

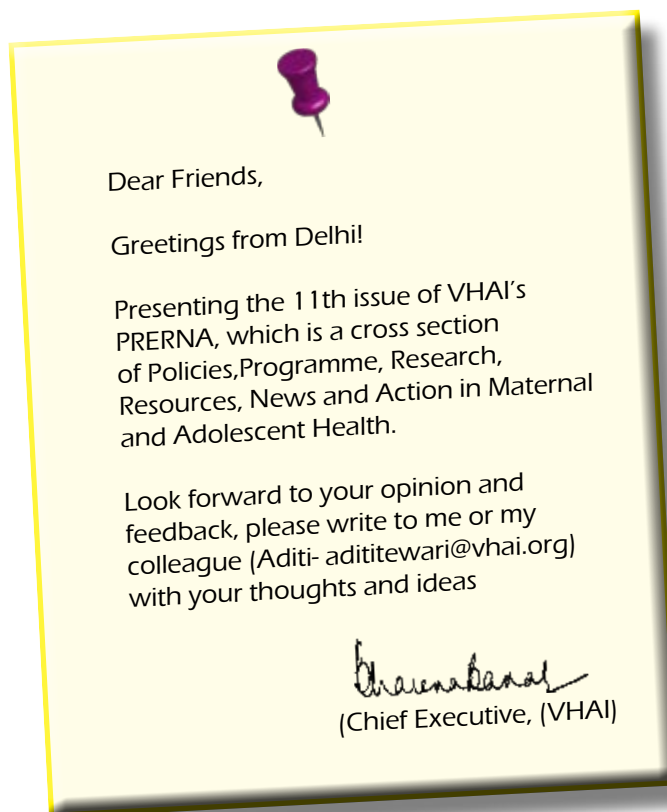


## IN THE NEWS

### Shri J P Nadda launches the National Strategic Plan for Malaria Elimination (2017-22)



Shri J P Nadda, Union Minister of Health and Family Welfare launched the National Strategic Plan for Malaria Elimination (2017-22) at a function, here today. The Strategic Plan gives year wise elimination targets in various parts of the country depending upon the endemicity of malaria in the next 5 years. Speaking at the launch, Shri Nadda said that the government would like to eliminate malaria by 2027 and urged the states for active cooperation. He further stated that the programme has to be owned by the states. Dr.Jagdish Prasad, DGHS, Shri R.K.Vats, Additional Secretary & Director General and Acting WHO Representative to India Dr. Suchaxaya Prakin were also present at the launch function.



Recalling the launch of the National Framework for Malaria Elimination (NFME) last year, Shri Nadda stated that NFME outlined India's commitment for eliminating malaria by 2030. "Today we are here for the launch of the National Strategic Plan for Malaria Elimination (2017-22) which gives strategies for working towards the ultimate goal of elimination of malaria by 2030," Shri Nadda elaborated. The Health Minister further said that the National

Strategic Plan is for five years and requested the Programme Officers to work with a strategy and follow the operational guidelines laid down in the National Strategic Plan.

**Read more:** <http://pib.nic.in/newsite/PrintRelease.aspx?relid=167379>

### Cabinet approves MoU between India and Palestine on cooperation in the field of Health and Medicine

The Union Cabinet chaired by the Prime Minister Shri Narendra Modi has given its ex-post facto approval for signing a Memorandum of Understanding (MoU) between India and Palestine on cooperation in the field of Health and Medicine. The MoU was signed on 16th May, 2017.

**Read more:** <http://pib.nic.in/newsite/PrintRelease.aspx?relid=167349>





## IN THE NEWS

### **World Population Day 2017: Government launches Mission Parivar Vikas to stabilise population growth**

The minister advised his ministry officials to undertake half-yearly review of the programme and correlate the achievements with time.

Union Health Minister J P Nadda today launched a family planning programme aimed at “stabilising” population growth in 146 districts of seven states that account for nearly 28 per cent of the country’s population. The ‘Mission Parivar Vikas’ was launched at a function organised by the Jansankhya Sthirita Kosh here to mark World Population

Day. The highly-populated districts in Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam have a total fertility rate (TFR) of three and above. These districts have been identified as high focus areas under the programme to accelerate access to high quality family planning choices based on information, reliable services and supplies. “Under the initiative, specific targeted initiatives shall be taken for population stabilisation through better services delivery,” an official statement said quoting Nadda. Nadda said the programme was a new initiative conceived by his ministry with a strategic focus on improving access through provision of services, promotional schemes, commodity security, capacity building, enabling environment and intensive monitoring.



**Read more:** <http://www.financialexpress.com/india-news/world-population-day-2017-government-launches-mission-parivar-vikas-to-stabilise-population-growth/759306/>

### **Cyber-crimes against children can now be reported at the POCSO e-Box**

Child victims of cyber-crimes can now lodge their complaints at National Commission for Protection of Child Rights (NCPCR)'s POCSO e-box. Considering the growing menace of cyber-crimes targeting children, NCPCR has now enhanced the scope of POCSO e-box to handle cyber bullying, cyber stalking, morphing of images and child pornography. Child victims themselves or their friends, parents, relatives or guardians can report cyber-crimes by pressing the e-box button available at the Commission's website, [www.ncPCR.gov.in](http://www.ncPCR.gov.in). They can also register their complaints on email id: [pocsoebox-ncPCR@gov.in](mailto:pocsoebox-ncPCR@gov.in) or mobile no.: 9868235077.

Child abuse is finding new forms and channels through mobile and digital technologies. In India about 134 million children have access to mobile phones and the number is growing very fast with even faster access to internet. While this provides opportunities for accessing useful material for learning purposes, lack of digital literacy and online safety measures expose children to hazards of cybercrime. POCSO e-box is an easy and direct medium for reporting of child sexual abuse under the Protection of Children from Sexual Offences (POCSO) Act, 2012.

**Read more:** <http://pib.nic.in/newsite/PrintRelease.aspx?relid=166857>



## IN THE NEWS

### **Government takes measures to keep a check on unusual increase in C-Section surgeries reported in recent years**

The Government has taken several steps to ensure that the unwarranted increase in C-Section surgeries can be kept in check.

The Minister of Women and Child Development, Smt. Maneka Sanjay Gandhi, had expressed concern to the Union Health Minister in February 2017 about the unusual increase in recent years in C-Section surgeries reported from different States. Smt. Gandhi had pointed out that while the recommendation of WHO suggests that deliveries through C-Section should normally be in the range of 10-15% of the total deliveries, some States are reporting extremely high percentages. Tamil Nadu reported this to be 34% and Telangana 54%. She had further stated that it is worrisome that the percentage was even higher for the private nursing homes across the States.

In response to the letter of WCD Minister, the Union Minister of Health and Family Welfare, Shri J.P. Nadda has stated that the concerns expressed are well founded and the Health Ministry is taking a series of measures to control this increasing trend. As a first step, all the private hospitals empanelled under CGHS have been directed by the Health Ministry to prominently display the data of deliveries

through C-Section vis-à-vis normal deliveries in the hospital, at the reception area. A report titled "Deciphering the Determination and Impacts of Rising Rate of C-Sections and offering Potential Solutions" has been disseminated to all State Governments and UT Administrations to effectively get them to provide C-Sections only to those women who actually require it.

**Read more:** <http://pib.nic.in/newsite/PrintRelease.aspx?relid=167412>

### **Health Ministry holds 4th National Summit on Good, Replicable Practices and Innovations in Public Health Care Systems**

On July 6, 2017, Ms. Sumitra Mahajan – Speaker of the 16th Lok Sabha inaugurated the 4th National Summit on Good, Replicable Practices and Innovations in Public Health Care Systems at Indore, Madhya Pradesh. Mr. Faggan Singh Kulaste and Ms. Anupriya Patel – Ministers of State for Health and Family Welfare and Mr. Rustam Singh, Health Minister (MP) were also present at the occasion.

Highlights of 4th National Summit on Good, Replicable

Practices and Innovations in Public Health Care Systems:

During her address, Ms. Sumitra Mahajan mentioned that National Health Policy, 2017 is a landmark step as it commits to comprehensive primary healthcare, effective regulatory framework and best infrastructure.

Faggan Singh Kulaste said that this summit is a good platform to share experiences and collectively strategize on how to improve health services in the country.

Anupriya Patel, said that the summit gives a unique platform to share those steps that have helped to make a difference in healthcare delivery.

**Read more:** <https://www.affairscloud.com/health-ministry-holds-4th-national-summit-good-replicable-practices-innovations-public-health-care-systems/>





## IN OPINION

### India must criminalise marital rape as the first step towards ending violence against women, said UNDP administrator



Helen Clark, in an exclusive interview to Diplomatic Editor Suhasini Haidarin New Delhi.

UNDP has completed 50 years, yet it seems the growth divide in the world is at its deepest. If you compare the global south to the north, population is maybe about 2:1, but gross national income per person is closer to 1:20... Is this divide the biggest crisis?

I think it is. Inequality is one of the biggest problems, inequalities between the North and the South, but internal inequalities as

well. UNDP launched a report a few years ago that asserted that 70% of people living in developing countries today live in countries more unequal than they were in 1990 — the baseline year for the Millennium Development Goals. So what that tells us is while there has been a lot of growth and development, inequalities have also been exacerbated. And the whole sustainable development agenda is to say look more holistically at what you are achieving. If your model of economic growth is exacerbating the inequalities in the world, if its trashing the environment, is this really the quality of growth you want? Or are there more ways to run your economy? So tackling inequality is one of the biggest goals for the sustainable development agenda.

Given that, what do you see as India's role in the Global South? As a leader, an innovator, a centre for best practices?

Oh yes, in many ways. India is really taking to new-age renewable technologies. I was on a panel in Davos and one of the key Indian players made the point that coal hasn't been a factor in India's energy strategy for some time. The real push is in renewable energy and that's where the investment is. Secondly, India has an ambitious reforestation goal. So on the environmental side India knows what it needs to do. And that will help not just globally but also bring for its people food security, water, air quality etc. And when India and China move

on these issues they have a global impact on these issues far beyond just them.

**Read more:** <http://www.thehindu.com/opinion/interview/undp-chief-helen-clark-calls-for-india-to-criminalise-marital-rape/article8348958.ece>

### Family planning: A tangible tool to empower people and enable development

World Population Day: Districts with higher modern contraceptive prevalence rate witness a significant reduction in child marriage, adolescent pregnancies and violence

Who hasn't dreamt of a utopian world, where the potentialities that slumber in its population are realised and every individual empowered? The dream is distant but we continue to march inexorably towards it. As population growth reaches exponential proportions, there is increasing focus on family planning globally. Its salience as a key indicator of national well-being is manifest in the increasing weight allotted to it in various national development indices. Family planning programmes across nations have demonstrated a far-reaching impact on gender equality, women's empowerment, maternal and child health and economic growth. With 70% of Indian population residing in villages and growing urbanisation, it is imperative that the praxis of family planning is embraced by the rural community as well as the urban.





## IN OPINION

The praxis itself is not complicated, with a basket of contraceptive choices going a long way in regulating population growth. Despite the availability of options, female sterilisation still accounts for two-thirds of contraceptive use in India. Creating awareness on modern reversible contraceptive choices among low-income women benefits the government by maximising cost savings, reducing the disparities in access to family planning services, thereby decreasing the incidence of abortion.

UNFPA studies conducted in more than 40 developing countries show that birth rates fall as women gain equality. In rural areas, education allows women to be in control of their lives not just financially but also reproductively. These women are in a better position to take decisions on when and how many children they desire to have. African countries like Rwanda and Ethiopia, despite the late advent of family planning methods, have enjoyed a rapid increase in their use in recent years. Their political champions view family planning as a central aspect of their national priorities on gender, women's empowerment,

rural development and education. Whether it is India, China or Sri Lanka, with female education and family planning, greater prosperity has followed. With this realisation, many countries, including India, will be taking stock and making a pledge for family planning in a high-powered meeting called the FP2020 summit in London today, on the occasion of World Population Day.

**Read more:** <http://www.hindustantimes.com/analysis/family-planning-a-tangible-tool-to-empower-people-and-enable-development/story-yaQSTrOpVMcHX4vnBFSInJ.html>





## IN THE POLICIES

### “Should Adoption Be A Part Of Personal Laws?” A Critical

Analysis Of Law Of Adoption In The Light Of Shabnam Hashmi V. Union Of India Dr Aradhana Nair Adoption of a child is an ancient practice and was known to the Greeks. In Greece the earliest adoption laws were provided in a practical way. The rules were simple where an adult of sound mind and childless could only go for adoption. Three different forms of adoption were recognized. Firstly it was adoption inter-vivos, secondly through the testamentary manner and thirdly some relative could adopt the child in the name of the deceased. It is in these three types that adoption was structured. Except the first type where there was a contract between living individuals, the motive of other two type of adoption was to perform certain religious practices. Adoption was resorted to only where there was no natural born child.

Though the institution of adoption was known, it was not used in the roman period and later became unknown and then as a practice developed much later in the modern period. The concept of guardianship in the form of alumni existed. Abandoned children were taken away for slavery. When many children were abandoned in the church, the system got institutionalized and the concept alumni or guardianship got more importance. With this institutional

care developed the system of placing the kids back into families. In the modern period that is in the 19th century the system of adoption was brought back. But from the beginning India and China had the system governed by personal laws. The uniform law of domestic adoption in China came in the year 1981. Even initially Common law did not permit adoption. Illegitimate children were looked down by the society. Then church had promoted this institution of adoption.

Adoption is defined as a civil death of a child in the natural born family and the legal birth of the child in the adopted family. Thus it is only a mere transplantation of the child from one family to another family. It is a pious deed by which both a child without a home and parents without a child would find happiness. It may be a blessing for one or for both.

**Read more:** <http://www.iosrjournals.org/iosr-jhss/papers/Vol.%2021%20Issue3/Version-3/B2103030911.pdf>

### PRS Annual Policy Review April 2016-March 2017

#### Health

The National Health Policy, 2017 was released. It proposes a target of 2.5% of the GDP as the public health expenditure. NITI Aayog released a report on the regulatory reforms for Indian systems of medicine and homeopathy. Sur-



rogacy (Regulation) Bill, 2016 was introduced in Lok Sabha.

#### Education

Policy inputs for the draft National Education Policy, 2016 were released. IIM Bill, 2017 was introduced in Lok Sabha, which gives IIMs the power to grant degrees. The Union Cabinet approved the Higher Education Financing Agency to promote the creation of high quality infrastructure in higher educational institutions.

**Read more:** <http://www.prsindia.org/policy-review/annual-policy-review/annual-policy-review-2016-17-4781/>



## IN THE PARLIAMENT

### **LOK SABHA UNSTARRED QUESTION NO. 3898 TO BE ANSWERED ON 24th MARCH, 2017**

#### **INFANT AND MATERNAL MORTALITY**

SHRI RAVINDRA KUMAR PANDEY:

SHRI NALIN KUMAR KATEEL:

SHRIMATI NEELAM SONKER:

DR. RAVINDRA BABU:

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

- (a) whether the country's infant mortality and maternal mortality rates are very high in the country, if so, the details thereof, State/UT-wise;
- (b) whether the lack of skilled manpower is a major reason for the crisis and if so, the details thereof;
- (c) whether the Government is aware that the more cases of infant mortality and maternal mortality cases are reported from Community Health Centres (CHCs) in the country;
- (d) if so, the details thereof including percentage of SCs/STs in infant and maternal mortality rate;

- (e) whether the Government has taken note that the CHCs do not have required number of medical specialists and other supporting staff; and
- (f) if so, the steps being taken to address the Infant mortality and maternal mortality in backward and remote areas of various States including Jharkhand?

#### **ANSWER**

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

- (a) & (b): No. The Infant Mortality rate in India has shown constant decline from 47 per 1000 live births in the year 2010 to 37 per 1000 live births in 2015, as per the reports of Sample Registration System (SRS) published by the Registrar General of India (RGI). Similarly, Maternal Mortality Ratio (MMR) in India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 167 per 100,000 live births in the period 2011-13, according to the SRS Reports.
- (c) & (d): The RGI provides data on IMR and MMR for the country and major States through its SRS reports. The state-wise

details of IMR and MMR over last three years are placed at Annexure-1 and 2, respectively. However, RGI does not capture disaggregated data on IMR and MMR category-wise.

- (e): Yes. The State-wise details of specialists and other supporting staff as per the Rural Health Statistics-2016 of the MoHFW, GOI are placed at Annexure Nos.- 3 to 8.
- (f): The Government of India is implementing the following interventions under the National Health Mission (NHM) all across the country, including the state of Jharkhand to reduce infant and maternal mortality :
  - i. The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India to provide fixed day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
  - ii. 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





## IN THE PARLIAMENT

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.

- iii. 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 Maternal and Child Health Wings (MCH), 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 care practices.
- iv. 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.

- v. 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 more than 89 lakh children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.
- vi. 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.
- vii. 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.

- viii. 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.
- ix. Over 21,000 ambulances are being supported under NHM to inter alia transport pregnant women to institution for delivery and also for referral.
- x. 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. Besides this, 184 high priority districts with relatively weaker status of maternal and child health indicators have been identified, for the intensification of RMNCH+A efforts.





## IN THE PARLIAMENT

### State-wise trend of IMR in India, Source: RGI -Sample Registration System

Annexure-I

State/UTs	2012	2013	2014	2015
India	42	40	39	37
Bihar	43	42	42	42
Chhattisgarh	47	46	43	41
Himachal Pradesh	36	35	32	28
Jammu & Kashmir	39	37	34	26
Jharkhand	38	37	34	32
Madhya Pradesh	56	54	52	50
Odisha	53	51	49	46
Rajasthan	49	47	46	43
Uttar Pradesh	53	50	48	46
Uttarakhand	34	32	33	34
Arunachal Pradesh	33	32	30	30
Assam	55	54	49	47
Manipur	10	10	11	9
Meghalaya	49	47	46	42
Mizoram	35	35	32	32
Nagaland	18	18	14	12
Sikkim	24	22	19	18
Tripura	28	26	21	20
Andhra Pradesh	41	39	39	37
Goa	10	9	10	9
Gujarat	38	36	35	33
Haryana	42	41	36	36
Karnataka	32	31	29	28
Kerala	12	12	12	12
Maharashtra	25	24	22	21
Punjab	28	26	24	23
Tamil Nadu	21	21	20	19
Telangana	-	-	35	34

West Bengal	32	31	28	26
A & N Islands	24	24	22	20
Chandigarh	20	21	23	21
D & N Haveli	33	31	26	21
Daman & Diu	22	20	18	18
Delhi	25	24	20	18
Lakshadweep	24	24	20	20
Puducherry	17	17	14	11

### State-wise trend of maternal mortality ratio in the country Source: RGI -Sample Registration System

Annexure: 2

MATERNAL MORTALITY RATIO (per 1,00,000 live births)			
India/States	2010-12	2011-13	
India	178	167	
Andhra Pradesh	110	92	
Assam	328	300	
Bihar/Jharkhand	219	208	
Gujarat	122	112	
Haryana	146	127	
Karnataka	144	133	
Kerala	66	61	
Madhya Pradesh/Chhattisgarh	230	221	
Maharashtra	87	68	
Odisha	235	222	
Punjab	155	141	
Rajasthan	255	244	
Tamil Nadu	90	79	
Uttar Pradesh/Uttarakhand	292	285	
West Bengal	117	113	



## IN THE PARLIAMENT

### Annexure: 3

#### Status of Specialists at the Community Health Centres (CHCs) (Source: Rural Health Statistics -2016)

TOTAL SPECIALISTS AT CHCs						
Total Specialists (Surgeons, OB&GY Physicians & Paediatrician) <sup>1</sup>						
(As on 31st March, 2016)						
S.No.	State/UT	Required <sup>2</sup>	Sanctioned	In Position	Vacant	Shortfall
		(R)	(S)	(P)	(S-P)	(R-P)
1	Andhra Pradesh	772	384	159	225	613
2	Arunachal Pradesh	252	NA	4	NA	248
3	Assam	604	NA	131	NA	473
4	Bihar	592	NA	40	NA	552
5	Chhattisgarh	620	620	61	559	559
6	Goa	16	5	5	0	11
7	Gujarat	1288	186	148	38	1140
8	Haryana	440	153	30	123	410
9	Himachal Pradesh	316	NA	7	NA	309
10	Jammu & Kashmir	336	344	190	154	146
11	Jharkhand	752	131	122	9	630
12	Karnataka	824	824	498	326	326
13	Kerala	900	30	40	*	860
14	Madhya Pradesh	1336	1336	289	1047	1047
15	Maharashtra	1440	823	505	318	935
16	Manipur	68	4	3	1	65
17	Meghalaya##	108	3	12	*	96
18	Mizoram###	36	0	0	0	36
19	Nagaland	84	NA	8	NA	76
20	Odisha	1508	908	354	554	1154
21	Punjab	600	578	196	382	404
22	Rajasthan	2284	1654	497	1157	1787
23	Sikkim	8	NA	0	NA	8
24	Tamil Nadu	1540	NA	76	NA	1464
25	Telangana	456	284	147	137	309
26	Tripura	80	0	1	*	79
27	Uttarakhand	236	200	41	159	195
28	Uttar Pradesh	3092	2099	484	1615	2608
29	West Bengal	1396	669	125	544	1271
30	A& N Islands	16	9	0	9	16
31	Chandigarh**	8	11	14	*	*
32	O& N Haveli	0	0	0	0	0
33	Daman& Diu	8	2	0	2	8
34	Delhi	0	0	0	0	0
35	Lakshadweep	12	0	0	0	12
36	Puducherry	12	5	5	0	7
<b>All India<sup>2</sup>/ Total</b>		<b>22040</b>	<b>11262</b>	<b>4192</b>	<b>7359</b>	<b>17854</b>

Notes. \*\*Sanctioned data for 2013-14 used

##Sanctioned data for 2015 used

### Data for 2015 repeated

NA: Not Available.

1. Four per Community Health Centre

All India figures for Vacancy and Shortfall are the totals of State-wise Vacancy and Shortfall ignoring surplus in some States / UTs • Surplus.

2. For calculating the overall percentages of vacancy and shortfall, the States/UTs for which manpower position is not available, are excluded

### Annexure 4

#### Status of General Duty Medical Officers (GDMOs) - Allopathic at CHCs

(Source: Rural Health Statistics -2016)

General Duty Medical Officers (GDMOs) - Allopathic at CHCs			
S. No.	State/UT	(As on 31st March, 2016)	
		Sanctioned	In Position
		[SI]	[PI]
1	Andhra Pradesh	312	272
2	Arunachal Pradesh	NA	128
3	Assam	NA	350
4	Bihar	NA	735
5	Chhattisgarh	321	393
6	Goa	12	10
7	Gujarat	1049	812
8	Haryana	410	265
9	Himachal Pradesh	234	220
10	Jammu & Kashmir	751	604
11	Jharkhand	564	594
12	Karnataka	255	218
13	Kerala	781	1019
14	Madhya Pradesh	1854	904
15	Maharashtra	512	486
16	Manipur	97	93
17	Meghalaya##	91	64
18	Mizoram	NA	13
19	Nagaland	42	51
20	Odisha	449	722
21	Punjab	206	398
22	Rajasthan	1442	1045
23	Sikkim	NA	3
24	Tamil Nadu	2100	1787
25	Telangana	226	197
26	Tripura###	64	58
27	Uttarakhand	57	47
28	Uttar Pradesh	778	778
29	West Bengal	790	876
30	A& N Islands	13	13
31	Chandigarh?	6	18
32	D & N Haveli	0	0
33	Daman & Diu	4	4
34	Delhi	0	0
35	Lakshadweep	12	12
36	Puducherry	18	18
<b>All India/Total<sup>2</sup></b>		<b>13450</b>	<b>13207</b>

Notes: ## Data {or 2015 used

### Sanctioned data {or 2015 used

^ Sanctioned data {or 2013-14 used

NA: Not Available

2 For calculating the overall percentages of vacancy, the States/UTs (or which manpower position is not available, are excluded





## IN OUR STATES

### **This 'School For Justice' Trains Sex Trafficking Survivors To Be Lawyers**

"I want to fight against child sexual exploitation and help others like me," one woman said.

A new program in India is helping survivors of child sex trafficking get justice for others like them by pursuing careers in the legal system.

The School for Justice, launched in April by Dutch anti-trafficking group Free a Girl, provides funding and other support to women who have escaped underage sex trafficking, so they can prepare for university and earn bachelor's degrees in law.

The goal is to empower former victims to change how India's legal system fights trafficking because all too often, perpetrators aren't brought to justice, Free A Girl founder Evelien Hölsken told HuffPost. The program also aims to raise awareness of child sex trafficking.

The School for Justice's inaugural class kicked off in April with 19 young women. Four were accepted to university and will start this month, Hölsken told HuffPost. The other 15 will study for another year or so before applying. To maintain their safety, the group is not releasing their full names, the location of the school, or the name of the university that some are attending.

HuffPost spoke by email with some of the women, who shared their stories and explained why they decided to participate in the program. "Being poor, I left my family at 9 years old to work in domestic service in a large house. The gardener, gatekeeper, the sweeper and other men abused me there," survivor Sangita said. "[Years later] I left the house, but I didn't realize that without money or directions I would not be able to find my way home. I asked [a woman begging on the street] for help, but she took me to a brothel and sold me to it. I was 13 years old."

Millions of women and children are victims of sex trafficking in India, according to the U.S. State Department. Traffickers often promise them opportunities for employment or marriage, only to then force them into prostitution.

While India has strong laws against trafficking, they are not always enforced. In 2014, for instance, police investigated 3,056 human trafficking cases, including 2,604 sex trafficking cases, the State Department reports. Yet 77 percent of the traffickers who were prosecuted were acquitted. "The police rescued me, after someone working in the red light area tipped them off," Sangita told HuffPost. "The people in the brothel, they were not even arrested."

The School for Justice helps survivors become lawyers by covering the cost of school fees, housing, food and transport as they pursue their degrees. The participants all live in the

same house, run by staff members of partner organization Sanlaap, which rescues girls from brothels and provides them with housing and education.

**Read more :** [http://www.huffingtonpost.in/2017/07/14/this-school-for-justice-trains-sex-trafficking-survivors-to-be\\_a\\_23029345/?utm\\_hp\\_ref=in-homepage](http://www.huffingtonpost.in/2017/07/14/this-school-for-justice-trains-sex-trafficking-survivors-to-be_a_23029345/?utm_hp_ref=in-homepage)

### **Thiruvananthapuram**

### **GST: SFI activists post sanitary pads to Arun Jaitley**

THIRUVANANTHAPURAM: Activists of a Left students union in Kerala today posted sanitary napkins to Union Finance Minister Arun Jaitley as a mark of protest for imposing GST on women's hygiene product.

Students Federation of India (SFI), the students outfit of ruling CPI(M) sent the napkins with the slogan 'Bleed without fear, Bleed without tax' written on them.

The hygiene products were sent as part of a protest programme organised by the outfit in various college campuses across the state against the taxation on sanitary pads. SFI central committee member Khadeejath Suhaila inaugurated the protest event here.

**Read more:** <http://www.firstpost.com/india/gst-kerala-sfi-activists-post-sanitary-pads-to-arun-jaitley-protesting-tax-imposed-on-the-product-3804733.html>

## ON THE ONLINE SHELF

### School for Justice

<https://www.youtube.com/watch?v=KfcMMAFzLh0>



### Health phone and handwashing songs hindi

<https://www.youtube.com/watch?v=izujd5D5Nil>

