

IN THE NEWS

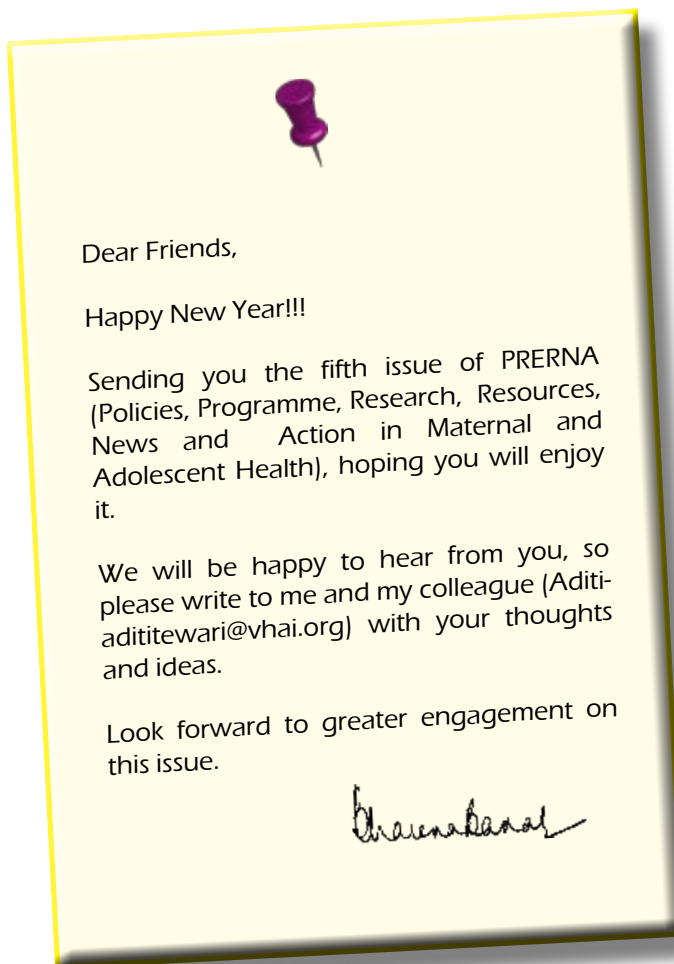
Health ministry joins clean drive

“The objective is to make those CHCs high quality in terms of infection control and hygiene,” said an official.

New Delhi: In a bid to provide up-to-date medical and sanitation services in villages, the ministry of health and family welfare and ministry of drinking and sanitation have joined hands to provide better sanitation so as to bring better health outcomes.

According to the new “convergence programme”, Swachchh Swasthya Sarwatra which will launched on Thursday, in over 700 open defecation-free (ODF) blocks, the health ministry under the National Health Mission (NHM) will make sure that the community health centres (CHCs) falling in those blocks achieve high quality medical services.

Read more: <http://www.asianage.com/india/all-india/281216/health-ministry-joins-clean-drive.html>



Initiatives and Achievements of Ministry of Health and Family Welfare: A Year End Review, 2016

1. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

PradhanMantriSurakshitMatritvaAbhiyan (PMSMA) is aimed at reducing maternal and infant mortality rates through safe pregnancies and safe deliveries. The national programme will provide special free antenatal care to about 3 crore pregnant women across the country in order to detect and prevent high risk pregnancies. The nationwide programme will provide fixed day assured, comprehensive and quality antenatal care to pregnant women on the 9th of every month. Pregnant women can now avail of a special antenatal check-up in their second or third trimesters at Government health facilities provided by gynecology specialists/ physicians with support from private sector doctors to supplement the efforts of the Government sector. These services including ultrasound, blood and urine tests will be provided in addition to the routine antenatal check-ups at the identified health facility/outreach in both rural and urban areas. One of the aims is to identify and follow-up on high risk pregnancies in order to reduce MMR and IMR.

2. MAA-Mother's Absolute Affection

A nationwide programme launched in an attempt to bring undiluted focus on promotion of breastfeeding and provision of counselling services for supporting breastfeeding through health systems. The programme has been named 'MAA' to signify the support a lactating mother requires from family members and at health facilities to breastfeed successfully. The chief components of the MAA Programme are Community awareness generation, Strengthening inter personal

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communication through ASHA, Skilled support for breastfeeding at delivery points in public health facilities, and monitoring and award/recognition.

3. Introduction of new vaccines

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=155854>

Nadda dedicates “dharamshala complex” at R M L Hospital to public

New Delhi, Jan 5 (UNI) Free residential facilities will now be available to attendants of poor patients from outside Delhi with the inauguration by Union Health & Family Welfare Minister J P Nadda of the ‘dharamshala complex’ at Dr Ram Manohar Lohia Hospital (RML) Hospital here today. The 35-bedded facility having single, twin and dormitory rooms with a floor reserved for women has been constructed at a total outlay of approx Rs 6.15 crore. The complex offers free communication facilities for the attendants and round-the-clock care taker, security and sanitation services. Minister of State for Health & Family Welfare Faggan Singh Kulaste was also present on the occasion. Mr Nadda said the hospital attracts patients from the city and from neighboring states with unwavering belief that they will get best of services available in the country. “RML has been successful in balancing the quality and quantity while delivering services to the poor people,” Mr Nadda added. Laying emphasis on services to be delivered at the complex, he said the services at the complex should be regularly

inspected and monitored. “We erect the hardware but not pay much attention to the software part. The hospital should look at ways and means of making the facilities at the complex self-sustaining,” Mr Nadda said and added that the facility should ensure proper sanitation and directed the officials to personally monitor this aspect at the facility. Referring to the ICT-based application ‘Mera Aspataal (My Hospital)’ that captures patients’ feedback about their experience in the health facilities on the services that they received or sought to receive, the minister said his ministry is seeking the feedback of people digitally to improve the quality of services at the health centres.

Read more: <http://www.uniindia.com/nadda-dedicates-dharamshala-complex-at-r-m-l-hospital-to-public/india/news/740605.html#WPPGxCzftOWjYgyu.99>

Nutrition rank gives food for thought

NEW DELHI: The largest food and beverage manufacturers in the country need to pull up their socks when it comes to offering nutritious products to consumers. Research by the Netherlands-based The Access to Nutrition Foundation (ATNF) has found that food and beverage companies in India are falling far short of what they need to do to help fight malnutrition.

For instance, despite having the strongest nutrition and under nutrition-related commitments and policies, Nestle India, maker of Maggi noodles, scored the second lowest for nutrition qualities of its products among all the companies assessed under

the India Access to Nutrition Spotlight Index. On the other hand, Mother Dairy scored the highest.

Read more: <http://timesofindia.indiatimes.com/india/nutrition-rank-gives-food-for-thought/articleshow/55990958.cms>

A shot at life: How India plans to immunise all its children



More than one in five deaths of children under five in the world happen in India. More than half these deaths are due to vaccine-preventable and treatable infections, such as pneumonia, diarrhoea and sepsis. If all children are vaccinated, lakhs of lives would be saved each year.

“India’s infant mortality rate is 39, which means that an estimated 9.9 lakh babies die within one year of birth, mostly from preventable causes,” said Union Health Minister JP Nadda. “This is unacceptable. We have to save these newborns.”

Read more: <http://www.hindustantimes.com/india-news/a-shot-at-life-how-india-plans-to-immunise-all-its-children/story-ZxplUKqUaE3GNMqtpZY8sL.html>

IN OPINION

Does your child really need all the prescribed vaccines?

The biggest association of paediatricians in India is heavily dependent on funding from vaccine manufacturers. The influence allegedly leading to immunisation guidelines being tweaked to include products of the funding companies. Technical committee members deciding the guidelines being on the board of vaccine manufacturers and getting paid by them. Hefty margins on vaccines being given to paediatricians administering the vaccines. These and several others skeletons came tumbling out of the cupboard of the Indian Academy of Paediatricians (IAP) when the convenor of its Advisory Committee on Vaccines and Immunization Practices (ACVIP) wrote an open letter to the association's president.

"Is it wrong to expose the 'uscrupulous' marketing practices of vaccine companies? Is it 'unethical' to comment on the excessive cost difference between the MRP of a product and the price at which it is offered to a doctor? Since the private sector of vaccines is poorly supervised, and there is no guideline from the government to control or regulate this sector, is it unconstitutional for IAP ACVIP to highlight these issues?" asked Dr Vashishtha.

Read more: <http://timesofindia.indiatimes.com/life-style/health-fitness/health-news/does-your-child-really-need-all-the-prescribed-vaccines/articleshow/56166139.cms>

Unborn legacies

Tribal infants continue to die in a state with India's best healthcare, a startling indictment of the failure of public health schemes

Every infant death seems to unearth more damning findings. A health check-up of 567 students of the Sholayar Tribal Higher Secondary school-after the death of 13-year-old Manikandan on September 7-found 110 of them were acutely anaemic.

Today, tribals constitute just 34 per cent of Attappadi's total population, around 33,500 people in 192 villages. Of the three major tribal subgroups, Irulas make up nearly 80 per cent of this population. Health assessment reports in 2014 by paediatric surgeon Dr E.K. Sathyan and his team found that a majority of the pregnant women were anaemic and, consequently, a vast number of newborns were underweight with stunted growth. Indeed, malnutrition among tribal women is the prime factor for infant deaths in Attappadi.

Read more: <http://indiatoday.intoday.in/story/kerala-infant-mortality-rate-deaths-attappadi-tribals/1/818419.html>



Showing a healthy habit the door

It is time to highlight the benefits of feeding mother's milk to a newborn. The use of formula milk is on the rise across the world for various reasons. We should not allow market forces to make choices that are unhealthy

The recent call by the UN to view 'breastfeeding', as a human rights issue, and one that should be protected and promoted for the benefit of babies and mothers, has come as a welcome step. Few nations have the necessary stringent, comprehensive and enforceable legal measures to curb the menace of infant formula, that is flourishing across the world, and in India, in particular.

There have been numerous instances of newborn babies being fed infant formula substitutes as their first meals, often without the mother's knowledge. Despite delivering healthy babies, new mothers do not get to hold them, or feed them immediately after birth. Most parents go for formula milk, simply because, the doctors have recommended them to do so. Once dependent on formula milk, mothers face extreme difficulty in getting back to breastfeeding in the long run.

In India, 14 million babies out of 26 million, are exposed to health risks, due to introduction of either powder milk, or animal milk-based formula, within hours of their birth. According to the World Health Organisation (WHO), "Powder infant formula is not sterile." Yet, we remain silent. Why?

Read more: <http://www.dailypioneer.com/columnists/oped/showing-a-healthy-habit-the-door.html>

IN THE POLICIES

Maternity Leave in India & other countries

Earlier today, a Bill to raise maternity benefits was introduced and passed in Rajya Sabha. The Bill amends the Maternity Benefit Act, 1961. The Act regulates the employment of women during the period of child birth, and provides maternity benefits. The Act applies to factory, mines, plantations, shops and other establishments.

Duration of maternity leave: The Act states that every woman will be entitled to maternity



benefit of 12 weeks. The Bill increases this to 26 weeks. Further, under the Act, this maternity benefit should not be availed before six weeks from the date of expected delivery. The Bill changes this to eight weeks.

In case of a woman who has two or more children, the maternity benefit will continue to be 12 weeks, which cannot be availed before six weeks from the date of the expected delivery.

Maternity leave for adoptive and commissioning mothers: Further, the Bill introduces a provision to grant 12 weeks of maternity leave to: (i) a woman who legally adopts a child below three months of age; and (ii) a commissioning mother. A commissioning mother is defined as a biological mother who uses her egg to create an embryo implanted in another woman. The 12-week period of maternity benefit will be calculated from the date the child is handed over to the adoptive or commissioning mother.

Informing women employees of the right to maternity leave: The Bill introduces a provision which requires every establishment to intimate a woman at the time of her appointment of the maternity benefits available to her. Such communication must be in writing and electronically.

Option to work from home: The Bill introduces a provision that states that an employer may permit a woman to work from home. This would apply if the nature of work assigned to the woman permits her to work from home. This option can be availed of, after the period of maternity leave, for a duration that is mutually decided by the employer and the woman.

Read more: <http://www.prsindia.org/theprsblog/?p=3695>

International Comparison of Surrogacy Laws

The Surrogacy (Regulation) Bill, 2016 proposes to regulate surrogacy in India. The Bill (i) allows altruistic surrogacy to certain Indian couples; (ii) prohibits commercial surrogacy; (iii) specifies the eligibility conditions to be fulfilled by surrogate mothers and couples intending to initiate a surrogacy procedure; and (iv) protects the rights of children born through surrogacy.

Read more: <http://www.prsindia.org/uploads/media/Surrogacy/International%20comparison%20of%20surrogacy%20laws.pdf>





IN THE PARLIAMENT

UNSTARRED QUESTION NO. 1819

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

- (a) whether the Government would consider reviving the family planning programme as a mass movement, if so, the details thereof;
- (b) the details of various schemes run by the Government to promote family planning;
- (c) whether the Government has made major budget allocation to the family planning through the budget heads of family welfare and the National Health Mission (NHM);
- (d) if so, the details of the budget headwise allocations for the current and last 3 financial years;
- (e) the details of the Centre-State budget allocation formula to the family planning;
- (f) the details of the State-wise budget allocations for the current and last three financial years;
- (g) whether the Government has made any commitments under FP2020 programme of UN foundation, if so, the details thereof;
- (h) the details of steps taken by the Government towards commitments made under FP2020 programme of UN foundations; and

- (i) whether the Union Government has received any proposal regarding family welfare and rural health care schemes from the State Government of Karnataka, if so, the details thereof along with the action taken by the Government thereon?

**ANSWERED on 25th November 2016:
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. ANUPRIYA PATEL)**

(a): Government has already come up with the RMNCH+A approach under which Family planning programme has been integrated with maternal, neonatal, child and adolescent health programme to give it a thrust.

(b): The details of various schemes run by the Government to promote family planning is placed at Annexure-I.

(c) to (f): The Government approves the budget for family planning through the budget heads of family welfare and the National Health Mission (NHM) every year based on proposals received from the states in their state PIPs.

The details of the budget allocation for centre and the states for the current and last 3 financial years are placed at Annexure II.

The Centre-State budget allocation formula for family planning is the same as followed under National Health Mission (NHM) which is 60:40;

(g): Yes. The Government has made commitments under FP2020 programme of UN foundations which include:

- Sustaining the coverage of over 100 million (10 Crore) women currently using contraceptive
- Reducing the unmet need by an improved access to voluntary family planning services, supplies and information.
- Expanding the basket of choices and scaling up the usage of current methods available.

h): The steps taken by the Government towards commitments made under FP2020 programme of UN foundation include:

- Introducing New Contraceptive Choices: The current basket of choice has been expanded to include new contraceptives viz. Injectable contraceptive, Centchroman and Progesterone Only Pills (POP).
- Refurbishing Contraceptive Packaging: The packaging for Condoms, OCPs and ECPs has now been improved and redesigned so as to increase the demand for these commodities.



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- Unveiling of a New Family Planning Media Campaign: A 360 degree media campaign has been launched to generate awareness about family planning thereby increasing the demand for contraceptives.

(i): No.

Annexure I

Various schemes -un by the Government to promote family planning

New interventions under Family Planning

- New Contraceptive Choices: The current basket of choice has been expanded to include the new contraceptives viz. Injectable contraceptive, Centchroman and Progesterone Only Pills (POP).
- Redesigned Contraceptive Packaging: The packaging for Condoms, OCPs and ECPs has now been improved and redesigned so as to influence the demand for these commodities
- New Family Planning Media Campaign: A360 degree media campaign has been developed to generate contraceptive demand.
- Enhanced Compensation Scheme for Sterilization- The sterilization compensation scheme has been enhanced in 11 high focus

- states (8 EAG, Assam, Gujarat, Haryana)
- Promotion of ruCDs as a short & long term spacing method - Introduction of Cu IUCD-375 (5 years affectivity) under the Family Planning Programme.
- Emphasis on Postpartum Family Planning (PPFP) services with introduction of PPIUCD and promotion of minilap as the main mode of providing sterilization in the form of post-partum sterilization to capitalize on the huge cases coming in for institutional delivery under JSY.
- Scheme for ensuring drop back services to sterilization clients
- Appointment of dedicated RMNCH+A counsellors at high case load facilities.
- Assured delivery of family planning services - In last four years states have shown their commitment to strengthen fixed day family planning services for both ruCD and sterilization.
- Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries has been expanded to the entire country w.e.f. 17th Dec 2012
- Scheme for ASHAs to ensure spacing in births:
 - Under the scheme, services of ASHAs are being utilized for counselling newly married couples to ensure delay of 2 years in birth after marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child.
 - The scheme is being implemented in 18 states of the country (8 EAG, 8 North

East, Gujarat and Haryana). Additionally the spacing component has been approved in West Bengal, Kamataka, Andhra Pradesh, Telangana, Punjab, Maharashtra, Daman Diu and Dadra and Nagar Haveli

- Celebration of World Population Day & fortnight (July 11 - July 24):
 - The World Population Day celebration is a step to boost Family Planning efforts all over the country.
 - The event is observed over a month long period, split into an initial fortnight of mobilization/sensitization followed by a fortnight of assured family planning service delivery.
 - June 27 to July 10: "Dampati Sampark Pakhwada" or "Mobilisation Fortnight"
 - July 11 to July 24 "Jansankhya Sthirtha Pakhwada" or "Population Stabilisation Fortnight"

On-going Interventions under Family Planning Programme

- Ensuring quality care in Family Planning services by establishing Quality Assurance Committees in all state and districts.
- Increasing male participation and promotion of 'Non Scalpel Vasectomy'.



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- 'National Family Planning Indemnity Scheme' (NFPIS) under which clients are insured in the eventualities of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.
- Compensation scheme for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary on account of undergoing sterilisation.
- Accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP.
- Improving contraceptives supply management up to peripheral facilities
- A rational human resource development plan is in place for provision of IUCD, Minilap and NSV to empower the facilities (DH, CHC, PHC, SHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUCD insertion
- Emphasis on Minilap Tubectomy services because of its logistical simplicity with less failure rates.
- Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities

Annexure II

The details of the State-wise budget allocations for the current and last three financial years

S.No.	State	2013-14	2014-15	2015-16	2016-17
		SPIP Approval (Rs, in lakhs)			
A. High Focus States					
1	Bihar	7776.27	5936.19	10985.01	11092.79
2	Chattisgarh	2207.80	2221.53	1309.51	2490.40
3	Himachal Pradesh	414.76	480.00	464.55	391.72
4	Jammu & Kashmir	205.99	384.97	358.13	198.55
5	Jharkhand	2440.05	3662.94	4214.20	376.16
6	Madhya Pradesh	8417.96	6460.46	9629.27	9977.77
7	Orissa	1777.62	1956.81	3301.23	3496.21
8	Rajasthan	5252.23	7417.61	8180.44	8287.10
9	Uttar Pradesh	6629.40	7815.66	11809.84	13111.65
10	Uttarakhand	378.00	539.31	732.14	379.14
	Sub Total	35500.08	36875.48	50984.32	49801.49
B. NE States					
11	Arunachal Pradesh	107.27	99.68	36.55	96.98
12	Assam	1665.74	1680.41	2231.97	1976.43
13	Manipur	90.67	65.76	73.32	70.11
14	Meghalaya	74.99	67.90	84.90	111.31
15	Mizoram	61.76	79.67	78.46	63.67
16	Nagaland	157.99	94.18	90.00	95.42
17	Sikkim	33.32	22.32	13.64	16.17
18	Tripura	171.42	148.56	139.82	95.20
	Sub Total	2363.16	2258.48	2748.66	2525.29



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C. Non-High Focus States					
19	Andhra Pradesh	5564.16	2902.31	2872.13	2737.81
20	Goa	27.75	29.39	40.56	35.75
21	Gujarat	2744.97	4390.48	5068.99	4987.17
22	Haryana	867.82	825.00	2000.25	1893.50
23	Karnataka	2861.40	2680.00	2550.30	2764.14
24	Kerala	608.67	468.34	467.60	368.02
25	Maharashtra	4172.93	3979.91	4564.44	4682.04
26	Punjab	801.09	773.17	743.22	758.07
27	Tamil Nadu	2516.21	1921.09	2800.77	2947.82
28	Telangana	0.00	2139.63	2120.22	2263.88
29	West Bengal	3445.63	3047.04	2451.71	1754.33
Sub Total		23610.63	23156.36	25680.19	25192.53



D. Small States/UTs					
30	Andaman & Nicobar Islands	27.91	31.50	34.45	0.00
31	Chandigarh	14.60	27.06	25.14	32.52
32	Dadra & Nagar Haveli	17.39	44.55	31.24	0.00
33	Daman & Diu	8.49	7.91	10.10	0.00
34	Delhi	368.67	364.69	411.79	109.90
35	Lakshadweep	3.81	2.64	1.99	3.72
36	Puducherry	84.62	94.97	49.37	0.00
Sub Total		525.49	573.32	564.08	146.14
ALL INDIA		61999.35	62863.64	79977.25	77665.45

IN OUR STATES

Vaccination Against Hepatitis B Should Be 100% In Delhi: Satyendra Jain



NEW DELHI: Delhi Health Minister Satyendra Jain today stressed on administering Hepatitis B vaccination to “everyone” to prevent the spread of the deadly disease and said that missing even a single person could negatively affect efforts to eradicate it.

“It is very unfortunate that vaccination against Hepatitis in Delhi is given only to 70-80 per cent people. It should have been 100 per cent. Even 90 per cent is not enough. Everyone should be vaccinated. We can achieve the 100 per cent vaccination target in two years if everybody supports it,” he said at a Hepatitis B awareness programme organised by Institute of Liver and Biliary Sciences (ILBS) in New Delhi.

Read more: <http://www.ndtv.com/delhi-news/vaccination-against-hepatitis-b-should-be-100-in-delhi-satyendra-jain-1633901>

Screening for newborns at 11 maternity hospitals to detect hearing problems

CHENNAI: In a move aimed at early detection of hearing impairments which could in turn help a child’s language and communication development, screening facilities for newborns will be in place at 11 corporation maternity hospitals in the city by the end of March.

Three levels of screening – first within 72 hours of birth at the hospital failing which the second and then, the third – would be carried out. According to officials, children who fail the test would be referred to the early diagnostics facility at the State Resource cum Training Centre in KK Nagar.

“Once confirmed, we go ahead with stimulation and amplification without delay so that by the time the child reaches six years of age, he or she can be integrated in mainstream schools,” a senior official said.

The Rs 3.3 crore project would provide infrastructure such as sound treated cabins, mobile audiology units and laptops. Along with Greater Chennai corporation, the scheme is to be implemented by Commissionerate for the Welfare of Differently Aabled.

According to the National Health Portal of India, congenital deafness affects 5.6-10 of every 1,000 live births in the country, one of the most common birth defects after congenital heart disease.

According to the official, Chennai and Sivaganga, where the screening is to be carried out in ten

centres included a District Headquarters Hospital, a Taluk Hospital and upgraded Primary Health Centres.

“In Chennai, we’re doing it in the corporation hospitals where 90 per cent deliveries take place while upgraded PHCs and district headquarters hospital in Sivaganga is a completely different set up,” the official said.

A large number of children with hearing impairments are left undetected until one to three years of age by which irreversible damage could have already been done, said the official. Also, as much as three out of four children suffer from Otitis media (ear infection) resulting in temporary hearing and speech problems that could turn permanent if left untreated.

Instruments such as Otoacoustic Emission (OAE) to test cochlear status and the function of hair cells that help in detection and amplification of sound and Immittance Audiometers for evaluating middle ear function are to be used for screening. “Other than hearing impairments, we are also training the hospital staff to detect other risk factors and disorders including delayed development in children.”

Read more: <http://www.newindianexpress.com/cities/chennai/2017/jan/14/screening-for-newborns-at-11-maternity-hospitals-to-detect-hearing-problems-1559424.html>

ON THE ONLINE SHELF



http://www.bbc.co.uk/mediaaction/publications-and-resources/policy/briefings/asia/india/policy_mhealth



<http://nrhm.gov.in/nrhm-components/rmnch-a/maternal-health/iec-material.html>

<http://nrhm.gov.in/nrhm-components/rmnch-a/family-planning/iec-material.html>

<http://nrhm.gov.in/nrhm-components/rmnch-a/family-planning/iec-material.html>

खतरे की घंटी को क्यों है बजाना अस्पताल में प्रसव के बाद 2 रात जरूर बिताना

चांस क्यों लेना है

- प्रसव के बाद दो रातें (48 घंटे) मॉ-बच्चे के लिए महत्वपूर्ण होते हैं
- अस्पताल में सारी सुविधाएं होती हैं
- इसलिए प्रसव अस्पताल में ही कराएं और उसके बाद दो रातें (30 घंटे) वहीं रुकें

मुफ्त सेवाएं

USAID INDIA

अधिक जानकारी के लिए अपनी ए. एन. एच. बहन जी/आशा पीपी या निकटवर्ती स्वास्थ्य केंद्र से संपर्क करें

अब परिवार नियोजन के साधन आपके घर पर

आशा से मांगो

अब आशा चतुष्टयी आपके घर पर बेहतरीन क्वालिटी के परिवार नियोजन साधन जैसे- कन्डोम, गर्भ विच्छेदन यंत्रिका, आकाशकरीम एवं निरोधक के भी विभिन्न मादुरी चार्ज पर

हिरोडा निरोधक

अधिक जानकारी के लिए निकटवर्ती स्वास्थ्य केंद्र से संपर्क करें।

आई.यू.सी.डी. से मिली मुझे चिंता से आजादी

जब चाहें प्रिवेक्सा

गर्भ से सुरक्षा का सरल उपाय

आज ही, अपनी प्रिय बहन या दोस्त से मिलें और अपनी आकाशकरीम से चिंता विच्छेदन आकाशकरीम के बारे में अधिक जानें। आई.यू.सी.डी. चर्चा शुरू करना आसान है।