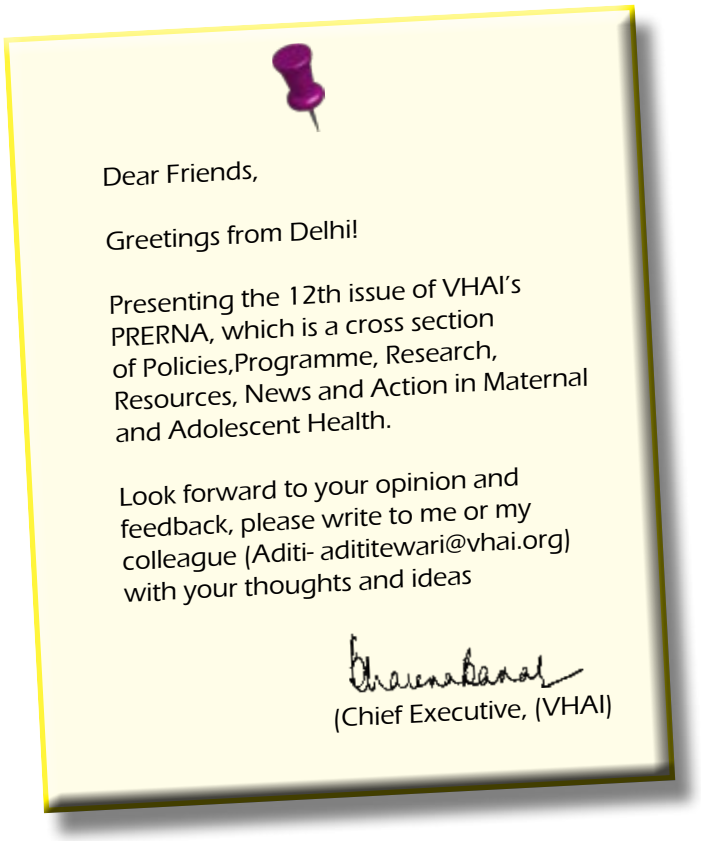
PRERNA
Policies, Programme, Research, Resources, News and Action in Maternal and Adolescent Health

Issue #12
August 2017

IN THE NEWS

Ministry of Health organises National Workshop on Strengthening Maternal Death Surveillance Response (MDSR) and Maternal Near Miss (MNM) Review

Ministry of Health and Family Welfare recently organised a two-day national workshop on 'Strengthening Maternal Death Surveillance Response (MDSR) and Maternal Near Miss (MNM) Review'. The new MDSR guidelines are built on the earlier released guidelines with salient features like paradigm shift to response from review, no name, no blame policy, introduction of confidential review, review of migrant maternal deaths, use of ICD10 classification for causes of maternal death, introduction of tools and templates for minutes of meeting and supportive supervision checklists for simpler monitoring, disaggregation of 'others' category of causes of maternal deaths and use of data for planning of local action.



The processes of MDSR and MNM together help in not only tracking maternal deaths but also understanding the underlying causes of and stimulate and guide actions to prevent deaths in future. Sensitization and orientation of participants towards this thought was the central theme of the workshop.

During the workshop an action plan has been delineated as follows:

- Four medical institutes have been identified as the regional training centres namely MGIMS Wardha, Institute of OBGYN, Chennai, KGMU Lucknow and Guwahati Medical College, Assam for creation of Master Trainers.
- The process of identifications of additional training sites is currently underway
- Development of training module

Read more: http://pib.nic.in/newsite/PrintRelease.aspx?relid=168959

Smt Maneka Sanjay Gandhi launches Sexual Harassment electronic-Box (SHe-Box) for registering complaints related to sexual harassment at workplace

WCD ministry to conduct an all India survey to assess the magnitude of problem related to sexual harassment of women at workplace

The Minister of Women & Child Development, Smt Maneka Sanjay Gandhi launched an online complaint management system titled Sexual Harassment electronic–Box (SHe-Box) for registering complaints related to sexual harassment at workplace in New Delhi

IN THE NEWS

today. The complaint management system has been developed to ensure the effective implementation of Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act (the SH Act), 2013.

This portal is an initiative to provide a platform to women working or visiting any office of Central Government (Central Ministries, Departments, Public Sector Undertakings, Autonomous Bodies and Institutions etc.) to file complaints related to sexual harassment at workplace under the SH Act. Those who had already filed a written complaint with the concerned Internal Complaint Committee (ICC) constituted under the SH Act are also eligible to file their complaint through this portal. The SHe-Box portal can be accessed at the link given below:
http://www.wcd-sh.nic.in/

Speaking at the launch, Smt Maneka Sanjay Gandhi said that though currently this facility has been extended to employees of Central Government, the scope of the portal will soon be extended to women employees of private sector also.

The WCD Minister said that there are some surveys, which give the extent of sexual harassment of women at workplace. However, the WCD Ministry will carry out a national level survey to asses and understand the magnitude of the problem.

This portal (SHe-Box) is an effort to provide speedier remedy to women facing sexual harassment at workplace as envisaged under the SH Act. Once a complaint is submitted to the portal, it will be directly sent to the ICC of the concerned Ministry/Department/PSU/ Autonomous Body etc. having jurisdiction to inquire into the complaint. Through this portal, WCD as well as complainant can monitor the progress of inquiry conducted by the ICC.

Government of India is the largest employer in the country employing 30.87 lakh people to carry out its various functions. As per the Census of Central Government employees, 2011, women constitute 10.93% (3.37 lakhs) of the total regular Central Government employees.

Read more: http://pib.nic.in/newsite/PrintRelease.aspx?relid=168892

22 Projects worth Rs 2209 Crores on Women's safety recommended under Nirbhaya Fund

New Delhi: Government of India has set up a dedicated fund called Nirbhaya Fund

for implementation of initiatives aimed at enhancing the safety and security of women in the country.

As per the guidelines of Ministry of Finance, Ministry of Women and Child Development is the nodal authority for appraisal of the schemes/proposals received under Nirbhaya Fund.

Also, Ministry of Finance has set up an Empowered Committee under the Chairmanship of Secretary, Ministry of Women and Child Development for appraising and approving various schemes/project proposals proposed to be funded from the Nirbhaya Fund.

The concerned Ministries take up the sanction and implementation of the schemes/proposals so appraised as they do for their other schemes/ projects.

Nirbhaya Fund was set up with a corpus of Rs 1000 Crore during 2013-14. Further, an amount of Rs 1000 Crore was provided in 2014-15 and for the financial years 2016-17 and 2017-18, an amount of Rs 550 crore (each financial year) was provided under the Nirbhaya Fund. The corpus transferred to the Public Account for the fund upto 2017-18 is Rs 3100 Crore.

Read more: http://pragativadi.com/22-projects-worth-rs-2209-crores-womens-safety-recommended-nirbhaya-fund/

IN THE NEWS

Medical College in Every District: Health Ministry

The Minister of State (Health and Family Welfare), Sh Faggan Singh Kulaste through a written reply in the Rajya Sabha here informed about the approach of the government to aim at medical college in every district. The Ministry of Health and Family Welfare administers a centrally sponsored scheme for establishment of new Medical Colleges attached with existing district/referral hospitals. 58 districts in 20 States/UT have been identified under this scheme to establish new Medical Colleges .

Read more: http://education.medicaldialogues.in/medical-college-in-every-district-health-ministry/

Free Treatment for Rare Genetic Diseases

The Ministry of Health and Family Welfare has formulated a National Policy for treatment of Rare Diseases in India to progressively build India's capacity to respond comprehensively to rare diseases covering areas of: prevention, awareness generation, training of doctors, funding support for treatment on the parameters to be defined by a Central Technical cum Administrative Committee, promotion of research and development for drugs for treatment of rare diseases and diagnostics at affordable prices and measures for making the drugs for rare diseases more affordable, strengthening of laboratory networks, development of Centres of Excellence etc. On the whole, the Policy seeks to strike a balance between the interest of patients of Rare Diseases and health system sustainability. The Policy also recognizes and delineates the role of various Ministries and departments in the area of Rare Diseases.

Funding mechanism as given in the National Policy for treatment of Rare Diseases in India is as under:

- Setting up a corpus fund at Central level with the initial amount of Rs. 100 crore towards funding treatment of rare genetic diseases.
- Similar corpus at State level and contribution of funds by the Centre towards the state corpus to the ratio of 60:40 out of the central pool.
- It is up to the States to have a corpus of a larger amount. Requirement of funds by States is as per PIP process.

Read more: http://pib.nic.in/newsite/erelease.aspx

Pre-natal sex determination: 'Delhi has second highest number of non-registered clinics in country'

According to the Union Ministry of Health, of the 294 cases that have been filed for non-registration of diagnostic clinics by the enforcement agencies till March 2017, 22 per cent were from Delhi

Even as the government continues its crackdown on pre-natal sex determination tests in the country, enforcement agencies in the capital have filed cases against 54 diagnostic clinics for non-registration. With this, Delhi has the second highest number of non-registered diagnostic clinics in the country, only after Maharashtra.

According to the Union Ministry of Health, of the 294 cases that have been filed for non-registration of diagnostic clinics by the enforcement agencies till March 2017, 22 per cent were from Delhi. While Maharashtra saw 74 cases, 41 were registered from Haryana and 31 from Bihar. The submission was made by Union Minister of Health J P Nadda Friday in the Lok Sabha.

"As per quarterly progress reports submitted by states/ UTs, 103 court cases were filed during 2014-15, as many as 190 during 2015-16 and 133 in 2016-17. Till March 2017, as many as 2,371 cases were pending before various criminal courts while 1,132 cases had been decided under the The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 2003 – resulting in 416 convictions and 114 suspension/ cancellation of medical licences of the convicted doctors," the minister told Parliament.

Read more: http://indianexpress.com/article/india/pre-natal-sex-determination-delhi-has-second-highest-number-of-non-registered-clinics-in-country-4774835/

IN OPINION

The invisible job

There is one way to curb the gendered distribution of childcare management: Gender-neutral family leave. From the first month of a couple's life as new parents, when the father goes back to work (usually within a few days), and the mother stays home for months, the cleavage between their roles begins.

Being a hands-on dad is cool these days. More fathers are vocal about how present they are in their kids' lives, and how much they split the burden of childcare. I applaud these fathers; research shows that involved fathers make an enormous difference in the future academic, emotional and professional success of their children. They're doing a lot and deserve to brag about it.

But what you may not have noticed is that their partners are frequently sitting to the side, quietly rolling their eyes (or sometimes obviously seething) at their partners' cluelessness. How is it that an entire cohort of well-intentioned fathers genuinely believes it is equally involved in parenting, when mothers feel the reality is wildly different? The answer lies in something feminists call mental load.

Mental load is the pressure, distraction, energy, and effort it takes to build and maintain a complex infrastructure; in this case, it's the mental acuity required to keep track of everything that keeps households running, and children healthy and thriving. Even for those mothers that have help, the coordination and management of these things is a full-time endeavour. Mental load isn't about how much time it takes to complete each of these individual tasks, it's the energy, focus, and strategic planning it takes to anticipate the medical, nutritional, and emotional needs of multiple people.

Read more: http://indianexpress.com/article/opinion/columns/mental-load-gender-neutral-family-leave-parenting-parenthood-society-4760174/

The Long-Pending HIV Bill Is A Big Relief, But Will We Be Able To Implement It?

Only time will tell

The HIV Prevention and Control Bill 2017, passed by the Parliament on Wednesday is a progressive piece of legislation that people living with HIV, and public health activists have been waiting for at least two decades. Although considerably late and not without some failings, it's expected to help normalise the lives of more than two million people living with the virus, and those who might be infected in future.

Despite some of its tentative provisions, the Bill is a good instrument that could empower people - men, women and children - who are living with HIV, and prevent new infections considerably, if applied in letter and spirit.

Availability of ARVs (anti retroviral) and the rapid improvement in their efficacy have converted HIV from a "killer disease" to a chronic condition such as a diabetes and hypertension. From a fistful of drugs multiple times a day, that too with debilitating side effects and uncertain efficacy, ARV medication has now become so sophisticated that one or two pills a day can keep an infected person healthy and normal.

Read more: http://www.huffingtonpost.in/2017/04/13/despite-its-flaws-the-long-pending-hiv-bill-is-a-big-relief-bu_a_22038080/

IN THE POLICIES

The Indian Medical Counncil (Amendment) Bill, 2016

- The Indian Medical Council (Amendment) Bill, 2016 was introduced by Minister of Health and Family Welfare, Mr. Jagat Prakash Nadda in Lok Sabha on July 19, 2016. The Bill seeks to amend the Indian Medical Council Act, 1956. The Act provides for the constitution of the Medical Council of India (MCI). The MCI regulates: (i) standards of medical education, (ii) permission to start colleges, courses or increase the number of seats, (iv) registration of doctors, (v) standards of professional conduct of medical practitioners, among others.
- The Bill seeks to replace the Indian Medical Council (Amendment) Ordinance, 2016. The Bill states that its provisions will come in to force from May 24, 2016.
- The Bill seeks to introduce a uniform entrance examination for all medical educational institutions. This would be applicable at the undergraduate and the post-graduate level.
- The Bill states that in case a state has not opted for the uniform entrance examination, then the examination will not be applicable at the undergraduate level for the academic year 2016-17. This provision will apply to state government seats in government and private medical colleges.
- The Bill states that the entrance examinations will be conducted in Hindi, English and other languages.

Read more: http://www.prsindia.org/billtrack/the-indian-medical-council-amendment-bill-2016-4343/

HIV/AIDS Prevention And Control Bill (2014): An Insight

"We must end the epidemic of bad laws and enact laws based on evidence, common sense and human rights" – Festus Mogae, Former President of Botswana and member of the Global Commission on HIV and the Law

A decade long struggle of the civil society and the Government to make the legal framework of the country more enabling and responsive to the needs of the People Living with HIV bore fruit on April 11th 2017. The HIV/AIDS Prevention and Control Bill (2014) finally got passed by the Lok Sabha after being marred with controversies and debates for over ten years. With the final hurdle being cleared for the Bill to be enacted as a legislation, India would soon join the likes of Fiji, Cambodia, Mangolia, Papua New Guinea China, Philippines and Vietnam to have an Omnibus of National HIV Law.

Need for a Separate Anti-Discriminatory Bill

A robust legal framework that is based on the participles of rights-based approach is central to the response of an epidemic like HIV. There are numerous examples across the world where laws impede rather than enable justice to the most marginalised. Where the most in need of justice are penalised rather than protected. From being expelled from the schools to being dined employment despite meeting the required criteria; from being discriminated by the family to being subjected to brutal acts of violence at all levels, there is no end to stigma and discrimination faced by a PLHIV and India is no exception.

The advocates of the Constitutional remedies have for long argued that the Constitutional provisional suffice to address the needs of stigma and discrimination practiced against People Living with HIV. However, what should not be forgotten that the Constitution applies to State entities only, leaving the private sector outside of its ambit. Furthermore, the absence of an anti-discriminatory law to protect the rights of the People affected by HIV , the redressal mechanisms are severely restricted. Lastly, the passing of the Bill provides a force of law to the various policies that the Government of India to end discrimination against People Living With HIV with was lacking in its absence.

Read more: https://feminisminindia.com/2017/04/13/aids-hiv-bill-analysis/

IN THE PARLIAMENT

LOK SABHA UNSTARRED QUESTION NO. 1044 TO BE ANSWERED ON 21ST JULY, 2017

IMR AND MMR

DR. BHARATIBEN D. SHYAL:
SHRI RAJESHBHAI CHUDASAMA:
SHRI B.N. CHANDRAPPA:
SHRI NALIN KUMAR KATEEL:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present status of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in the country including Delhi;

(b) whether there is any policy or action plan to tackle the high IMR and MMR in the country including Delhi and if so, the details thereof, if not, the reasons therefor;

(c) whether the Government intends to start awareness campaign about maternal health programmes especially for below poverty line sections, if so, the details thereof, if not, the reasons therefor;

(d) whether the Government intends to provide health packages for the pregnant women and newborn children relating to

the vulnerable population, if so, the details thereof, if not, the reasons therefor;

(e) whether the Government has made any significant achievement in this regard during the last three years and the current year, if so the details thereof; and

(f) whether the Government has set any timeline to achieve its target for reduction in IMR and MMR and, if so the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE)

(a): As per the latest report of the Registrar General of India- Sample Registration System (RGI-SRS), Infant Mortality Rate (IMR) at national level is 37 per 1000 live births in 2015 and Maternal Mortality Ratio (MMR) at national level is 167 per 100,000 live births for the period of 2011-13.

The IMR of Delhi is 18 per 1000 live births (SRS, 2015) whereas SRS 2011-13 does not provide the MMR of NCT of Delhi.

(b): Government of India has adopted the Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A) to improve maternal and child health outcomes. The RMNCH+A strategy recognize that child health and survival is inextricably linked to women's health across all life stages.

Under National Health Mission, the following interventions are being implemented to reduce infant and maternal mortality all across the country including NCT of Delhi:

(1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

IN THE PARLIAMENT

(2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Stillbirth Rate", by 2030.

(3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Ministry of Health and Family Welfare launched MAA-Mothers' Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities.

(4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.

(5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.

(6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been Operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.

(7) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.

(8) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been implemented to provide fixed-day assured, comprehensive and quality antenatal care universally to

IN THE PARLIAMENT

all pregnant women on the 9th of every month.

(9) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.

(10) Capacity building of Graduate doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.

(11) Establishing Maternal and Child Health (MCH) Wings in high caseload facilities to improve the quality of care provided to mothers and children.

(12) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.

(13) To tackle the problem of anemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.

(14) Safe Motherhood Booklet is being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.

(15) Low performing districts have been identified as High Priority Districts (HPDs) which entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused supportive supervisions and encouragement to adopt innovative approaches to address their peculiar health challenges.

(c): Regular Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) for all pregnant women including vulnerable population is done Vincluding messages on early registration for ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy are provided. Funds are being provided to the States through Programme Implementation Plan (PIPs) for comprehensive IEC/ BCC on Maternal and Newborn health. Standardised IEC/BCC packages have been prepared at National level and have been disseminated for adaptation by the States.

(d): Under National Health Mission, Government of India is providing various services for pregnant women and newborn children including the vulnerable population. Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free antenatal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

(e): The Infant Mortality Rate has shown decline from 42/1000 live births in 2012 to 37/ 1000 live births in 2015. The Maternal Mortality Ratio for the period 2011-13 is 167 per 100,000 live births.

(f): Under National Health Policy, 2017; Government of India has set targets for reduction of IMR to 28 by 2019 and MMR to 100 by 2020.

IN OUR STATES

NEW DELHI:

Infertility a medical condition that can be treated: Experts

In a bid to raise awareness about infertility, which is still considered a taboo in Indian society, TOI has launched a national campaign, 'Fertile Conversations', in partnership with Nova IVI Fertility.

A public seminar was organised in Delhi last Saturday as part of the campaign. "The hush-hush attitude and social stigma surrounding fertility needs to go.

Social apathy is causing physical trauma and depression and victims are invariably women. We will have to talk about it more among ourselves to recognise that infertility is simply a medical condition with treatment options available for it," said Gitanjali Banerjee, who moderated the session. Banerjee manages a portal, infertilitydost.com. The seminar was attended by TOI readers, those needing help, experts as well as leading doctors.

Read more : http://timesofindia.indiatimes.com/india/infertility-a-medical-condition-that-can-be-treated-experts/articleshow/59674878.cms

CHENNAI

They show the way in raising children with disability

A 'special' school in Nagercoil not only provides formal education, but also imparts vocational training

The day H. Abdul Kader was born, his father, a doctor, gave up his practice. Kader, now 33, has lived with a disability from birth. Even today, he could be mistaken for a 16-year-old.

The young man gets help from a school for people like him set up by parents.

"He sings well and is very good at weighing things. We train our inmates in various activities and Abdul Kader takes care of packaging provisions and weighing them," says his carer, T.S. Rajan, who runs the Nanjil Oasis Happy Centre for Mentally Retarded Children, in Punnai Nagar, Nagercoil.

Rajan's own son, 18-year-old Shyam Sundar, has cerebral palsy and attended a special school, before parents of over 40 such children decided to come together and set up the school in 2016. The centre is run by Parents Welfare Trust.

Read more: http://www.thehindu.com/news/cities/chennai/they-show-the-way-in-raising-children-with-disability/article19392520.ece

ON THE ONLINE SHELF

https://www.youtube.com/watch?v=XjJQBjWYDTs

https://www.youtube.com/watch?v=9ISiJSbcXeM

twitter

Crystal Law (@cryslaw) – Crystal Law is a developmentconsultantforthepharmaceutical industry. She offers a lot of information on innovations in healthcare