

IN THE NEWS

World breastfeeding week: Dispelling myths around breastfeeding



World Breastfeeding week is celebrated every year in August in more than 170 countries to encourage breastfeeding and improve the health of babies around the world. The theme for the World Breastfeeding Week 2016 is Breastfeeding: A key to Sustainable Development

Earlier this year, Medela India hosted the first edition of LactoClave 2016 in Delhi where leading gynaecologists, neonatologists and lactation consultants from Fortis La Femme Hospital gathered to discuss the need and importance of breastfeeding. This conclave gave mothers from all over the country an opportunity to participate in an event that acted as a great myth buster and eye-opener.

Dr Raghuram Mallaiah, director, Neonatology, Fortis La Femme adds, "As per WHO and UNICEF guidelines, early initiation of breast milk is most beneficial. The education on this should be actively provided to new mothers and the families. The new born should be immediately

Dear Friends,

Welcome to the first issue of PRERNA, our goal in developing this publication is to keep everyone informed on some interesting developments around RMNCH+A. We want it to be a space which develops into one where we share updates and information. Our efforts will be towards making this as relevant as we can and will be very happy to hear your comments on the first issue.

You can also participate by sharing updates and developments about your state and experiences.

Please write to us with your thoughts and ideas and send an email to Aditi at adititewari@vhai.org

Bhramanath

moved to the mother except in very complicated deliveries. Babies should get the opportunity to latch on in the first hour and the sooner the baby latches on the early the initiation is."

To know more: <http://indianexpress.com/article/lifestyle/health/breastfeeding-mother-milk-myths-busted-benefits-newborn-health-news-2764173/>

JP Nadda Underlines Importance Of Yoga And Balanced Diet

Union Health Minister J P Nadda on Thursday underlined the rising scare of lifestyle diseases in India and the importance of yoga and a balanced diet to tackle these.

Mr. Nadda launched a nationwide pilot programme called FitIndia, which aims to raise awareness in the country about taking charge of one's own health and leading an active and healthy lifestyle. The program is a weapon to counter the growing incidence of non-communicable lifestyle disorders in the country.

"My ministry will provide full support in eradicating non communicable and lifestyle diseases from India. I recommend we should practice yoga and maintain a balanced diet for a healthy lifestyle to ensure a fitter India," a statement quoting Mr. Nadda said.



To know more: <http://www.ndtv.com/india-news/jp-nadda-underlines-importance-of-yoga-and-balanced-diet-1445865>

IN THE NEWS

Intensified Diarrhoea Control Fortnight launched by the MoHFW



UNICEF research suggests that about 1.2 lakh children under the age of five succumb to diarrhoea deaths every year which accounts for 328 diarrhoeal deaths every day and 13 every hour. The Ministry of Health & Family Welfare launched the Intensified Diarrhoea Control Fortnight (July 11- July 23, 2016) to focus attention on the disease that kills so many children. The main activities under the ICDF include home visits by ASHA's prophylactic distribution of ORS-Zinc, establishment of ORS- Zinc corners, ensuring prescription or ORS with Zinc dispersible tablets and referrals and medical management by all health providers.

To know more: <http://currentaffairs.gktoday.in/union-government-launches-intensified-diarrhoea-control-fortnight-07201634332.html>

India to launch its first exclusive leprosy vaccine: Union Health Minister

CHENNAI: The first exclusive vaccine for leprosy that was developed at home will be launched in a few weeks, said Union Health Minister Jagat Prakash Nadda here on Saturday, adding that five districts in Bihar and Gujarat will be chosen for the pilot phase.

The vaccine, mycobacterium indicus Pranii (MIP), will be administered as a preventive measure for people living in close contact with those infected by the bacteria that affects over one lakh people every year. This will be the first such mass vaccination programme in the world, Nadda added, speaking at the National Awareness Convention on Leprosy organised by the Sri Ramakrishna Math, Central Leather Research Institute and Saksham.

"Trials have shown that the vaccine could bring down the number of cases by 60 per cent in just three years. It also expedites cure rate if given to people with skin lesions," said the director general of Indian Council of Medical Research, Dr Soumya Swaminathan.



To know more: <http://www.newindianexpress.com/nation/India-to-launch-its-first-exclusive-leprosy-vaccine-Union-Health-Minister/2016/08/21/article3589348.ece>

World Population Day- 'Micro-planning is the key to bringing down the TFR in the country'

The theme for the World Population Day, July 11th, was 'Zimmedari Nibhao, Plan Banao'.



In a function organised by Jansankhya Sthirta Kosh to mark the day, Shri J.P.Nadda, Union Health Minister shared that as of July 2016, there are 23 districts across the country that have a TF4 of above 4. These districts are spread across 11- in U,P, 8- in Bihar, 2- in Rajasthan. He explained how the "The government will re-strategize and focus on the districts where total fertility Rate (TFR) is high in order to bring down the TFR level in the country. There is a need to do micro-planning for these districts and develop need-based programmes to address TFR." The event was also attended by, Union Minister of Health and Family Welfare in Shri Faggan Singh Kulaste, Minister of State for Health and Family Welfare, Smt. Anupriya Patel, Minister of State for Health and Family Welfare, Shri B P Sharma, Secretary (Health) and Smt. Gauri Singh, Principal Secretary, Health and Family Welfare, Madhya Pradesh, along with other senior officials

To know more:

<http://indiatoday.intoday.in/story/micro-planning-needed-for-population-stabilisation-nadda/1/712150.html>

IN THE POLICIES

Complexities of the Child Marriage Act

At a time, while there are huge campaigns for gender equality in India, one is faced with a great dilemma when they come in contact with

outdated legislations of the country. Section 13 of The Prohibition of Child Marriage Act, 2006, lists out grounds for divorce, states that every child marriage shall be voidable at the option of the contracting party, provided that such marriage, whether consummated or not, was repudiated within two years of either of them attaining the marriage age – 18 for women and 21 for men.

The issue of child marriage is complex and falls in the domain of the Hindu Marriage Act (HMA), under which, a marriage may solemnized between any two Hindus, if the following conditions are fulfilled, (i) neither party has a spouse living at the time of the marriage; (ii) at the time of the marriage, neither party— (a) is incapable of giving a valid consent to it in consequence of unsoundness of mind; or (b) though capable of giving a valid consent, has been suffering from mental disorder of such a kind or to such an extent as to be unfit for marriage and the procreation of children; or (c) has been subject to recurrent attacks of insanity; (iii) the bridegroom has completed the



age of twenty-one years and the bride the age of eighteen years at the time of the marriage; (iv) the parties are not within the degrees of prohibited relationship, unless the custom or usage governing each of them permits of a marriage between the two; (v) the parties are not sapindas of each other, unless the custom or usage governing each of them permits of a marriage between

the two. However, HMA does say that age is a precondition, so a closer look reveals that- Void marriages.—Any marriage solemnized after the commencement of this Act shall be null and void and may, on a petition presented by either party thereto against the other party, be so declared by a decree of nullity if it contravenes any one of the conditions specified in clauses (i), (iv) and (v) of Section 5. Though five conditions have been stipulated in section 5, only the contravention of three of them, namely, clauses (i), (iv) and (v) would render the marriage to be null and void. Clause (iii) of section 5, which is the condition with regard to the minimum ages of the bride and bridegroom, is conspicuous by its absence. As a result, a Hindu marriage solemnized in contravention of clause (iii) of section 5 of the HMA cannot be regarded as a void or invalid marriage.

To know more: <http://timesofindia.indiatimes.com/india/Child-marriage-in-the-time-of-selfiewithdaughter/articleshow/47919416.cms>



Reviewing of the Medical Termination of Pregnancy Act, 1971

The news case of 'Miss X' has left law makers perturbed, it is the case which made the Supreme Court allow Miss X to abort her 24 week old foetus citing abnormalities in the foetus as well as trauma from the rape with the pregnancy being the result of deception on the part of her former fiancé. Challenging the constitutional validity of Sec 3(2) (b) of MTB Ac, Colin Gonsalves told the SC that continuance of pregnancy despite knowing that the foetus had abnormalities was a violation of her fundamental right. The victim has got relief under an exception in Sec 5 of the MTPA (1971), which allows abortion after the permissible 20 weeks in case it is 'immediately necessary to save the life of the pregnant woman'. This case just has been an alarm for us to wake up to the rising incidence of sex crimes and the urgent need to empower women with sexual rights and choices both in their own interest and for the sake of reducing the fertility rate as a whole.

To know more: <http://indianexpress.com/article/explained/abortion-law-rape-victim-terminate-pregnancy-supreme-court-20-weeks-pregnant-2935481/>

IN OPINION

Save India's children: Reinvent and redesign the ICDS to effectively combat malnutrition

In April this year, the UN General Assembly proclaimed 2016-25 as the Decade of Action on Nutrition. In July finance minister Arun Jaitley met with some of his ministerial colleagues, senior bureaucrats and NGO representatives to brainstorm on the constitution of a National Nutrition Mission. The problem of malnutrition has come centre stage in Indian policymakers' thinking much more than ten years ago, when National Family Health Survey III figures were released with the distressing data that almost half of India's children under five were undernourished. While NFHS IV figures show an improvement, the road ahead is a long one. Clearly, high levels of undernutrition and stunting, which make children susceptible to physical and mental disability as well as reduced productivity when they grow up, will affect economic growth and wipe out the country's "demographic dividend". According to some studies, malnutrition will affect the GDP of

The time has come to take a hard look at ICDS. Not to abandon it but to revisit, redesign and rebrand it. For the sake of those millions of Indian children who deserve a better future and who, in this day and age, should not be allowed to die on getting a bout of diarrhoea or pneumonia just because they did not get the right nutrition in the first two years of life.

Asia by a whopping 11%. Ten years ago, when you talked about malnutrition, the invariable one word answer that would be mumbled by policymakers was "ICDS". Arguably the biggest social programme in the world, ICDS has nevertheless not been able to address maternal and child malnutrition in the 41 years of its existence, though there are improvements.

To know more: <http://blogs.timesofindia.indiatimes.com/toi-edit-page/save-indias-children-reinvent-and-redesign-the-icds-to-effectively-combat-malnutrition/>

Girl power is one of global development's most potent weapons against poverty.

A healthy, educated, empowered adolescent girl has the unique potential to break the cycle of poverty for herself, her family, and her country. We call this the "girl effect" – and it's not rhetoric, it's fact.

A growing body of data and studies have shown that supporting girls and women – promoting their education, their health and safety, their right to plan their families, and more – correlates with healthier families, higher family incomes, economic development, and environmental sustainability. For example, studies have found that:

An extra year of primary school boosts girls' eventual wages by an estimated 10 to 20 percent, and an extra year of secondary school boosts them by 15 to 25 percent.

Meeting the unmet need of the 222 million women and adolescent girls who want, but don't have access to, modern contraception would prevent 79,000 maternal deaths and 1.1 million infant deaths.

And a World Bank paper found that closing the gender gap so girls are as economically active as boys would increase India's annual GDP growth rate by 4.4 percent and Nigeria's by 3.5 percent.

To know more: <http://www.unfoundation.org/news-and-media/publications-and-speeches/the-girl-revolution.html>

India at the cusp of harvesting youth power:

On the occasion of World Population Day, we urge our elected representatives, government agencies and all stakeholders to commit to improving quality of care and providing a wider basket of spacing methods to the youth; to increase financial investments; and accord a higher place in government priorities towards addressing the unmet needs of the country's vast adolescent population. Working with young people is critical as India looks ahead to reposition family planning and make the most of the demographic advantage that it enjoys, of having a young population.

To know more: <http://southasia.oneworld.net/peoplespeak/india-at-the-cusp-of-harvesting-youth-power-poonam-muttreja#.V6xnjJh97IU>



IN THE PARLIAMENT

Some answers given by the Minister of Health & Family Welfare on

1) What is the action taken by the Government in the regard of public spending on health to improve health related facilities and infrastructure ?

Answer received

1) In order to improve the health related facilities and infrastructure in the country, the Government has taken several steps which inter alia include:

- Initiatives under NHM for providing financial support to the states/UTs to strengthen their health systems particularly to cater to the healthcare needs of rural area, which inter alia include support for- establishment/up gradation/renovation of health infrastructure, engagement of nurses, doctors and specialists on

contract basis to meet deficit in human resources in health sector; making available improved health facilities including free essential medicines in all public health facilities, selection and training of ASHAs, Mobile medical units and emergency referral transport services and initiatives like Janani Shishu Suraksha Karyakram (JSSK) , Rashtriya Bal Swasthya Karyakram(RBSK) and Rashtriya Kishor Swasthya Karyakram(RKSK). The government has also taken steps for strneghtneing district hospitals and making available territory health care services in the public health through strengthening of hospitals, establishments of AIIMS instittuions in the States and upgradation of exisiting Government medical colleges across the country.

Details of new cancer cases in States /U.T.

States	2013	2014	2015
Jammu & Kashmir	13404	14115	14864
Himachal Pradesh	7140	7425	7722
Punjab	28835	30002	31214
Chandigarh	1110	1162	1217
Uttaranchal	10709	11240	11796
Haryana	26688	27933	29240
Delhi	17578	18356	19168
Rajasthan	72275	75642	79160
Uttar Pradesh	212075	222615	233659
Bihar	111572	117603	123949
Sikkim	462	467	473
Arunachal Pradesh	1212	1231	1252
Nagaland	1284	1288	1294
Manipur	2759	2836	2916
Mizoram	1552	1585	1618
Tripura	2110	2139	2169
Meghalaya	3121	3184	3246
Assam	30775	31124	31474
West Bengal	95316	99339	103532
Jharkhand	35206	37031	38947
Orissa	43882	45736	47666
Chhattisgarh	27310	28738	30239
Madhya Pradesh	77175	81034	85078
Gujarat	63884	66952	70171
Daman & Diu	299	339	385
Dadra & Nagar Haveli	389	421	457
Maharashtra	117317	122256	127390
Telangana	36885	38494	40177
Andhra Pradesh	51462	53570	55776
Karnataka	64306	67237	70302
Goa	1522	1587	1655
Lakshadweep	71	77	82
Kerala	35620	37550	39672
Tamil Nadu	73736	76091	78512
Pondicherry	1351	1428	1510
Andaman & Nicobar Islands	389	402	415
Total	1270781	1328229	1388397

Ref: Three-year Report of the PBCRS: 2012-2014, Bengaluru, 2016
*Projected cancer cases for India were computed using projected incidence rates and the population (person-years)

S.No.	State/UT	Total Population in Rural Areas	Tribal Population in Rural Areas	PHCs			
				R	P	S	% Shortfall
				1	Andhra Pradesh	34776389	2293102
2	Arunachal Pradesh	1066358	789846	48	117	*	*
3	Assam	26807034	3665405	954	1014	*	*
4	Bihar	9234436	1270851	3099	1883	1216	39
5	Chhattisgarh	19607961	7231082	774	792	*	*
6	Goa	551731	87639	19	21	*	*
7	Gujarat	34694609	8021848	1290	1247	43	3
8	Haryana	16509359	0	550	461	89	16
9	Himachal Pradesh	6176050	374392	212	500	*	*
10	Jammu & Kashmir	9108060	1406833	327	637	*	*
11	Jharkhand	25055073	7868150	966	327	639	66
12	Karnataka	37469335	3429791	1306	2353	*	*
13	Kerala	14741135	433092	589	827	*	*
14	Madhya Pradesh	52557404	14276874	1989	1171	818	41
15	Maharashtra	61556074	9006077	2201	1811	390	18
16	Manipur	2021640	791126	80	85	*	*
17	Meghalaya	2371439	2136891	114	110	4	4
18	Mizoram	525435	507467	25	57	*	*
19	Nagaland	1407366	1306838	68	128	*	*
20	Odisha	34970562	8994967	1315	1305	10	1
21	Punjab	17344192	0	578	427	151	26
22	Rajasthan	51500352	8693123	1861	2083	*	*
23	Sikkim	456999	167146	18	24	*	*
24	Tamil Nadu	37229590	660280	1251	1372	*	*
25	Telangana	21585313	2939027	768	668	100	13
26	Tripura	2712464	1117566			18	17
27	Uttarakhand	7036954	264819	238	257	*	*
28	Uttar Pradesh	155317278	1031076	5194	3497	1697	33
29	West Bengal	62183113	4855115	2153	909	1244	58
30	Andaman & Nicobar Islands	237093	26715	8	22	*	*
31	Chandigarh	28991	0	0	0	0	0
32	Dadra & Nagar Haveli	183114	150944	8	7	1	13
33	Daman & Diu	60396	7617	2	3	*	*
34	Delhi	419042	0	13	5	8	62
35	Lakshadweep	14141	13463	0	4	*	*
36	Puducherry	395200	0	13	24	*	*
India	833748852	93819162	29337	25308	6556	22	

Notes: The requirement is calculated using the prescribed norms on the basis of rural population from Census, 2011. All India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states.

R: Required, P: In Position, S: Shortfall, *: Surplus

Data for 2013-14 reported

Some key Indicators from NFHS-4 (2015-16) and NFHS-3 (2005-06)

S.No.	States/UTs	Total fertility rate		Infant mortality rate		Current use of family planning - any modern method (%)		Institutional Births (%)			Children age 12-23 months fully immunized (%)		Women age 15-49 years whose Body Mass Index (BMI) is below normal (BMI < 18.5 kg/m2) (%)		Women age 15-49 years who are anaemic (%)		
		NFHS-4	NFHS-3	NFHS-4	NFHS-3	NFHS-4	NFHS-3	NFHS-4	NFHS-3	NFHS-4	NFHS-3	NFHS-4	NFHS-3	NFHS-4	NFHS-3	NFHS-4	NFHS-3
		1	Andaman & Nicobar Islands	1.5	NA	10	NA	48.3	NA	96.6	NA	73.2	NA	13.1	NA	65.7	NA
2	Andhra Pradesh*	1.8	NA	35	NA	69.4	NA	91.6	NA	65.3	NA	17.6	NA	60.0	NA		
3	Assam	2.2	2.4	48	66	37.0	27.0	70.6	22.4	47.1	31.4	25.7	36.5	46.0	69.3		
4	Bihar	3.4	4.0	48	61	23.3	28.9	63.8	19.9	61.7	32.8	30.4	45.0	60.3	67.4		
5	Goa	1.7	1.8	13	15	24.8	37.2	96.9	92.3	88.4	78.6	14.7	27.9	31.3	38.0		
6	Haryana	2.1	2.7	33	41	59.4	58.3	80.5	35.7	62.2	65.3	15.8	31.4	62.7	56.1		
7	Karnataka	1.8	2.1	28	43	51.3	62.5	94.3	64.7	62.6	55.0	20.7	35.4	44.8	51.2		
8	Madhya Pradesh	2.3	3.1	51	69	49.6	52.8	80.8	26.2	53.6	40.3	28.3	41.7	52.5	55.9		
9	Maharashtra	1.9	2.1	24	37	62.6	64.9	90.3	64.6	56.3	58.8	23.5	36.2	48.0	48.4		
10	Manipur	2.6	2.8	22	30	12.7	23.6	69.1	45.9	65.9	46.8	8.8	14.8	26.4	35.7		
11	Meghalaya	3.0	3.8	30	44	21.9	18.5	51.4	29.0	61.5	32.9	12.1	14.6	56.2	46.2		
12	Puducherry	1.7	NA	16	NA	61.2	NA	99.9	NA	91.3	NA	11.3	NA	52.4	NA		
13	Sikkim	1.2	2.0	29	34	45.9	48.7	94.7	47.2	83.0	69.6	6.4	11.2	34.9	59.5		
14	Tamil Nadu	1.7	1.8	21	30	52.6	60.0	99.0	87.8	69.7	80.9	14.6	28.4	55.1	53.2		
15	Telangana	1.8	NA	28	NA	56.9	NA	91.5	NA	68.1	NA	23.1	NA	56.7	NA		
16	Tripura	1.7	2.2	27	51	42.8	44.9	79.9	46.9	54.5	49.7	18.9	36.9	54.5	65.1		
17	Uttarakhand	2.1	2.6	40	42	49.3	55.5	68.6	32.6	57.7	60.0	18.4	30.0	45.2	54.7		
18	West Bengal	1.8	2.3	27	48	57.0	49.9	75.2	42.0	84.4	64.3	21.3	39.1	62.5	63.2		

NA- Not Available * New Andhra Pradesh State after bifurcation.

IN OUR STATES

BHUBANESWAR: To combat high child mortality and a heavy out-of-pocket expenditure which hurts the poor, Ministry of Health and Family Welfare on 26th March 2016 rolled out the Rotavirus vaccine here at Bhubaneswar. Union Minister JP Nadda formally introduced the vaccine by administering it to children at a function.

The indigenously prepared vaccine will be free and part of Universal Immunisation Programme (UIP) of the country. "The Rotavirus vaccine rollout is not a routine programme. It is a historic moment in India's immunisation programme," Nadda said at the national launch of the vaccine.

In the first phase, the vaccine would be available in Odisha, Andhra Pradesh, Haryana and Himachal Pradesh before being expanded to the entire country in a phased manner.

Rotavirus, which causes severe diarrhoea, claims 80,000 children every year while nine lakh children seek hospitalisation. On an average, at least 32.7 lakh severe diarrhoea cases are received in outpatient departments annually. In such a scenario, Nadda said introduction of Rotavirus vaccine holds tremendous significance.

"We have achieved a new milestone towards coverage of full immunisation aimed at reducing child mortality," Nadda said adding that strengthening routine immunisation is an essential investment in India's children.

Under Mission Indradhanush, which was launched in December 2014 to fully immunise 89 lakh children who are either unvaccinated or partially vaccinated, the Union Minister said a whopping

1.42 crore children and 36.7 lakh women were successfully covered through 20 lakh immunisation sessions between April 2015 and January 2016. In one year, the vaccination and immunisation increased by six to seven per cent, he added.

To know more:

<http://www.newindianexpress.com/states/odisha/National-Rotavirus-Vaccine-Takes-off-from-Odisha/2016/03/27/article3348431.ece>



Union Minister JP Nadda giving Rotavirus oral drops to a child in Bhubaneswar

ON THE ONLINE SHELF



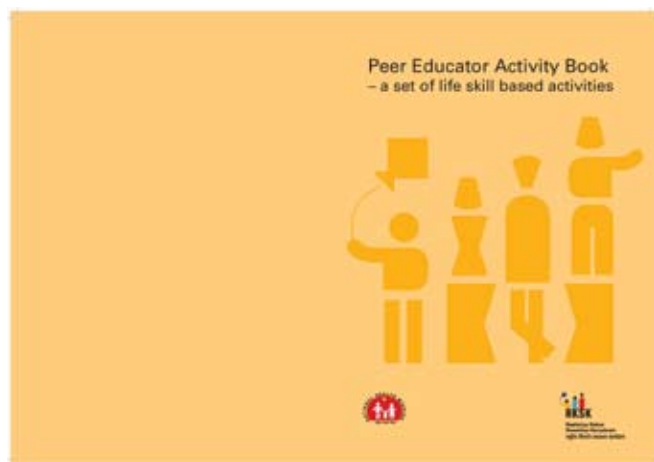
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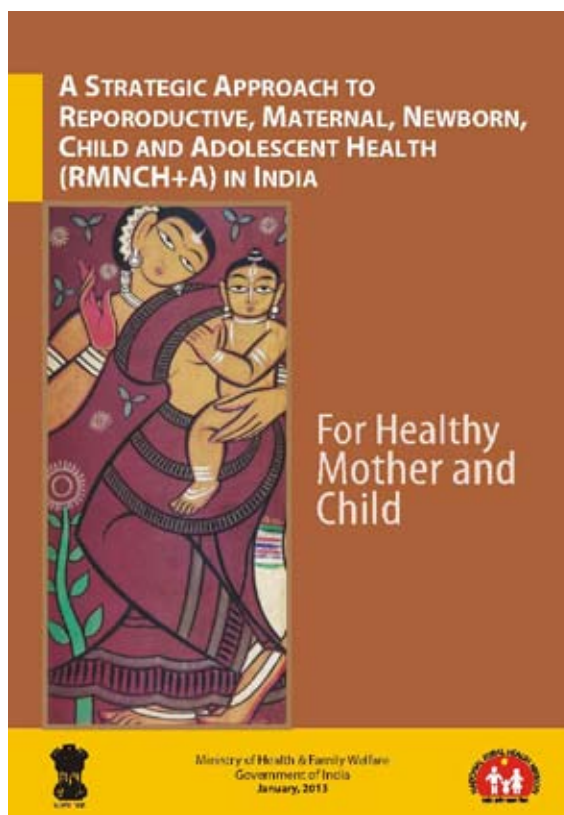
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