MORTALITY RATE	113 PER 1 LAKH LIVE BIRTHS HIGHEST MMR - ASSAM LEAST MMR - KERELA
NEONATAL MORTALITY RATE	25 PER 1000 LIVE BIRTHS
UNDER 5 MORTALITY RATE	39 PER 1000 LIVE BIRTHS

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NATURAL GROWTH RATE	13.9 PER 1000 POPULATION HIGHEST NGR - BIHAR LEAST NGR - PUDUCHERRY
SAMPLE REGISTRATION SYSTEM (PUBLISHED 2020)	IMR - 32 / 1000 LIVE BIRTHS HIGHEST IMR - MADHYA PRADESH LEAST IMR - NAGALAND BIRTH RATE - 20 / 1000 POPULATION HIGHEST - BIHAR LEAST - ANDAMAN & NICOBAR DEATH RATE - 6.2 / 1000 POPULATION HIGHEST - CHATTISGARH LEAST - DELHI
SCHOOL HEALTH SERVICES	1) SIZE OF SCHOOL - PRIMARY (>5 ACRES) / HIGHER SECONDARY (>10 ACRES) + 1 ACRE/100 CHILDREN 2) NEARBY PLAY GROUND 3) EXTERIOR WALL OF SCHOOL >10 INCH THICK 4) <40 STUDENTS PER CLASSROOM 5) SPACE - >10sq.ft. / CHILD (SITTING AREA) 6) DESK-MINUS TYPE 7) DOORS & WINDOWS >25% FLOOR AREA 8) VENTILATION >2% FLOOR AREA 9) WINDOW ATLEAST 2.5 ft ABOVE FLOOR LEVEL 10) COLOR OF WALL - WHITEWASHED ANUALLY 11) LIGHT - FROM LEFT SIDE 12) 1 URINAL FOR 60 STUDENTS; 1 LATRINE FOR 100 STUDENTS 13) FOOD/CANTEEN - SCHOOL APPROVED VENDOR 14) ANNUAL MEDICAL CHECKUP
SANITARY WELL PARAMETERS	>15m AWAY FROM CONTAMINATION SOURCE >50m AWAY FROM TOILETS >100m FROM HOUSES <30 min OF WALKING DISTANCE 1m LONG PLATFORM RADIUS HAS A CONCRETE COVER PARAPET WALL - 70-75CM FROM GROUND LEVEL LINING HEIGHT - 60-90 CM FROM GROUND LEVEL & 6m DEEP PUCCA DRAIN - TO CARRY SPILLED WATER TO PUBLIC DRAIN BEYOND CONE OF FILTRATION OF WELL HAND PUMP - SHOULD BE ABLE TO WITHSTAND ROUGH HANDLING

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HEALTH PROGRAMS

SWIMMING POOL SANITATION	1) AREA >24 sq.ft (or) >2.2 sq.m/SWIMMER 2) WATER REPLACEMENT >15% OF WATER REPLACED EVERY 6 HOURS 3) CHLORINE >1PPM AFTER CONTACT PERIOD OF ONE HOUR 4) pH 7.4-7.8
WHO WATER QUALITY PARAMETERS 2017	PHYSICAL PARAMETERS:- 1) TURBIDITY <1 NTU 2) COLOUR <15 TCU CHEMICAL PARAMETERS:- 1) CHLORINE >0.5 PPM AFTER CONTACT PERIOD OF ONE HOUR 2) CHLORIDE <250mg/L 3) TOTAL DISSOLVED SOLIDS <600mg/L 4) ALUMINIUM <0.9mg/L 5) ARSENIC <0.01mg/L 6) COPPER <2mg/L 7) FLUORIDE <1.5mg/L 8) pH - 6.5-8.5 9) HARDNESS - 1-3mEq/L (or) 50-150mg/L 10) NITRATE <50mg/L; NITRITE <3mg/L 11) LEAD <0.01mg/L 12) MERCURY <0.006mg/L 13) POLYAROMATIC HYDROCARBONS <0.0007mg/L 14) SODIUM <200mg/L 15) IRON <0.3mg/L 16) CALCIUM <75mg/L OTHER PARAMETERS:- 1) COLIFORMS - NOT DETECTABLE IN 100mL OF SAMPLE WATER 2) α ACTIVITY 0.5 Bq/L; β ACTIVITY 1 Bq/L
HOUSING CRITERIA	1) >15m AWAY FROM ROAD 2) 9 inch THICK OUTER WALL OF HOUSE 3) ROOF OF HOUSE >10 ft 4) SIZE OF ROOM >100 sq.ft/PERSON 5) 500-1000 sq.ft OF AIR SPACE PER CAPITA 6) >=2 ROOMS, 1 DOOR, 2 WINDOWS 7) WINDOW >1/5th FLOOR AREA 8) DOOR >1/5th FLOOR AREA 9) HEIGHT OF WINDOW - 3 FEET FROM GROUND 10) HEIGHT OF PLINTH - 2-3 FEET 11) DAY LIGHT FACTOR OF >1% OVER HALF OF FLOOR AREA

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