Subject: Minutes of the first meeting of the Steering Committee for National Health Portal (SCNHP) held on 27th September, 2011 at National Institute of Health & Family Welfare (NIHFW).

The first meeting of the Steering Committee for National Health Portal (SCNHP) was held under the Chairmanship of Dr N K Ganguly on 27th September, 2011 in National Institute of Health & Family Welfare (NIHFW) to discuss the action to be taken to take forward the process of setting up and operationalisation of National Health Portal (NHP).

2. The list of participants is given at Annexure I.

3. Dr N K Ganguly welcomed the participants and requested Ms Madhu Bala, ADG (Stats) - Member SCNHP, to brief the SCNHP on the project. She informed the participants that the present proposal for setting up the NHP emanated from the recommendations of the National Knowledge Commission. She briefly mentioned about the objective, scope and entities envisaged under the National Health Portal. She further clarified that Expenditure Finance Committee meeting held on 5th May, 2011 approved the NHP on pilot basis for two years with scaling down the level of operations without diluting the context of the Portal. Finally, Shri Alok Kumar Verma; JD (Stats) – Member Secretary SCNHP was asked to make a brief presentation on the NHP.

4. A presentation was made by JD (Stats) giving details of the origin, objectives, scope, features, stake holders & targeted users, administration & operational structure, present status, roadmap, deliverables, different sections / utilities etc of NHP based on the Detailed Project Report (DPR) (copy enclosed as Annexure - II).

5. The Chairperson observed that the SCNHP has to deliberate over creation of an enabling structure with a future dimension. He desired the SCNHP to further deliberate upon whether CHI will be an autonomous entity. It was pointed out that Project Director of CHI is envisaged to be under the administrative control of Director, NIHFW. Prof Deoki Nandan, Director, NIHFW, while agreeing that NIHFW would provide the administrative and technical support to the project, desired that there should be value addition to NIHFW. Dr L M Nath, Co-Chairperson of SCNHP, emphasised that the NIHFW should be strengthened and that the operational structure of NHP has to be in consonance with the existing management style of NIHFW. He suggested that CHI may be set up as a Department of NIHFW. SCNHP felt the need for constitution of a Sub-Committee to make recommendations about the profile of posts to be created at CHI and to recommend the modalities for expeditiously engaging professionals for the said posts. It was further suggested that keeping in view the important role of civil society and industry, these two entities should also be added to the organogram listing out the key entities and operational structure.

6. The contents of the NHP were next discussed by the SCNHP. Chairperson observed that in view of the fact that the project has been approved as a pilot project initially for a two year period, the focus should be on a do-able pilot which will collate data sets in the existing portals to begin with, but would be with unique features. He noted that dissemination and communication being the major features of the portal, the portal should cater to the needs of the common man. The contents may be further strengthened for different stake-holders later on. He suggested that some diseases, such as non-communicable diseases, may be identified on which information may be provided on a priority basis. The Co-Chairperson stated that the first priority should be to meet the health related questions of lay persons and giving information on healthy life-style. It was felt that the portal should provide information
on the location of public health institutions and the facilities available therein. SCNHP was of the view that initially the contents should be generated in three languages – Hindi, English and Tamil and accordingly, two Regional Knowledge Centres (RKCs) instead of one – should be operated initially.

7. It was suggested that a separate section / link should be created on NIHFW website for hosting the important documents / latest developments related to NHP project. It was also suggested that a secure chat line on NIHFW website should be provided so that the SCNHP members may share their thoughts. Director, NIHFW indicated that NIHFW has limitations of bandwidth. The SCNHP requested MoHFW to support NIHFW in its efforts to procure increased bandwidth.

8. After detailed deliberations, the SCNHP took the following decisions:

   a) The NHP should be treated as a pilot project given as a project to NIHFW and the portal should be sufficiently autonomous, generic (i.e., the contents should be such as could be understood by everybody), dynamic (i.e., the information should be capable of being updated regularly), flexible (i.e., the portal should be capable of adapting to the new developments) and ultimately a publicly-funded public institution.

   b) The initial phase is a learning experience and NIHFW may be considered as an incubation institute in this pilot phase. SCNHP should evaluate the future of the project or place of CHI in NIHFW after one and a half years and make appropriate recommendations.

   c) Director, NIHFW would obtain the necessary administrative approvals for setting up the infrastructure necessary for the smooth functioning of CHI and any difficulty in this regard may be brought to the notice of SCNHP.

   d) A Sub-Committee would be constituted to make recommendations about the profile of posts to be created at CHI and to recommend the modalities for expeditiously engaging professionals for the said posts. The composition of the Sub-Committee would be as under:

   (i) Dr Narendra K Arora, Executive Director, The INCLEN Trust– Chairman

   (ii) Dr S K Mishra (Professor, SGPGIMS) – Member

   (iii) Shri Vishwajeet Ringe, STD (NIC) – Member

   (iv) Dr Meera Singh, Scientist ‘F’ (ICMR) – Member

   (v) Dr S K Srivastava, Scientist ‘F’ (DIT) – Member

   (vi) Shri Suresh Kochattil, Senior Manager (Apollo Health Street) – Member

   (vii) Shri Alok Kumar Verma, Joint Director (Stats – MoHFW) – Member

   (viii) Dr Sanjay Gupta, Associate Professor (NIHFW) – Member Secretary

   The Sub-Committee would make its recommendations within one month.

   e) Initially the contents should be generated in three languages – Hindi, English and Tamil and accordingly, two Regional Knowledge Centres (RKCs) instead of one – should be operated initially.

   f) To begin with, the existing data sources should be identified and linkages be provided to them in the NHP.

   g) NIHFW would initiate and carry out the work relating to NHP utilising their existing scientific resources till such time as other NHP-related entities are put in place.
h) A separate section / link should be created on NIHFW website for hosting the important documents / latest developments related to NHP project. NIHFW would also provide a secure chat line on NIHFW website so that the SCNHP members may share their thoughts.

i) The SCNHP should meet every two months in the first six months.

9. The meeting ended with vote of thanks to the Chair.
List of participants of the first meeting of Steering Committee for National Health Portal (NHP) (27th September, 2011)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name and Designation</th>
<th>Remarks</th>
<th>E-mail</th>
<th>Phone number (with STD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dr N K Ganguly [President JIPMER, South Ex, New Delhi]</td>
<td>Chairperson – SCNHP</td>
<td><a href="mailto:nkganguly@nii.ac.in">nkganguly@nii.ac.in</a></td>
<td>9811504314</td>
</tr>
<tr>
<td>2</td>
<td>Dr L M Nath</td>
<td>Co-Chairperson – SCNHP</td>
<td><a href="mailto:lalitnath@vsnl.com">lalitnath@vsnl.com</a></td>
<td>011-24335889</td>
</tr>
<tr>
<td>3</td>
<td>Ms Madhu Bala [ADG (Stats)]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:madhu.bala@nic.in">madhu.bala@nic.in</a></td>
<td>9871162610</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Pradeep Khasnobis [CMO, NCDC]</td>
<td>Representing Director - NCDC Member – SCNHP</td>
<td><a href="mailto:idsp-cmo@nic.in">idsp-cmo@nic.in</a></td>
<td>986828991</td>
</tr>
<tr>
<td>5</td>
<td>Dr S K Srivastava [Scientist 'F', Deptt. of Information Tech.]</td>
<td>Representing Joint Secretary - DIT Member – SCNHP</td>
<td><a href="mailto:sks@mit.gov.in">sks@mit.gov.in</a></td>
<td>9899143110</td>
</tr>
<tr>
<td>6</td>
<td>Shri Rajesh Gera [Senior Technical Director, NIC]</td>
<td>Representing Dr Y K Sharma, DDG-NIC Member – SCNHP</td>
<td><a href="mailto:rgera@nic.in">rgera@nic.in</a></td>
<td>9810882736</td>
</tr>
<tr>
<td>7</td>
<td>Shri P C Cyriac [DDG (Stats)]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:pc.cyriac@nic.in">pc.cyriac@nic.in</a></td>
<td>9899215507</td>
</tr>
<tr>
<td>8</td>
<td>Prof Deoki Nandan [Director, NIHFW]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:director@nihfw.org">director@nihfw.org</a></td>
<td>9971104666</td>
</tr>
<tr>
<td>9</td>
<td>Dr S K Mishra [Professor &amp; Head, Deptt. of Endocrine Surgery, I/c SGPGI Telemedicine Program]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:skmishra@sgpgi.ac.in">skmishra@sgpgi.ac.in</a>; <a href="mailto:skmishra_1956@yahoo.com">skmishra_1956@yahoo.com</a></td>
<td>0522-2668777; 9415025568</td>
</tr>
<tr>
<td>10</td>
<td>Dr Meera Singh [Scientist – F, Indian Council of Medical Research]</td>
<td>Nominee of Secretary - DHR Member – SCNHP</td>
<td><a href="mailto:singhm@icmr.org.in">singhm@icmr.org.in</a></td>
<td>9873010501</td>
</tr>
<tr>
<td>Sr. No.</td>
<td>Name and Designation</td>
<td>Remarks</td>
<td>E-mail</td>
<td>Phone number (with STD)</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------</td>
<td>---------</td>
<td>--------</td>
<td>------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Dr S Venkatesh [DDG (M&amp;E), NACO]</td>
<td>Nominee of Secretary - NACO Member – SCNHP</td>
<td><a href="mailto:drsvenkatesh@gmail.com">drsvenkatesh@gmail.com</a></td>
<td>011-23325337</td>
</tr>
<tr>
<td>12</td>
<td>Shri Anoop Kumar [Joint Director (NFSG), CBHI, DGHS, MoHFW, New Delhi]</td>
<td>Nominee of DGHS Member – SCNHP</td>
<td><a href="mailto:dircbhi@nic.in">dircbhi@nic.in</a></td>
<td>011-23061529</td>
</tr>
<tr>
<td>13</td>
<td>Prof Shashikant [Professor, Centre for Community Medicine, AIIMS, New Delhi – 29]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:skant76@hotmail.com">skant76@hotmail.com</a></td>
<td>011-26589838</td>
</tr>
<tr>
<td>14</td>
<td>Dr B V Adkoli [Educationist, CMET, AIIMS]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:bvadkoli@gmail.com">bvadkoli@gmail.com</a></td>
<td>9873029295</td>
</tr>
<tr>
<td>15</td>
<td>Shri Suresh Kochattil [Senior Manager, Apollo Health Street, Hyderabad]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:suresh_k@apollohs.com">suresh_k@apollohs.com</a></td>
<td>040-40003885; 9849011006</td>
</tr>
<tr>
<td>16</td>
<td>Shri Shatrunjay Rawat [Faculty, IIIT, Hyderabad]</td>
<td>Member – SCNHP</td>
<td><a href="mailto:rawat@ieee.org">rawat@ieee.org</a>; <a href="mailto:shatrunjay.rawat@iiit.ac.in">shatrunjay.rawat@iiit.ac.in</a></td>
<td>040-66531000</td>
</tr>
<tr>
<td>17</td>
<td>Shri Alok Kumar Verma [Joint Director (Stats), MoHFW]</td>
<td>Member Secretary – SCNHP</td>
<td><a href="mailto:jdstat3-mohfw@nic.in">jdstat3-mohfw@nic.in</a></td>
<td>011-23061288</td>
</tr>
</tbody>
</table>

**Note:** Dr Rajesh Narang, Principal Consultant (Technology), DIT - Member SCNHP did not attend
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name and Designation</th>
<th>Remarks</th>
<th>E-mail</th>
<th>Phone number (with STD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Dr Sangita Reddy</td>
<td>Special Invitee – SCNHP</td>
<td><a href="mailto:sangita_reddy@apollohospitals.com">sangita_reddy@apollohospitals.com</a></td>
<td>040-23608850</td>
</tr>
<tr>
<td>19</td>
<td>Shri V V Ringe</td>
<td>[Senior Technical Director, NIC]</td>
<td><a href="mailto:ringe@nic.in">ringe@nic.in</a></td>
<td>011-23062145</td>
</tr>
<tr>
<td>20</td>
<td>Shri S Ramakrishnan</td>
<td>[Former DG, CDAC, Adviser, Media Lab Asia]</td>
<td><a href="mailto:ramkicdac@gmail.com">ramkicdac@gmail.com</a></td>
<td>9971971110</td>
</tr>
<tr>
<td>21</td>
<td>Mr Amit Saxena</td>
<td>[Information System Specialist, MoHFW]</td>
<td><a href="mailto:tsgamit@yahoo.com">tsgamit@yahoo.com</a></td>
<td>011-23061288</td>
</tr>
<tr>
<td>22</td>
<td>Dr Harpreet Singh</td>
<td>[Scientist – C, Indian Council of Medical Research]</td>
<td><a href="mailto:hsingh@bmi.icmr.org.in">hsingh@bmi.icmr.org.in</a></td>
<td>999949696</td>
</tr>
<tr>
<td>23</td>
<td>Dr Sanjay Gupta</td>
<td>[NIHFW]</td>
<td><a href="mailto:sgupta@nihfw.org">sgupta@nihfw.org</a></td>
<td>9818855357</td>
</tr>
<tr>
<td>24</td>
<td>Prof V K Tiwari</td>
<td>[NIHFW]</td>
<td><a href="mailto:vktiwari.nihfw@gmail.com">vktiwari.nihfw@gmail.com</a></td>
<td>9312309283</td>
</tr>
<tr>
<td>25</td>
<td>Dr J P Shivdasani</td>
<td>[NIHFW]</td>
<td><a href="mailto:jaisani65@yahoo.com">jaisani65@yahoo.com</a></td>
<td>9810472036</td>
</tr>
</tbody>
</table>
NATIONAL HEALTH PORTAL (NHP)

Presentation plan

- Origin
- Objectives
- Scope
- Features
- Stake holders & Targeted Users
- Administration and Operational Structure
- Present Status
- Roadmap
- Deliverables
- Different Sections/Utilities of NHP
- Way Forward
Origin:

- Multitude of websites
  - Fragmented information – usually not updated
  - Need to be citizen friendly
  - Need to improve searching & retrieving capabilities
- No mechanism for vetting health related information
- Need for single point of access for Health related information

On the recommendation of the National Knowledge Commission (NKC) outlining the need for a National Health Portal (or 'India Health Portal').

In the Presentation we use National Health Portal (NHP).

Objectives:

- Improve health literacy
- Improve access to health services and validated information
- Promote preventive aspects of disease
- Decrease the burden of disease
Scope:

- Development, setting up and management of a multilingual online national health portal for India
- Presenting simple, easy to understand health-related information using various dissemination means
- Information to be made available in English, Hindi and 11 other major regional languages of India (Bengali, Telugu, Marathi, Tamil, Urdu, Gujarati, Kannada, Malayalam, Oriya, Punjabi and Assamese – ranked as per 2001 Census)
- Health content to include information on alternative streams of medicine such as AYUSH and Naturopathy.

Features:

- Single point of access for health information
- Multilingual
- Availability of validated information
- Promotion of health literacy
- Seek, locate and access health care providers across the country
Stakeholders & Targeted User Group

- Government
- Academic institutes
- Private sector
- Technology experts
- Common man
- Students
- Healthcare professionals
- Researchers

Click for Details

Operational Structure

MoHFW

Portal Steering Committee (PSC) (Functional Aspects)
Director, NIHFW (Administrative Aspects)

Centre for Health Informatics (CHI)

- Project Management Team (PMT)
- Technology Development Team (TDT)
- Central Content Development Centre (CCDC)
- Health Literacy Research Lab (HLRL)
- Regional Knowledge Centres (RKCs)
- Alternate Medicine Knowledge Centres (AMKCs)
PSChas been set up under the MoHFW to manage the NHP.

The roles of the PSC are:

- To provide strategic direction to the NHP initiative;
- Coordination and interaction with Departments, Research Institutions, Universities, Medical Colleges, Professional Bodies etc. for collection, collation and validation of health information;
- Identifying key institutions for promoting partnership with the Centre for Health Informatics for furthering the NHP initiative;
• To oversee, coordinate and monitor the implementation of the activities related to the National Health Portal through the Centre for Health Informatics;

• Formulating protocols for vetting, validating and disseminating health related information for use by the various stake holders;

• Identifying enabling platforms for providing health information and health resources for the health professionals, health care workers, student communities, CBOs, etc.

---

Portal Steering Committee (PSC)...2

• To be created at NIHFW.
• CHI will function as the nucleus / secretariat of the NHP / PSC.
• The CHI will be headed by a Project Director who will be under the administrative control of Director, NIHFW.

The CHI would inter alia be responsible for:

• Coordinating the activities of the various NHP-related entities for the effective functioning of the portal;
• Outsourcing and managing the activities related to the NHP;

---

Centre for Health Informatics (CHI)...1

• To be created at NIHFW.
• CHI will function as the nucleus / secretariat of the NHP / PSC.
• The CHI will be headed by a Project Director who will be under the administrative control of Director, NIHFW.
Centre for Health Informatics (CHI)...2

- Liaison with various Departments, Research Institutions, Universities, Medical Colleges, etc for collection, collation and validation of information;
- Evolving / adapting open standards for health information exchange;
- Formulating protocols for vetting, validating and disseminating health information for various stakeholders;
- Creating enabling platforms for providing health information and health resources for the health professionals, health care workers, student communities, CBOs, etc.

Centre for Health Informatics (CHI)...3

The proposed manpower structure of CHI is as under:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Post</th>
<th>Scale of Pay (in Rs.)</th>
<th>No. of Posts Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Project Director / Professor</td>
<td>37,400 - 67,000 + 10,000:GP</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Additional Director</td>
<td>37,400 - 67,000 +8,700 GP</td>
<td>2</td>
</tr>
<tr>
<td>3.</td>
<td>Deputy Director/ Under Secretary</td>
<td>15,000 - 39,100 +6,600 GP</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Assistant Director</td>
<td>15,600 - 39,100 +5,400 GP</td>
<td>4</td>
</tr>
</tbody>
</table>

Secretarial and other support (to be outsourced):

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Post</th>
<th>Monthly Pay (in Rs.)</th>
<th>No. of Posts Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Project Assistant</td>
<td>25000/- per month</td>
<td>7</td>
</tr>
<tr>
<td>6.</td>
<td>Support Staff</td>
<td>8000/- per month</td>
<td>8</td>
</tr>
</tbody>
</table>
Project Management Team (PMT)

PMT would be primarily responsible for:

- Coordinating overall development and management;
- Ensure continuity and continuous upgradation;
- Supervision, management, interaction and liaison between CCDC, HLRL, RKCs, NIC, TDT, Development Partners and other knowledge groups to ensure that targets and functions are achieved as per plan.

Central Content Development Centre (CCDC)

CCDC would be primarily responsible for:

- Continuously generating, collating and populating health content in a standardised format;
- Development of templates carrying health literacy contents. The standardisation thus achieved would help in navigation;
- Coordination with other CDCs, RKCs and AYUSH centres and to put the contents in a standardised format;
- Development of health related illustrations and animations.
**Technology Development Team (TDT)**

TDT would be primarily responsible for:

- Software Development;
- Customizing design;
- Managing front end;
- Maintaining portal;
- Documentation.

---

**Health Literacy Research Lab (HLRL)**

HLRL would be primarily responsible for:

- Collection of all health contents made available through the various teams;
- Dissemination and material creation;
- Management of audio / video generation for portal;
- Dissemination of health content through State IEC machinery;
- Working closely with NGOs for promotion of health literacy.
Alternate Medicine Knowledge Centres (AMKCs)

AMKCs would be primarily responsible for:
- Development of contents for AYUSH;
- Alternative Medicine

Regional Knowledge Centres (RKCs)

- 12 RKCs to be established in collaboration with State Institutes for collating and validating / translating the contents in 12 Indian languages.
- These centres would be identified by the PSC.
- RKCs will have responsibility for Forums and News sections in the respective languages.
Regional Knowledge Centres (RKC)s...

- In the beginning, one RKC responsible for Hindi health content could be established.

- RKCs for other major regional languages may be set up eventually.

- The ultimate aim is that a RKC will be established in every State / UT.

Present status

- EFC, in its meeting on 5th May, 2011, approved the project to be implemented in a pilot phase in 2 years without dilution of contents.

- Steering Committee has been notified

- First meeting of the Steering Committee is proposed to be held in September, 2011 to take the process forward

- MoF has approved creation of post of Project Director CHI; NIHFW has been requested to initiate the process of creation and filling up of the post.

- Note for the creation of other posts at CHI is under process.
Roadmap

Development Phase

Year 1
- Project will run 2 years on Pilot Basis
- Preparation and uploading of 1200 Factsheets (600 in English & 600 in Hindi).
- Translation of Year 1 static information into 12 different languages.
- Simultaneous translations of the new content into 11 different languages.
- Preparation of 50 Interactive modules (25 in English & 25 in Hindi).
- 10 Health Widgets
- Dissemination of the by the IEC Directorate at the Central and as well as state levels

Year 2
- Collection & collation of health information from various sources (including existing static health information, Ayush Content, & IEC material).
- Publication of information on the portal in a standardized format.
- Dissemination of information through other modes such as print, TV, Radio and DVD's.
- Summarization of regulatory information, directory services and disaster management with links for detail.

Year 3

Year 4

Maintenance Phase
Targeted Deliverables of each year:

- 100 topics to be created annually
- Updation of old health content
- Further dissemination through print, TV, Radio, DVD's, Kiosks and e-learning
- Maintenance of all the activities of development phase

Maintenance Phase

Different Utilities/Sections of NHP

Information Section
- Text and Static web pages
- Voiceovers / Podcasts
- Directory Services
- Multilingual Translations
- ... etc

Intelligent Searches
- Patient information sheets
- Regulatory Information
- Disaster Management
- ... etc

Complementary and Alternative Medicine (CAM)
- Ayush
- Ayurveda
- ... etc

Tools and Widgets
- Interactive multilingual modules
- Online health tools
- Online health forums
- e-Learning
- Blogs
- ... etc

Dissemination
- Print
- TV
- Radio
- DVDs
- Videos
- Health kiosks
- Other IEC Alternate
- ... etc

Communication
- Alerts
- Updates
- News
- Really Simple Syndication (RSS) feeds
- SMS alerts
- ... etc

Few Definitions
Way Forward...1

- PSC has to deliberate on the future course of action specially keeping in view that the posts meant for CHI are yet to be created. Lack of dedicated personnel to extend technical / secretarial support to PSC, may hamper the expeditious disposal of work related to setting up of NHP.
- CHI, which will be clearly under the administrative control of Director, NIHFW, should be constituted immediately for effective functioning of the PSC.

Way Forward...2

- Modalities of release of sanctioned amount of Rs. 10 crore to the concerned authority for the first year to be decided.
- Prioritization of activity to cover under 2 year for development of NHP.
- Types of professionals to be identified for undertaking the Project in different entities.
- Creating a different link / section on NIHFW website for activities related to NHP.

Thanks
<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Their Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health and Family Welfare (MOHFW)</td>
<td>Own the Portal; Develop a Policy for the Portal; and Coordination &amp; evaluation of the executor functions related to the portal</td>
</tr>
<tr>
<td>National Institute of Health and Family Welfare (NIHFW)</td>
<td>The Nodal centre to provide an administrative framework that would enable the development, implementation, and maintenance of the IHP</td>
</tr>
<tr>
<td>National Rural Health Mission (NRHM)</td>
<td>Aiding in improving the quality of health of those who reside in rural areas through dissemination using the portal and other Non IT modes of communication</td>
</tr>
<tr>
<td>National Informatics Centre (NIC)</td>
<td>The NIC will provide the necessary security framework within their Data centre to host the IT infrastructure based on set standards as required by the Govt. of India</td>
</tr>
<tr>
<td>Indian Council of Medical Research (ICMR)</td>
<td>Being a national knowledge body and a contributor towards research, will provide assistance in Research Studies and content related to the portal</td>
</tr>
<tr>
<td>Department of AYUSH</td>
<td>Will provide guidance and content for enriching people's knowledge on AYUSH systems for the Portal</td>
</tr>
<tr>
<td>National Centre for Disease Control (NCDC)</td>
<td>Will provide educational content &amp; literacy materials on various topics related to communicable diseases meant for the Portal</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Their Roles</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>National Disaster Management Authority (NDMA) &amp; National Institute of Disaster Management (NIDM)</td>
<td>Would provide additional content on various disaster management topics. Aid to develop a disaster management strategy, thereby help in building a safer and resilient India</td>
</tr>
<tr>
<td>Centre for Development of Advanced Computing (C-DAC); Central Institute of Indian Languages (CIIL); Technology Development of Indian Languages (TDIL); Dept of Official Language</td>
<td>Aiding in the translation of health and non-health related content generated by various content development centres into Hindi &amp; various other Indian languages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Their Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Directorate of Information and Publicity</td>
<td>Help in the implementation of various health literacy initiatives at the state level so as to improve the health status. Aiding in the dissemination through various modes</td>
</tr>
<tr>
<td>Others – UNICEF, WHO, St John's Research Institute (SRI), NGO's and other Knowledge partners</td>
<td>Providing relevant content to portal and actively engage in the dissemination process</td>
</tr>
</tbody>
</table>
• Voiceovers - The voice of an unseen narrator, or of an onscreen character not seen speaking, in a movie or a television broadcast.

• Podcasts - A podcast (or non-streamed webcast) is a series of digital media files (either audio or video) that are released episodically and often downloaded through web syndication.

• Online Tools & Widgets - A widget is a stand-alone application that can be embedded into third party sites by any user on a page where they have rights of authorship (e.g. a webpage, blog, or profile on a social media site).

• RSS (Really Simple Syndication) - RSS is a format for delivering regularly changing web content.

• Blog - A blog is a Web site or part of a website on which an individual or group of users record opinions, information, etc. on a regular basis.

• E-Learning - E-learning comprises all forms of electronically supported learning and teaching. It is essentially the computer and network-enabled transfer of skills and knowledge.