International Women’s Day: Gender equality benefits everyone

The benefits of gender equality are not just for women and girls, but “for everyone whose lives will be changed by a fairer world”, the chief of UN Women said in her message for International Women’s Day (IWD) at UN Headquarters on Friday, being celebrated in New York, ahead of the official day.

As a “massive year for gender equality”, Executive Director Phumzile Mlambo-Ngcuka said 2020 was all about “Generation Equality”, in which “we’re mobilizing to realize women’s rights, and to mark 25 years of implementing the Beijing Platform for Action” – the historic and landmark gender equality plan drawn up in the Chinese capital. Generation Equality is focussing on issues facing women across generations, with young women and girls at the centre.

“We don’t have an equal world at the moment and women are angry and concerned about the future”, she said. “They are radically impatient for change. It’s an impatience that runs deep, and it has been brewing for years”.

Ms. Mlambo-Ngcuka underscored that girls are disappointed with “the stewardship of our planet, the unabated violence directed against them and the slow pace of change in fulcrum issues like education”.

Taking the podium, the youngest female Prime Minister in the world, Finland’s Sanna Marin said that her country promotes gender equality as a cornerstone of society.

Turning to inequalities in the labour market, she maintained that “the digital gender cap poses a serious threat to the continued advancement of women and girls”. And the only way to change this is “to get more girls coding, more women into tech, and more women into office where they can exert influence.

Liberian peace activist Leymah Gbowee drew loud applause from delegates at the General Assembly hall celebration. Having worked with former child soldiers in Liberia, she shared a conversation she had had with a 14-year-old amputee who had been nine when he was recruited. In a stark revelation of how women are sometimes viewed, he admitted to having committed rape many times saying, “isn’t that what women were made for”?
Ms. Gbowee stressed that in our unjust and unequal world, gender equality must be more than just numbers, spelling out: “Equality is linked to our collective humanity...to peace and justice”. She maintained that women’s right require actionable, radical transformation through political will, financial resources and ownership.


**India slips to 112th place on gender gap; in bottom-5 on health, economic fronts**

India ranked a lowly 112, which is a four-places slip compared to last year’s ranking. The ranking is majorly based on gender gap and gender-based disparity in economic and health grounds. Geneva-based World Economic Forum (WEF) said this year’s overall improvement can largely be ascribed to a significant increase in the number of women in politics.

While Iceland remains the world’s most gender-neutral country, India has moved down the ladder from its 108th position last year on the World Economic Forum’s Gender Gap Report to rank below countries like China (106th), Sri Lanka (102nd), Nepal (101st), Brazil (92nd), Indonesia (85th) and Bangladesh (50th).


**Six Women universities get AI labs under CURIE Scheme**

Research facilities at eight women’s universities have been enhanced with support from the CURIE (Consolidation of University Research for Innovation & Excellence in Women Universities) initiative of the Department of Science & Technology (DST). Artificial intelligence (AI) facilities have also been set up in six such universities with support from the CURIE-AI facility initiative.

The universities have received a total support of Rs 40 crore from the CURIE initiative started in the year 2008-09, and Rs. 4.20 crore from CURIE-AI facility initiative started in the year 2019.

DST is implementing the Knowledge Involvement in Research Advancement through Nurturing (KIRAN) scheme to provide various career opportunities for women scientists and technologists. It is primarily aimed to bring gender parity in the science & technology sector by inducting more women talent in the research & development domain through various programs. CURIE & CURIE-AI facility of the Department under the KIRAN scheme, including other schemes, empowers women in science and technology.

CURIE support resulted in a significant increase of student enrolment at undergraduate, postgraduate and PhD levels in CURIE supported universities. It has also enhanced the number of NET/GATE qualified students. Extramural funding has also been increased due to the presence of sophisticated labs which resulted in publications in high impact factor journals.

**Read more:** [https://indusdictum.com/2020/03/07/6-women-univs-get-ai-labs-under-curie-scheme/](https://indusdictum.com/2020/03/07/6-women-univs-get-ai-labs-under-curie-scheme/)
The coronavirus fallout may be worse for women than men. Here’s why

Are men and women feeling the effects of the coronavirus differently?

A study of some 44,600 people with COVID-19 from the Chinese Center for Disease Control showed the death rate among men was 2.8%, compared with 1.7% for women. However, indirectly, the virus appears to disproportionately affect women.

According to WHO, women make up the majority of workers in the health and social care sector – 70% in 104 countries; they also earn 11% less than men in the same field. Further, According to the International Labour Organization (ILO), globally, women perform 76.2% of total hours of unpaid care work, more than three-times as much as men. In Asia and the Pacific, that figure rises to 80%. As health systems become stretched, many people with COVID-19 will need to be cared for at home, adding to women’s overall burden, as well as putting them at greater risk of becoming infected.

The mass shutdown of childcare centres and schools across countries has left many working parents with little choice but to take time off, or to try to work from home while caring for their children. This hits women particularly hard because much of the responsibility for childcare still falls on them. Those who are poor, working in service jobs that cannot be done from home, and those without paid leave are especially vulnerable.

Read more at: https://www.weforum.org/agenda/2020/03/the-coronavirus-fallout-may-be-worse-for-women-than-men-heres-why/

The COVID-19 pandemic could have huge knock-on effects on women’s health, says the UN

The COVID-19 pandemic could have serious consequences for women’s health, according to the UN Population Fund.

The UN Population Fund (UNFPA) warned that the coronavirus outbreak has “severely disrupted” access to sexual and reproductive health (SRH) and gender-based violence (GBV) services “at a time when women and girls need these services most”. Among the risk groups, UNFPA identified those pregnant women who need antenatal care but are unsure whether to attend a clinic, and women in abusive relationships trapped at home during the lockdown.

While the data available on the impact of COVID-19 on pregnant women is currently limited, aid organisations working in so-called “weak health systems” – defined by a high maternal mortality ratio (MMR) – are drawing lessons from the 2014-16 Ebola epidemic in Liberia, Guinea and Sierra Leone. A huge surge in MMR was recorded during and after the outbreak, as women stayed away from medical facilities due to quarantine restrictions or misconceptions about virus transmission, and were forced instead into riskier home births.

In terms of economic losses, women all over the world are more likely to hold vulnerable jobs, which are often the first to be lost during financial shocks. Further, the UNFPA warned that women are more likely to shoulder higher proportions of the domestic burden during lockdown. Rising tensions due to economic losses could also lead to an increase in domestic violence behind closed doors.

As gynaecologist Séverine Caluwaerts of the Institute of Tropical Medicine in Antwerp put, “The collateral damage of the epidemic is higher than the damage caused by the epidemic itself.”

Read more at: https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/
Gender equality results in both economic and societal benefits

By Preetha Reddy, Vice-Chairperson, Apollo Hospitals

As the adage goes, a woman is the ‘architect of a family, nation and the world’ and hence, the growing conversation about the acute need for gender equality makes imminent sense. Moreover, realisation is mounting that equality is not a women-centric issue, but an economic one, as it’s only in an equal society that organisations and nations will be able to realise their fullest potential and thrive.

So, on Budget Day, it was heartening when the Finance Minister said, “This is a Budget for every woman wanting to stand up and being counted” and then went on to outline a series of measures from tax waivers to incentives planned to encourage women become entrepreneurs.

Collective action
A definitive amidst this is that only when we act collectively we can make change happen towards creating a truly gender equal world. So, the journey towards an equal and enabled India needs to begin with positive action in every Indian home.

Every Indian family must educate its daughters and prepare them to become capable future professionals or entrepreneurs. Alongside rigid social norms around marriage, work and household duties must change and even the simplest chores must be equitably divided. Above all, safety of women is paramount and, to that end, at a very young age boys must be taught to respect girls.

At one end, while India has a considerable road ahead to match the best in the world with regard to labour-force participation rate, financial and digital inclusion, sex ratio at birth, etc., yet many women have been shattering the glass ceiling and are in leadership positions across sectors. Likewise, an encouraging development was the recent Supreme Court ruling, that granted permanent commission to women officers in military services, similar to their male counterparts, a significant step towards building a gender equal and gender neutral India.

As a member of a pioneering healthcare family, I am well aware that women in India tend to neglect their own health, as they are unaware that good health equals wealth. This is another aspect that needs to change in our nation.

It is time to raise a clarion call to accelerate positive change in the way women in India approach their own health and well-being. This is important as regular health screening and understanding of risk factors that lead to non-communicable diseases such as diabetes, heart disease, cancer and stroke could save millions of precious lives and avert avoidable untimely mortalities.

So beginning with International Women’s Day in 2020, let each one of us make the effort to pro-actively care for the health of at least one women in our life and contribute to building a gender equal, healthier and wealthier world.

Research Paper: Gender attitudes in adolescence: evaluating the Girl Rising gender-sensitization program in India

ABSTRACT
Despite the gains India has made over the past 20 years, it remains a country with significant gender inequalities. Gender sensitization and empowerment programs during adolescence, when gender attitudes are formed, have the potential to diminish gender inequity. The Girl rising ‘Gender-sensitization program’ was implemented in 254 schools in India to support adolescents in identifying, articulating, and sharing their gender-related experiences. A quasi-experimental study was conducted with a one group pre- and post-test with a sub-sample of schools in rural Punjab and Rajasthan, India (n = 2,894 adolescents). Multi-variable regression analyses adjusting for gender, grade, and district found that gender equality scores increased by 0.66 points ($p < .001$), gender roles/privileges/restrictions mean score increased by 0.41 points ($p < .001$), and gender attribute mean score increased by 0.17 points ($p < .001$). Gender sensitization programs can play an important role in forming and changing gender attitudes during adolescence, and have the potential to alter their short and long-term beliefs.

INTRODUCTION
Globally, greater attention and investments have been made towards adolescent girls’ education, health, and safety. These investments are grounded in the understanding that adolescence is a time of rapid physical, social, and cognitive development and therefore, mitigating risks and enhancing protective factors during adolescence is critical to ensuring long-term well-being and prosperity in adulthood for themselves, their families, and communities. To further compound this critical and challenging time of development, adolescence is also when gender-based norms and discrimination begin to take hold, most often yielding greater disparities for girls and women throughout their life span.

Therefore, gender sensitization and empowerment programs aimed at young people, precisely at the time when they are forming their gender attitudes, has the potential to diminish gender inequity in the short and long-term. Construction of gender attitudes and perceptions of gender norms occurs during ages 10–19 years and during this time, adolescents engage with and construct their own gender-based understanding of what it means to be a boy or a girl (Blum, Mmari, & Moreau, 2017). During early adolescence, individual perceptions about gender norms begin to form and are still malleable, and therefore, by addressing gender equality and bringing to the fore gender discrimination, adolescents have the potential to alter their short and long-term gender attitudes (Yu et al., 2017).


Read more: https://doi.org/10.1080/02673843.2019.1598450
**Linkages between family planning and nutrition.**

By Dr. Sujeet Ranjan, Executive Director, The Coalition for Food and Nutrition Security

Integration of family planning and reproductive health services in nutrition programming, an important intervention, is often overlooked. There is a need for strong advocacy for empowering women through such programmes.

Undernutrition contributes to nearly 45 percent of deaths in infants below 5 years of age (Black et al., 2013). Studies have shown that first 1,000 days of a child are most critical as infants and young children are exceptionally vulnerable to poor diet and infection during this time. There is a need for strong advocacy for empowering women through programmes, which can improve maternal, infant, and young child nutrition (MIYCN). Integration of family planning (FP) services (to avoid unintended pregnancy and choose whether or when to have a child) and MIYCN programmes have a crucial role to play.

Integration of family planning and reproductive health services in nutrition programming, an important intervention, is often overlooked. To date there has been limited documentation on integrating family planning with nutrition programmes in India. Therefore, in an effort to fill the evidence gap in this area, the Coalition for Food and Nutrition Security with the support of CTARA, IIT Bombay, conducted a preliminary review including evaluation of programmes that have integrated family planning and nutrition, success stories thereof and plausible strategies to link the two.

Family planning affects people in myriad ways. Most fundamentally, it advances human rights. Knowledge and use of family planning methods can regulate planning of birth in terms of birth interval and nutritional status of mothers and children, birth order and nutritional status of children.

Short pregnancy intervals are associated with increased risk of infants being born preterm, small-for-gestational age, and with low birth weight, all of which are key indicators of childhood undernutrition, including wasting, stunting, underweight, and anaemia. Spacing births too closely can also affect nutrition outcomes of all children in the family when the mother’s ability to breastfeed them properly is compromised along with lack of time and resources to provide adequate nutritious food and care for all children. Adolescent pregnancy can result in adverse nutritional outcomes for both the mother and the foetus, with increased risk of adverse perinatal outcomes such as preterm birth, low birth weight, and small-for-gestational age.

Regional variations in family planning indicators can be observed at state level, and similar study at district and block levels can present a sharper and clearer picture, which can be useful for developing strategic action for reducing undernutrition.

**IN THE POLICIES**

**KCR kits: How institutional deliveries rose by 22 per cent**

Mamidla Jyothi, 24, who delivered her first child last Wednesday at the Sangareddy government hospital, displayed a green coloured briefcase when asked if she received what the Telangana government calls the KCR Kit. “The baby soaps, oil, powder, and the mosquito net alone would cost over Rs 500 outside. I don’t have to worry about it for the next couple of months as I have them in the kit,” Jyothi said.

The kit, which has a baby mattress, baby soap, oil, talcum powder, mosquito net, toys, napkins, diapers, two pairs of clothes, and two handloom sarees for the mother, is given free of cost to new mothers. It also comes with monetary help—Rs 13,000 (in four installments) for a female child and Rs 12,000 in case of a male child.

The whole kit costs Rs 2,100 for the state government but it is a crucial reason why institutional deliveries in government hospitals have gone up by 22 per cent over the last 30 months. Since its launch on June 2, 2017, 19,42,630 pregnant women have registered themselves to avail the benefits of the KCR Kit.

“The quality of public healthcare given by Telangana Government has improved a lot,” said Finance Minister T Harish Rao during his budget speech recently, adding that Rs 6,186 crore was being allocated to the health sector to implement many other health schemes.

Health Minister Etela Rajender told The Indian Express that the scheme has helped reduce infant mortality rate, maternal mortality rate, and female foeticide while ensuring that mothers remain healthy and get nutritious food at the hospital.

“The KCR kits are proving to be a boon for the pregnant women hailing from economically underprivileged families. The items provided for free are expensive when purchased outside; so it is a big relief to the mothers. The scheme also tested the capacities and capabilities of government hospitals, primary and community health centres as more and more women started coming to government facilities for delivery, but we scaled it up and also recruited a lot of staff to ensure it goes on smoothly,” Rajender said. Till the end of February, over 7 lakh units have been distributed.

As part of the KCR kits scheme, Jyothi received the first installment of Rs 3,000 when she registered her pregnancy at the government hospital six months ago and was given two antenatal check-ups and iron and folic acid tablets free of cost.

On Wednesday, she also became eligible to receive (via direct bank transfer) Rs 5,000 as she delivered a girl child. Jyothi will receive Rs 2,000 as the third installment when she takes her child for the first immunisation at the age of three-and-half months, and another Rs 3,000 when she takes the child for measles vaccine at nine months.

“The pre-delivery registration helps us in tracking and monitoring the pregnant woman’s health. By giving the stipend in installments we are also ensuring that the children are immunised,” the health minister said.

In the Parliament

LOK SABHA

Starred Question no. 241

To be answered on 11th March, 2020

Permanent Commission to Women

*241. Prof. Saugata Ray: Shri Prasun Banerjee: Will the Minister of Defence be pleased to state:

(a) the number of women officers working as Short Service Commission officers in the three armed forces at present and the number of women officers working as Permanent Commissioned officers in the non-combat areas (non-combat services) since 2011, armed force-wise;

(b) whether the Government proposes to implement Hon’ble Supreme Court order regarding permanent commission to women officers in the armed forces and if so, the details thereof;

(c) whether the decision will cause any problems in our warfront;

(d) if so, the details thereof; and

(e) the number of women officers likely to get permanent commission within three years, force-wise?

**ANSWER**

Minister of Defence (Shri Rajnath Singh)

(a) At present, the number of Short Service Commission (SSC) women officers in the Indian Army, Indian Navy and Indian Air Force are as under:

<table>
<thead>
<tr>
<th></th>
<th>Non-Medical</th>
<th>Medical (AMC, ADC &amp; MNS)*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian Army</td>
<td>1566</td>
<td>2811</td>
<td>4377</td>
</tr>
<tr>
<td>Indian Navy</td>
<td>545</td>
<td>158</td>
<td>703</td>
</tr>
<tr>
<td>Indian Air Force</td>
<td>1256</td>
<td>164</td>
<td>1420</td>
</tr>
</tbody>
</table>

*Army Medical Corps (AMC), Army Dental Corps (ADC) and Military Nursing Service (MNS)

The number of Permanent Commissioned (PC) women officers since 2011 in Indian Army, Indian Navy and Indian Air Force are as under:

<table>
<thead>
<tr>
<th></th>
<th>Non-Medical</th>
<th>Medical (AMC, ADC &amp; MNS)*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian Army</td>
<td>65</td>
<td>3202</td>
<td>3267</td>
</tr>
<tr>
<td>Indian Navy</td>
<td>09</td>
<td>80</td>
<td>89</td>
</tr>
<tr>
<td>Indian Air Force</td>
<td>382</td>
<td>108</td>
<td>490</td>
</tr>
</tbody>
</table>

(b) to (e): The Government is committed to comply to the Judgement dated 17th February, 2020 passed by the Hon’ble Supreme Court in connection with the Civil Appeal Nos. 9367-9369 of 2011 regarding granting Permanent Commission to SSC women officers in Indian Army as per their qualification, professional experience, specialization, if any and organizational requirement. The impact of the aforesaid Judgement on operational efficiency of Indian Army after grant of permanent commission to SSC women officers and their employment in similar conditions and operational environment as their male counterparts, can only be analysed in the future and cannot be commented upon at this stage. However, the details regarding granting Permanent Commission to SSC women officers are being prepared for implementation.
IN THE PARLIAMENT

LOK SABHA

Starred Question No. 159
To be answered on 02.03.2020

Schemes for Youth and Women
*159. Shri Hemant Tukaram Godse:

Will the Minister of Skill Development and Entrepreneurship be pleased to state:

(a) whether the Government has formulated any plan to cover youths and women under various entrepreneurship schemes so as to provide them maximum benefits of such schemes;

(b) if so, the details thereof; and

(c) if not, the concrete steps being taken by the Government in this regard?

ANSWER

Minister in the Ministry of Skill Development and Entrepreneurship (Dr. Mahendra Nath Pandey)

(a) to (c) A statement is laid on the Table of the House.

Statement in reply to Lok Sabha Starred Question No. 159* for reply on 2nd March 2020 regarding “Schemes for Youth and Women”.

Ministry of Skill Development and Entrepreneurship is implementing the following schemes for entrepreneurship development of youth and women, as under:

1. Pradhan Mantri Yuva Udyamita Vikas Abhiyan (PM-YUVA) MSDE is implementing a pilot scheme, PM YUVA towards creating an enabling ecosystem through entrepreneurship education, training, advocacy and easy access to entrepreneurship network. The scheme focuses on students/trainees and alumni coming out from skilling ecosystem (i.e. Industrial Training Institutes (ITIs), Polytechnics, Pradhan Mantri Kaushal Kendras (PMKKs) and Jan Sikshan Sansthas (JSS)). The scheme is being implemented in 10 States and 2 Union Territories (viz. i.e. Uttar Pradesh (6 districts), Uttarakhand (4 districts), Bihar (10 districts), West Bengal (12 districts), Assam (11 districts), Meghalaya (2 districts), Maharashtra (5 districts), Tamil Nadu (17 districts), Telangana (8 districts), Kerala (4 districts), Delhi (1 district) and Puducherry (1 district)). The project envisages creation of 600 new and 1000 scaleup enterprises.

2. Economic Empowerment of Women Entrepreneurs and Start-ups by Women (WEE) Ministry of Skill Development and Entrepreneurship (MSDE) in collaboration with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH (Germany) has launched a pilot project called ‘Economic Empowerment of Women Entrepreneurs and Start-ups by Women’ to support aspiring and existing women entrepreneurs in India. Presently, this pilot programme is being implemented in the North Eastern Region (Assam, Meghalaya and Manipur), Rajasthan and Telangana where 147 women have been given incubation and acceleration support as part of its first cohorts.

3. National Entrepreneurship Awards Scheme (NEAS) With an aim to promote a culture of entrepreneurship among India’s youth and inspire them to set-up their own enterprise and create employment opportunities for others, National Entrepreneurship Awards Scheme (NEAS) has been instituted in 2016. Under the scheme, awards are conferred to the aspiring first generation entrepreneurs including women and those individuals/organizations who are working as eco-system builder in the field of entrepreneurship development. The awards also seek to highlight model of excellence for others to emulate and improve upon.

So far, out of a total of 95 awards conferred, 39 women have received National Entrepreneurship Awards.
LOK SABHA

Unstarred Question No. 3507

To be answered on 16.03.2020

Women in Unorganised Sector 3507. Shri P.V. Midhun Reddy: Shri D.M. Kathir Anand:

Will the Minister of Labour and Employment be pleased to state:

(a) whether the ratio of women’s poverty is increasing day by day;

(b) whether the Government proposes to formulate a comprehensive action plan to remove the poverty of the women working in unorganised sector;

(c) if so, the details thereof; and

(d) if not, the reasons therefore?

ANSWER

Minister of State (IC) for Labour and Employment (Shri Santosh Kumar Gangwar)

(a) to (d): India has embarked on several programs aimed at improving living standard such as provision of electricity, extending sanitation coverage, increasing minimum wages etc. which has resulted drastically in reduction of the poverty including that among women. Improving the women’s standard of living is one of the main focuses of the Government. The key initiatives are Ujjawala Yojana, Matri Vandana Yojana, Sukanya Samridhi Yojana, Beti Bachao Beti Padhao campaign, Pradhan Mantri (Gramin) Awas Yojana, Mahatama Gandhi National Rural Employment Guarantee Programme etc. Further, MSME through innovative ideas and creative solutions empowering women entrepreneurs and business owners through Mudra Yojana Scheme, TREAD (Trade Related Entrepreneurship Assistance and Development), Mahila Udyam Nidhi Scheme, Annapurna Scheme, Stree Shakti Package for Women, Bhartiya Mahila Business Bank Loan, Dena Shakti Scheme, Udyogini Scheme and Cent Kalyani Scheme. The schemes like Pradhan Mantri Jeevan Jyoti Bima Yojna (PMJJBY), Pradhan Mantri Suraksha Bima Yojna (PMSBY), Pradhan Mantri Shram Yogi Maandhan Yojna (PM-SYM) and National Pension Scheme for Traders and Self-Employed Persons (NPS-Traders) are providing Social Security to women in the Unorganised Sector.
‘SOPAN’- Strategy for Odisha’s Pathway to Accelerated Nutrition

Government of Odisha launched a nutrition strategy ‘SOPAN’- Strategy for Odisha’s Pathway to Accelerated Nutrition while addressing an event on the occasion of International Women’s Day.

SOPAN targets to cover 125 hard to reach Blocks in Odisha. During the event, the strategic and transformative action of the Government were highlighted, including the Nutrition Budget placed in the Assembly to improve the nutrition landscape in the state.

The new strategy knit around 20 key components is relevant to Sustainable Development Goal 2 and is expected to take Nutrition To All irrespective of their location. The components of the strategy include:

1. Partnership - with APPI, CFTRI, NIN, World Fish, Unicef and WFP
2. Technology- use of Apps, MIS, geo-tagging
3. Mainstreaming men against malnutrition- engaging men for positive nutrition outcomes
4. Intensive implementation in 125 difficult and nutritionally vulnerable districts
5. Pooling extra-budgetary resources- from DMF, OMBADC, development partners
6. Strong communication campaign
7. Strong inter-departmental convergence
8. Strong capacity building and monitoring, setting up of a centre of excellence, State Institute of Nutrition
9. Annual nutrition survey for improved and relevant policy formulation
10. Involvement of SHGs for nutrition services
11. Special intervention for adolescent girls
12. Additional hot cooked meals for pregnant women and lactating mothers
13. Community-based crèches for under 3 children
14. Community-based management of severe acute malnutrition children
15. Nutrition services through mothers groups in difficult areas
16. Community services for nutrition acceleration
17. Fortification of THR and hot cooked meal
18. Half-yearly screening and validation of weightment of every child
19. Management of nutrition by Gram Panchayat
20. Nutrition budget

Read more at: https://www.ommcomnews.com/odisha-news/naveen-launches-strategy-for-odisha-s-pathway-to-accelerated-nutrition-sopan

How Assam improved its maternal mortality ratio at a fast pace

To provide healthcare services in riverine and char areas, one-of-its kind boat clinics have been deployed. The state has remarkably worked to tackle problem of maternal mortality and improve on healthcare indices.

The latest SRS, released last year, had highlighted that the MMR of the country has declined from 130 in 2014-2016 to 122 in 2015-17 and the decline has been most significant in empowered action group (EAG) states and Assam from 188 to 175. MMR is derived as the proportion of maternal deaths per 100,000 live births reported under the SRS.

According to the NITI Aayog’s health index, Assam was categorised in the “achievers” in terms of the overall and incremental performance.

“Assam’s current MMR status might overshadow the strides the state has made in maternal
In just over a decade, Assam has reduced its MMR from 480 to 237 - that is a greater than 50% reduction. The drastic reduction in Assam’s MMR is mostly attributed to an increase in institutional deliveries, said Bhavna Mukhopadhyay, Chief Executive, Voluntary Health Association of India (VHAI).

In 2018, the Assam government launched the Wage Compensation Scheme for pregnant women in tea gardens. Under this cash transfer programme, pregnant women working in the tea gardens are provided with 12,000 by the government. NGOs such as VHAI in collaboration with civic engagement Alliance is also working on equitable access to adequate food and nutrition by pregnant and lactating mothers and children below 5 years of age in six districts of Assam.

“Investing in nutrition is fundamental to achieving maternal and child survival goals and reducing MMR,” said Mukhopadhyay.

Public health policy experts believe that with about 3.4 crore population, Assam is poised in a unique context both demographically and topographically and is the largest state with 68.4% population of the country’s northeastern region. In this context, Assam’s healthcare delivery system has improved to have accessibility, quality of services and affordability etc.

“Delivering healthcare services in north-east has always been a challenge due to difficult terrain and other issues. To cover the hard to reach areas and areas where healthcare facility is inadequate, the Assam government has deployed 130 Mobile Medical Units (MMUs) of which 80 are deployed in the tea garden areas. At present 414 tea gardens are covered by these MMUs every month. MMUs are basically “hospital on wheel” manned with doctor, nurse, paramedical staff equipped with basic free diagnostic services and free medicines. More than 20.31 lakh patients have been treated in 47,020 camps organised by these MMUs from June 2017 to January 2019,” said Chandrakant Pandav, member, National Council on India Nutrition Challenges, POSHAN Abhiyan.


Activities conducted during the event:
1. Interaction meeting where different stakeholders shared their success stories, view points, roles and responsibilities of women for a developed and just society.
2. Signature campaign and pledge to make the locality child marriage free.
3. Social games and competition for women group members
4. Felicitation of women for significant contribution against child marriage and other social issues.
5. Movie screening- I Want to Fly
ON THE ONLINE SHELF

I WANT TO FLY
A short documentary film which captured the initiative to empower the adolescent Girls towards their empowerment and education
Voluntary Health Association of India and More Than Brides Alliance

Direction: Alok Mukhopadhyay
Creative Director: Raman Kumar
Producer: Prashanth Padmanabhan
Editor: Ravi Bhushan
Narration: Harnish Bawarne
Special Thanks: Sabna Saha, Sapna Saha, Asalpan Rai

Visit: https://www.youtube.com/watch?v=mDfA5VFLAXk&feature=emb_logo

COVID 19 Facilitator Guide: Response and Containment Measures Training Toolkit for ANM, ASHA, AWW

COVID-19 FACILITATOR GUIDE
Response and Containment Measures Training toolkit for ANM, ASHA, AWW


COVID 19 Do’s and Don’t Poster by Ministry of Health and Family Welfare, Government of India

Visit: https://www.mohfw.gov.in/pdf/Poster_Corona_ad_Eng.pdf

Pink Legal: First-ever website in India dedicated to women’s rights and women’s law

Visit: http://pinklegal.in/index.html

More Than Brides Alliance: Stories of Change

Visit: https://morethanbrides.org/stories/