



IN THE NEWS

Shri J P Nadda releases 10th Common Review Mission (CRM) report of NHM The new challenges demand that we make innovative strategies: J P Nadda

Ensuring quality of healthcare in public and private sector is our key priority. However, new challenges demand we make innovative strategies and encourage new ideas and innovations and take advantage of them so that nobody is left untouched of our services. The Union Health Minister, Shri J P Nadda stated this at the function for dissemination of 10th Common Review Mission (CRM) report of the National Health Mission, here today. Shri Faggan Singh Kulaste and Smt Anupriya Patel, Ministers of State for Health & Family Welfare, were also present at the occasion.

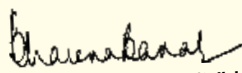


Dear Friends,

Greetings from Delhi!

Sending you another issue of PRERNA, which is a cross section of Policies, Programme, Research, Resources, News and Action in Maternal and Adolescent Health.

We look forward to your opinion and feedback, please write to me or my colleague (Aditi- adititewari@vhai.org) with your thoughts and ideas


(Chief Executive, (VHAI))

Speaking at the function, Shri Nadda emphasised on the need for developing necessary sturdy healthcare systems for eliminating diseases like leprosy, malaria, kala-azar, etc. " Strong healthcare systems are required to be put in place and time-bound and structured disease elimination plans need to be developed," Shri Nadda said. The Health Minister added that healthcare service delivery has improved in terms of quality and content of care, as evidenced by increased footfalls, for not just institutional delivery but also for outpatients and inpatients.

Shri Nadda further stated that several new initiatives have been launched in the last three years, targeted towards expanding access and reducing costs, as the Ministry moves along the path to universal health care. Assuring full support to the states, Shri Nadda urged the states to come forward with their proposals for rolling out innovative programmes for delivery of services. The Health Minister informed that under the universal screening of common NCDs program, everyone above the age of 30 years will be screened in the 100 districts of the country in the first phase. Gradually, it will cover the entire country and around 50 crore people will be covered so that timely intervention can reduce the disease burden in the country, Shri Nadda said.



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Appreciating the Common Resource Mission, Shri Nadda said that it's unique, as districts and states not only show case their best practices, but are also forthcoming about their challenges. "This, I believe, allows us to assert with a degree of confidence that the CRM findings also serve as a tool to evaluate the implementation of the Mission" Shri Nadda said.

Addressing the participants, Shri Faggan Singh Kulatste, Minister of State (Health & Family Welfare) said that NHM has led to improved health outcomes and health indicators due to strengthened system of healthcare delivery. "National Health Mission continues to play an important role in strengthening public health systems at state and sub district levels", Shri Faggan Singh stated.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=163346>

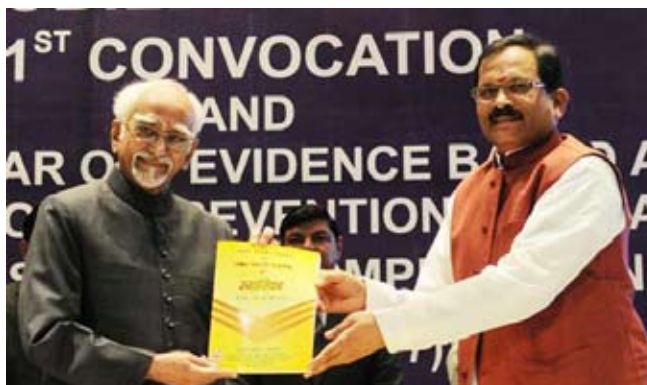
Ayurvedic medicine still remains an important component of our healthcare system: Vice President

The Vice President of India, Shri M. Hamid Ansari has said that Ayurvedic medicine still remains an important component of our healthcare system. He was addressing the Silver Jubilee Celebrations of Rashtriya Ayurveda Vidyapeeth, here today. The Minister of State (Independent Charge) for AYUSH, Shri Shripad

Yesso Naik, the President of Rashtriya Ayurveda Vidyapeeth, Shri Devender Triguna and other dignitaries were present on the occasion.

The Vice President said that Ayurveda is a traditional healing system of India, going back at least to the Vedic times. He further said that it is amongst the oldest and most elaborate forms of traditional medicine in the world. It needs to be seen as not just a system of disease treatment but a system of positive health for disease prevention and balanced lifestyle, he added.

The Vice President said that with proper development and study of the traditional methods and substance using the tools available to us now from modern science, the traditional medical systems, including Ayurveda, can become an important and affordable part of a holistic healthcare system. He further said that alternative medicine, including Ayurveda, has gained wide recognition and become popular, not only in India but internationally. As our



traditional medical systems, including Yoga and Ayurveda are being adopted worldwide, India can develop principles and standardized practices to make sure that this adaptation is systemic and true to the authentic traditions of these disciplines, he added.

Read more: <http://businessworld.in/article/-Ayurveda-Can-Become-Important-Part-Of-Holistic-Healthcare-System-/29-05-2017-119131/>

Handbook, Module & Guidelines on Safe Childhood Programme for Gram Panchayats Released

A Handbook along with Module & Guidelines on protection of Child Rights at Gram Panchayat level was released jointly by National Commission for Protection of Child Rights (NCPCR), Ministry of Panchayati Raj and UNICEF at New Delhi today. The Handbook, Module & Guidelines will be useful for the functionaries of the Panchayati Raj Institutions in protecting the rights of children at the village level.

Releasing the Handbook, Secretary of Union Ministry of Panchayati Raj, Shri Jitendra Shankar Mathur called it as a landmark occasion. He said, "Unless and until communities are involved, making a difference in the lives of children at the village level is an uphill task." Shri. Mathur also said that the beneficial legislations which are available in the country

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should be implemented in reality to empower the children of the country. He suggested that the initiative by NCPCR and UNICEF should be “pursued vigorously” for quick outcomes.

NCPCR Chairperson, Smt. Stuti Kacker, who spoke about the importance of community support which was available in earlier times said that today, with changing socio-economic conditions, children are not always safe. Therefore, she said, involvement of Gram Panchayats will go a long way for a safe and secure childhood. Smt. Kacker said keeping that in view, the Handbook, Module & Guidelines have been prepared in collaboration with UNICEF.

Read more: <http://theindianawaaz.com/guidelines-on-safe-childhood-prog-for-gram-panchayats-released/>

Abortion law amendments on hold Concerns over Sangli abortion racket come in way of amendments raising time limit, allowing alternative medicine practitioners to do abortions

Amendments to the abortion law that would have allowed women to abort up to 24 weeks of pregnancy, besides widening the provider base, could become a casualty of an abortion racket run by a homoeopathy doctor in Maharashtra’s Sangli district.

The amended Medical Termination of Pregnancy Act proposes to extend the abortion time limit from the existing 20, and to allow practitioners of alternative medicine such as AYUSH, homoeopathy to carry out abortions through non-surgical methods.

Days after the amended Act was listed for the consideration of the Union cabinet — it was, however, not taken up — the PMO is learnt to have asked the health ministry to ensure better implementation of the MTP Act 1971 and the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 — meant to crack down on sex-selective abortions — before attempting to amend either.

Sources said that after the Sangli incident, in which a homoeopathy doctor was caught allegedly running an illegal sex-selective abortion racket that led to the death of a woman in March, there were concerns in the PMO over whether increasing the provider base for abortions would lead to an uncontrolled rise in such incidents.

Read more: <http://indianexpress.com/article/india/abortion-law-amendments-on-hold-4693900/>

Immediate Interim Measures announced by the Government to curb the menace of online Child Sexual Abuse Material

The Ministry of Women and Child Development has been making several efforts to deal with



the problem of online Child Sexual Abuse Material (CSAM). In a major step, a stakeholder Consultation was held last year on this issue wherein it was decided that the Ministry will establish a National Alliance against Online Child Sexual Abuse and Exploitation, focusing primarily on the online content. Subsequent to this decision, an Inter-Ministerial Committee(IMC) was constituted on request of the WCD Ministry. The IMC includes MHA, MEITY, Ministry of Law, Ministry of External Affairs and Department of Telecom.

Based on the consultations of the Inter-Ministerial Committee, the Ministry of Electronics and Information Technology (MEITY) in collaboration with Ministry of Women and Child Development has issued immediate interim measures to curb the menace of Online Child Sexual Abuse Material. MEITY has issued this Order under Section 79(2) (c) of the Information Technology Act 2000 to curb online child sexual abuse material (CSAM).

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=161735>

IN OPINION

India won't meet National Health Policy 2017 targets: Ex-health secretary K Sujatha Rao

Health has never been a national priority and it is one reason why we have the highest number of women dying during childbirth and under-five mortality rates, former Union Health Secretary K. Sujatha Rao wrote in her recently-published book "Do We Care? India's Health System".

Health has never been a national priority and it is one reason why we have the highest number of women dying during childbirth and under-five mortality rates, former Union Health Secretary K. Sujatha Rao wrote in her recently-published book "Do We Care? India's Health System". Drawing on two decades of work in public health, Rao favours increasing the health budget, greater use of technology and providing leadership and good governance for better healthcare. In an email interview



with IndiaSpend, Rao said that with the level of under-funding for health and crowding in of ambitious targets, India will not meet the National Health Policy 2017 targets. Excerpts:

Q: Public health spending is 1.16 per cent of GDP while the World Health Organisation (WHO) recommends spending five per cent of GDP. National Health Policy 2017 talks about increasing the spending to 2.5 per cent by 2025 but we haven't met the 2010 target of two per cent of GDP. Why does India's public health funding remain low?

A: Public health spend is low for three reasons: First, lack of political will and the absence of political philosophy that places an individual's health, well-being and education as being central to the development process. Our mindset is still wired to fly-overs and fast trains. Second, the absence of accompanying reforms in the direction of decentralisation, flexibility and greater accountability to enable quicker absorption of funds and utilisation. Thirdly, on the macro-level, we are not collecting enough taxes and have competing demands and liabilities that have constricted space for increasing resources for health.

Q: Most of the health targets mentioned in National Health Policy 2017 are the same as in 2002, which were supposed to be met in 2010. Most targets have been repackaged with new deadlines. What went wrong, and how do we ensure that we meet the 2017 targets?

A: We will not meet these targets either... not with the level of funding proposed and the crowding in of too many ambitious targets, indicating an absence of prioritisation. I see no shift in strategy that could accelerate the process for achieving the targets within the time-frame suggested. Our public health systems are too weak to fulfil the many demands being placed on it.

Q: How important is it to regulate the private consultation system that caters to 75 per cent of the country's health needs, as a 2016 Brookings India report showed?

A: Since the 1980s, with the gradual emergence of the economic crisis, India had no option but to allow the entry of the commercialised private sector. The structural adjustment following the IMF loan in 1993 accelerated the process due to severe budget cuts.

Health, unlike other sectors, is fraught with market failures such as the asymmetry of information. These characteristics put limitations on the ability of markets to arbitrate equitably necessitating state intervention. Regulations are critical to protect patient interests and ensure that patient vulnerability is not exploited by the provider... or, as we now see, by the hospital managements.

Read more: <http://www.financialexpress.com/lifestyle/health/india-wont-meet-national-health-policy-2017-targets-ex-health-secretary-k-sujatha-rao/628999/>



IN OPINION

Why Safe Drinking Water Should Be At The Centre Of Public Health Policy In India

It's a must for a healthier India.



India, with the second largest population in the world, is staring at a major health hazard due to lack of poor drinking water and hygiene facilities. According to a report by Water Aid (2016), India has the highest number of people in the globe without access to safe drinking water.

In urban areas, the problem of poor drinking water and hygiene is only going to increase due to fast urbanisation and pollution. Substantiating this, Arvind Panagariya, the vice chairman of NITI Aayog has said that the country's urban population is expected to rise by 22 crores by 2031-32 to 60 crores, as against 37.7 crores in 2011.

The delinking of safe drinking water from public health policy, thus, has led to the state's failed response in making potable water available for all.

In rural areas, with the huge geographical diversity, water resources and their availability greatly vary. Rajasthan, the biggest state in India is dominated by arid landscape. Here, the problem of water scarcity is further aggravated by the potassium contamination in the meagre drinking water that is available. In states like Maharashtra and Chhattisgarh, the tradition of "water brides" exists. In some parts, it is a common practice for men to have more than one wife, so that the wives can carry drinking water from far off places! Further, in north

Indian states like Uttar Pradesh, Bihar, though the rivers are perennial, they are greatly polluted with toxic chemicals, making the water non-potable. In the Yamuna belt, there has been an increase in the metal content in the ground water. In states like Haryana and Punjab, the ground water has become saline due to excessive use of chemical fertilisers in agriculture. Thus, water contamination is prevalent across regions due to varied reasons, making the already scarce drinking water scarcer.

Read more: http://www.huffingtonpost.in/rajat-kumar/why-safe-drinking-water-should-be-at-the-centre-of-public-health_a_22129884/



IN THE POLICIES

Analysis Of The 2017 Budget From The Disability Lens

Disability sector of India is disappointed with the Budget announced by Finance Minister Arun Jaitley on 1st February 2017. Now there's nothing new in this – almost every year, we had talked about this disappointment. However, for 2017 Budget, the discontent is greater because our expectations were much more this year. Not even two months have passed, when Rights of Persons with Disabilities Act has been passed by both Rajya Sabha and Lok Sabha – the issue of disability is much more discussed in public domain and we have seen media houses writing about us. We were looking for means whereby RPwD Act will be implemented in the coming year. Naturally, our expectations from Government of India increased manifold.

Speech by Honourable President Pranab Mukherjee in his address to a joint session of Parliament to mark the start of the Budget Session made special mention of disability, which made our expectations higher. Never before did disability sector saw the President talking about this section of people in Budgetary session in such details. As President Mukherjee started his speech saying his government is committed to Sabka Sath Sabka Vikaas, he mentioned in his speech the success of Indian cricket team at the World Cup for the Blind



as well as Indian Paralympics contingent at Rio. He stated that government increased the percentage of reservation from 3 to 4 percent in government jobs and accelerated filling up of backlog vacancies.

President's speech included mention of Suganya Bharat Abhiyan (Accessible India Campaign) which is highly publicized by the Government of India. Development of

common sign language for the entire country, the inclusion of Specific Learning Disability in RPwD Act as well as various camps for disabled people, health insurance under Nirmaya Swasthya Bima Yojana were also cited by Shri Pranab Mukherjee.

Read more: <https://feminisminindia.com/2017/02/03/analysis-2017-budget-disability/>



IN THE PARLIAMENT

LOKSABHA UNSTARRED QUESTION NO. 3789 TO BE ANSWERED ON 24th MARCH, 2017

INFANT DEATHS

SHRI MOHD. SALIM:
SHRI C.S. PUTT A RAJU:
SHRI ASHOK MAHADEORAO NETE:
SHRI P.K. BIJU:

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

(a) whether there has been an increase in infant mortality rate in the country particularly in Maharashtra during the last three years;

(b) the number of infants died in the last three years in the country due to such diseases which are curable, State-wise and disease-wise;

(c) whether the Government believes that the main causes of rise in infant death rate are due to shortage of special new born case units, new born stabilization units and new born care corners thereof, if so, the details thereof;

(d) the number of such functional units and their bed capacities and the number of units opened during the last two years in rural and urban areas, separately; and

(e) whether India has the highest number of infant deaths due to premature births, if so, the details thereof and the steps taken by the Government for overcome these situations?

ANSWER

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

(a): No. As per the Sample Registration System report of the Registrar General of India, the Infant Mortality Rate (IMR) in India has declined from 42 per 1000 live births in 2012 to 37 in 2015. Similarly, in the State of Maharashtra, the IMR has declined from 25 in 2012 to 21 in 2015.

(b): As per the latest available data from the Registrar General of India (RGI), the causes of infant deaths between 2010 and 2013, in India are Prematurity & low birth weight (35.9), Pneumonia (16.9), Birth asphyxia & birth trauma (9.9), Other non-communicable diseases (7.9), Diarrhoeal diseases (6.7), Ill-defined or cause unknown (4.6), Congenital anomalies (4.6), Infections (4.2), Injuries (2.1), Fever of unknown origin (1.7), and Others (5.4).

The RGI does not provide state wise causes of deaths .

(c) & (d): The death of newborn within 28 days of life contribute 68 of infant deaths. In order to address newborn mortality, Special Newborn Care Units (SNCUs) have been established all across the country. Presently, 661 SNCUs are established at district level with more than 11,000 beds and cater to both rural and urban population. Besides this, there are 2321 newborn stabilization units at first referral units and 18,323 newborn care corners at all delivery points. In last two years (2015-16 and 2016-17), a total of 96 SNCUs, 417 NBSUs and 4160 NBCCs have been added under National Health Mission.

(e): According to Registrar General of India, preterm births and low birth weight are the leading causes of infant deaths, contributing to 35.9 of total infant mortality in the country.

In order to address the problem of premature births, Government has taken several steps in the form of delaying age of child birth, promoting birth spacing, improving quality of antenatal care including screening for hypertension, diabetes and infection and use of injection corticosteroid in preterm labour. Besides this, provision has been made for management of preterm babies in Special Newborn Care Units established at district level including provision of Kangaroo Mother Care.

IN OUR STATES

Improving access to mental health services in remote areas

- Andhra Pradesh

The study roped in accredited social health activists and primary care doctors

While about 10% of the population in India suffers from common mental disorders, only about 15-25% of this receives mental health care. But a small-scale study carried out on approximately 5,000 people living in 30 tribal villages in West Godavari district of Andhra Pradesh was able to improve the practice of seeking out mental health care significantly.

The intervention was carried out for three months from November 2015 to January 2016 by involving 21 ASHA (Accredited Social Health Activists) workers and two primary health care doctors who were trained for about 10 days. A mobile technology-based mental health service delivery model was used by ASHA workers and doctors for screening, diagnosing and treating people with common mental disorders such as depression, anxiety, suicide risk and stress.



Destigmatising

Of the nearly 5,000 people who were screened, 238 were identified as being positive for common mental disorders and were referred to primary care doctors for treatment. Thirty of the 238 people visited a primary care doctor for further diagnosis and treatment. The percentage of people who sought mental health care shot up from 0.8% at the beginning of the intervention to 12.6% at the

end of the three-month intervention period. The results were published in the Journal of Global Health.

Read more : <http://www.thehindu.com/sci-tech/health/improving-access-to-mental-health-services-in-remote-areas/article18713863.ece>

Governor, Chief Minister, Health Minister attend various programmes on International Yoga Day

- Thiruvananthapuram

The State capital became one big yoga practice venue with many government and non-government agencies organising events to mark International Yoga Day.

While Governor P. Sathasivam hosted a yoga training session at the Raj Bhavan, the State government organised a much larger event at the Central Stadium with Chief Minister Pinarayi Vijayan and Health Minister K.K. Shylaja in attendance.

The Chief Minister also attended another event held at the Jimmy George Indoor Stadium in the evening.

Pangode military station

The Indian Army formation at the Pangode Military Station also joined the country in the celebrations with Brigadier Michael A.J. Fernandez, Commander, 91 Infantry Brigade, leading yoga session involving around 550 military personnel, 150 members of their families, and 1,200 students from the Army Public School.

Read more : <http://www.thehindu.com/news/cities/Thiruvananthapuram/city-sees-a-host-of-yoga-events/article19121692.ece>

ON THE ONLINE SHELF



<http://unicef.in/Video/45/Support-Extension-of-RTE-Act-to-Secondary-Education>



<https://www.youtube.com/watch?v=J6aRqF8Xs4s&feature=youtu.be>

<http://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1214&lid=1463>

A Statistical Analysis of CHILD MARRIAGE IN INDIA Based on Census 2011



 **Young Lives**
An international study of childhood poverty


NCPDR