



IN THE NEWS

Health Secretary launches 'SAATHIYA' Resource Kit and 'SAATHIYA SALAH' Mobile App for Adolescents



'This Resource Kit and Mobile App connect the RKSK with the adolescents': Shri C.K Mishra

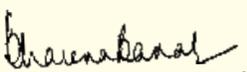
Shri C K Mishra, Secretary, Health and Family Welfare launched the SAATHIYA Resource Kit including 'Saathiya Salah' Mobile App for adolescents, here today, as part of the Rashtriya Kishor Swasthya Karyakram (RKSK) program. One of the key interventions under the programme is introduction of the Peer Educators (Saathiyas) who act as a catalyst for generating demand for the adolescent health services and imparting age appropriate knowledge on key adolescent health issues to their peer groups. In order to equip the Saathiyas in doing so, the Health Ministry has launched the Saathiya Resource Kit (including 'Saathiya Salah' Mobile App).

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 and my colleague (Aditi- adititewari@vhai.org) with your thoughts and ideas


(Chief Executive, (VHAI))

Introducing the Resource Kit and the Mobile App, Shri C K Mishra said that 'our country is home to 253 million adolescents which is largest in the world in terms of absolute

numbers and when RMNCH programs were launched globally, India was the first country to add the '+A' i.e. adolescent component to the RMNCH, making it today's RMNCH+A program'. He emphasized that 'adolescents are the critical mass of asset which in future would be the biggest dividends to the country's economy; thereby their health and wellness are of utmost priority'. To address and cater to the health and development needs of the country's adolescents, Ministry of Health and Family Welfare launched Rashtriya Kishor Swasthya Karyakram (RKSK) in January 2014. RKSK identifies six strategic priorities for adolescents i.e. nutrition, sexual and reproductive health (SRH), non-communicable diseases (NCDs), substance misuse, injuries and violence (including gender-based violence) and mental health.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=158578>

India makes gains in health sector but work half done

Life's become a tad comfortable for more Indians with electricity, clean cooking fuel, toilets and improved drinking water reaching more homes than before, but improved infrastructure does not find a reflection in improved health.



IN THE NEWS

Life improved a little for women over the past decade, though it still isn't at par with men, shows data from the fourth edition of the National Family Health Survey (NFHS-4), which is based on a multi-round survey of 601,509 households between January 2015 and December 2016.

Women are still not earning, with around one in four (24.6%) being paid cash over the past one year, down from 28.6% in 2015-06. This makes them dependent on family, even though more of them participate in household decisions than they did a decade ago.

Read more: <http://www.hindustantimes.com/india-news/india-makes-gains-in-health-sector-but-work-half-done/story-dUXU9EF6AnJVx9b7iX5gyN.html>

Bachchan, Mary Kom in social media campaign on gender equality

The Maneka Gandhi-led Women and Child Development Ministry initiated its #WeAreEqual campaign on Twitter which has received 2.6 crore tweets since its launch last month.

Bollywood star Amitabh Bachchan, boxer Mary Kom and women scientists from ISRO have supported the government's social media



campaign on gender equality in the run-up to International Women's Day next week.

The Maneka Gandhi-led Women and Child Development Ministry initiated its #WeAreEqual campaign on Twitter which has received 2.6 crore tweets since its launch last month.

"When I die, the assets that I shall leave behind, shall be shared equally between my daughter and my son! #genderequality #WeAreEqual," Bachchan today tweeted.

Women scientists from ISRO include K Thenmozhi Selvi, Subha Varier and Minal Rohit. Minal is also one of the women faces of ISRO's acclaimed Mangalyaan or Mars Orbiter Mission launched in 2014.

The campaign will culminate on International Women's Day on March 8 when President Pranab Mukherjee will give away the 'Nari Shakti' awards.

Read more: http://www.moneycontrol.com/news/current-affairs/bachchan-mary-komsocial-media-campaigngender-equality_8587921.html

Health Ministry undertakes largest ever drug survey in the world for determining the quality of drugs

The Ministry of Health and Family Welfare, Government of India had entrusted the work relating to carrying out a Survey of the extent of Problems of 'Spurious and Not of Standard Quality Drugs' to the National Institute of Biologicals (NIB), Noida. The NIB has since submitted the report to the Government.

The statistical design of the Drug Survey included as many as 224 Drug molecules belonging to 15 different therapeutic categories of the National List of Essential Medicines (NLEM) 2011. As part of this survey, 47,954 drug samples relating to 23 dosage forms were drawn from 654 districts of 36 States and Union Territories from the supply chains including retail outlets, Government sources and from eight airports and sea ports.

IN THE NEWS

A nationwide training in drugs survey methodology was imparted at 28 centres across the country to over 1800 Sample Drawing Officers (SDOs) and representatives of the Civil Society / Pharmacy Council of India (PCI). The role of the Civil Society / Pharmacy Council of India (PCI) representatives was to observe that the drugs samples are drawn in accordance with the sampling methodology and the highest degree of transparency and objectivity is maintained in the process to eliminate any bias.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=158639>

Swachhta Pakhwada being observed by the Ministry of Women & Child Development throughout the country

Nationwide activities being undertaken at AWCs, Child Care Institutions, One Stop Centres and large number of other forums

The Ministry of Women & Child Development is observing the Swachhta Pakhwada from 1st March 2017 to 15th March 2017, to raise awareness about Swachh Bharat Abhiyan among women and children. The Swachhta Pakhwada is observed by various Ministries of Government of India to achieve the goal of universal sanitation, hygiene and 'open defecation free' India by 2019.

As a part of nationwide activities, the Ministry has written to all the states to observe the Swachhta Pakhwada through the wide network of Anganwadi Centres (AWCs) across the country. The states have been asked to carry out the following activities at the AWCs:

1. White-washing AWCs involving local communities;
2. Pictures, local logos on walls by local people free of cost;
3. Cleanliness in and around AWCs;
4. Weeding out of obsolete records etc;
5. Divyang access to toilets may be reviewed;
6. Review of toilets constructed;
7. Involving private sector under CSR for Swachhta;
8. Sketch competition, etc;
9. Swachhta drive in and around AWCs on the banks of rivers;
10. Celebrating International Women's Day on 8th March, 2017.

Read more: <http://news.webindia123.com/news/Articles/India/20170301/3065516.html>

Standard Operating Procedure for protection and care of children in street situations launched

A Standard Operating Procedure (SOP) for care and protection of children in street situations for their rehabilitation and safeguarding was



released by women & child development minister Maneka Gandhi.

Earlier the SOP was launched at a function attended by Delhi High Court Judge, Justice Mukta Gupta; NCPCR Chairperson, Stuti Kacker; Bollywood actor and Ambassador, Save the Children, Dia Mirza, Chairperson Save the Children in India, Harpal Singh and CEO, Save the Children International, Thomas Chandy.

NCPCR collaborated with the Civil Society Organization (CSO), Save the Children to develop this much needed strategy for street children. The NCPCR decided to outline a detailed intervention framework for care and protection of children living in street situation as the problems faced by these children are multi-dimensional and complex.

Read more: <http://timesofindia.indiatimes.com/good-governance/centre/sop-for-protection-and-care-of-children-in-streets/articleshow/57272980.cms?>



IN OPINION

India's family health picture has several bright patches, but also a few dark spots



While the latest, the fourth National Family Health Survey, (NFHS 4 conducted in 2015-16), shows that critical indicators of women's empowerment like literacy, economic empowerment (women with bank accounts/mobile phones) have shown a dramatic improvement and domestic violence and child marriages are down, the girl child still remains unwanted.

The sex ratio at birth (number of girls per 1,000 boys) for children born in the last five years showed a dip in most major states although the overall national figure went up marginally from 914 in the last survey (NFHS 3, conducted in 2005-06) to 919.

However, for urban areas the gap between the overall sex ratio in the state and that for

births in the last five years was glaring in some cases.

Read more: <http://indianexpress.com/article/explained/indias-family-health-picture-has-several-bright-patches-but-also-a-few-dark-spots-4551622/>

Pregnant Women Entitled to Rs 6,000: Maternity scheme gets Rs 2,700 crore, experts say not enough

The much-talked about maternity benefit entitlement of Rs 6,000 per woman, announced by Prime Minister Narendra Modi on December 31, 2016, has received a meagre allocation of Rs 2,700 crore. This is not even a quarter of the estimate drawn up by civil society groups that have been long demanding enforcement of this entitlement promised under the National Food Security Act way back in 2013.

The scheme grants Rs 6,000 to pregnant and lactating women who go for institutional delivery and vaccinate their children.

As per the scheme details, released by the Women and Child Development Ministry immediately after the PM's announcement, state governments will have to pool in 40 per cent of the amount with

the Centre providing the rest. The conditional cash transfer is applicable only to women above the age of 19 years and for up to two live children.

Ministry officials said the budget estimate of Rs 2,700 crore has been drawn up taking into consideration 90 lakh beneficiaries annually after factoring in all the exclusion criteria. "We will provide for 50 per cent of the amount for each of the 90 lakh women, which works out to Rs 2,700 crore," said the official. However, the latest available figure for live births, as per the Civil Registration System (CRS) 2013 of the Home Ministry, is 2.6 crore.

Read more: <http://indianexpress.com/article/business/budget/budget-maternity-scheme-pregnant-woman-not-enough-4503313/>



IN THE POLICIES

The Surrogacy (Regulation) Bill, 2016

The Surrogacy (Regulation) Bill, 2016 was introduced by Minister of Health and Family Welfare, Mr. J. P. Nadda in Lok Sabha on November 21, 2016. The Bill defines surrogacy as a practice where a woman gives birth to a child for an intending couple and agrees to hand over the child after the birth to the intending couple.

Regulation of surrogacy: The Bill prohibits commercial surrogacy, but allows altruistic surrogacy. Altruistic surrogacy involves no monetary compensation to the surrogate mother other than the medical expenses and insurance coverage during the pregnancy. Commercial surrogacy includes surrogacy or its related procedures undertaken for a monetary benefit or reward (in cash or kind) exceeding the basic medical expenses and insurance coverage.

Purposes for which surrogacy is permitted: Surrogacy is permitted when it is, (i) for intending couples who suffer from proven infertility; and (ii) altruistic; and (iii) not for commercial purposes; and (iv) not for producing children for sale, prostitution or other forms of exploitation.

Eligibility criteria for intending couple: The intending couple should have a 'certificate of essentiality' and a 'certificate of eligibility' issued by the appropriate authority.

A certificate of essentiality will be issued upon

fulfilment of the following conditions: (i) a certificate of proven infertility of one or both members of the intending couple from a District Medical Board; (ii) an order of parentage and custody of the surrogate child passed by a Magistrate's court; and (iii) insurance coverage for the surrogate mother.

The certificate of eligibility is issued upon fulfilment of the following conditions by the intending couple: (i) Indian citizens and are married for at least five years; (ii) between 23 to 50 years old female and 26 to 55 years old male; (iii) they do not have any surviving child (biological, adopted or surrogate); this would not include a child who is mentally or physically challenged or suffers from life threatening disorder or fatal illness. Other conditions may be specified by regulations.

Eligibility criteria for surrogate mother: To obtain a certificate of eligibility from the appropriate authority, the surrogate mother has to: (i) be a close relative of the intending couple; (ii) be an ever married woman having a child of her own; (iii) be 25 to 35 years old; (iv) be a surrogate only once in her lifetime; and (v) possess a certificate of medical and psychological fitness for surrogacy.

Appropriate authority: The central and state governments shall appoint one or more appropriate authorities within 90 days of the Bill becoming an Act. The functions of the appropriate authority include; (i) granting, suspending or cancelling registration of surrogacy clinics; (ii) enforcing standards for surrogacy clinics; (iii) investigating and taking action against breach

of the provisions of the Bill; (iv) recommending modifications to the rules and regulations.

Registration of surrogacy clinics: Surrogacy clinics cannot undertake surrogacy related procedures unless they are registered by the appropriate authority. Clinics must apply for registration within a period of 60 days from the date of appointment of appropriate authority.

National and State Surrogacy Boards: The central and the state governments shall constitute the National Surrogacy Board (NSB) and the State Surrogacy Boards (SSB), respectively. Functions of the NSB include, (i) advising the central government on policy matters relating to surrogacy; (ii) laying down the code of conduct of surrogacy clinics; and (iii) supervising the functioning of SSBs.

Offences and penalties: The Bill states the following offences: (i) undertaking or advertising commercial surrogacy; (ii) exploiting the surrogate mother; (iii) abandoning, exploiting or disowning a surrogate child; and (iv) selling or importing human embryo or gametes for surrogacy. These offences will attract a minimum penalty of 10 years and a fine up to 10 lakh rupees.

The Bill specifies a range of offences and penalties for other contraventions of the provisions of the Bill and initiating commercial surrogacy.

Read more: <http://www.prsindia.org/administrator/uploads/general/1485951006~~MPR-%20November%202016.pdf>



IN THE PARLIAMENT

STARRED QUESTION NO. 56

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

(a) whether it is a fact that funds released under National Health Mission (NHM) are not being utilised by the States, if so, the details thereof; and

(b) the details of funds allocated, released and expenditure incurred by the States during the last three years?

ANSWERED on 7th February 2017:

The Minister of State for Health and Family Welfare (Shri Faggan Singh Kulaste)

(a) & (b): A statement is laid on the Table of the House

(a): As evident from the annexed Statement, the States have been able to utilise most of the funds. During the last three years, the entire amount of budgetary outlay has been released because of improved capacity of utilisation of funds by States/UTs. Further, the unspent balances of the funds are carried forward to the next Financial Year and utilised to implement the approved activities. As the absorptive capacities have improved in the States, utilisation of funds has shown a commensurate increase.

(b): A statement showing State/UTs-wise Release and Utilisation during the last three years is annexed.

Statement Showing States/UTs-wise Release and Utilisation under NHM from 2013-14 to 2015-16

Rs. in crore

Sl. No.	States	2013-14		2014-15		2015-16	
		Release	Utilisation	Release	Utilisation	Release	Utilisation
1	Andaman & Nicobar Islands	29.06	29.12	23.36	24.33	37.30	11.47
2	Andhra Pradesh	878.73	1,044.81	519.73	902.91	643.52	1,090.17
3	Arunachal Pradesh	78.60	92.03	139.41	69.50	162.65	146.27
4	Assam	1,077.81	956.89	877.13	915.88	971.35	1,186.01
5	Bihar	1,110.32	1480.68	1,148.32	1427.40	1,159.49	1,621.67
6	Chandigarh	11.46	14.42	12.15	15.26	23.89	20.98
7	Chattisgarh	355.98	805.50	500.41	716.04	412.26	758.28
8	Dadra & Nagar Haveli	9.23	9.83	8.40	8.56	14.37	15.54
9	Daman & Diu	6.50	8.40	6.91	7.67	10.53	15.69
10	Delhi	129.78	132.59	154.04	222.64	163.80	137.29
11	Goa	19.35	30.58	26.03	29.50	16.77	24.92
12	Gujarat	833.72	977.48	832.86	873.66	693.78	1,272.42
13	Haryana	315.94	423.79	273.60	438.18	291.96	493.23
14	Himachal Pradesh	205.29	158.60	185.84	306.92	246.49	281.26
15	Jammu & Kashmir	395.10	391.10	335.51	393.29	367.90	420.94
16	Jharkhand	396.38	521.49	359.62	372.01	411.50	590.18
17	Karnataka	611.11	812.56	697.24	858.18	740.45	1,141.61
18	Kerala	360.98	673.07	521.99	509.83	304.14	632.88
19	Lakshadweep	3.20	2.28	5.08	1.36	5.69	2.72
20	Madhya Pradesh	865.94	1,583.60	1,162.50	1,738.02	1,132.19	2,046.60
21	Maharashtra	1,218.51	1,806.86	1,431.76	1,834.40	1,085.92	1,734.44
22	Manipur	88.93	74.57	128.81	86.91	112.16	105.51
23	Meghalaya	125.51	71.53	104.13	70.72	102.22	133.55
24	Mizoram	77.43	91.89	103.28	93.29	94.68	172.38
25	Nagaland	99.73	90.40	114.92	63.04	104.85	81.05
26	Orissa	604.20	901.65	667.16	944.10	652.62	1,205.77
27	Puducherry	18.10	25.43	22.56	23.35	18.61	21.77
28	Punjab	333.47	437.57	379.35	460.59	295.23	649.49
29	Rajasthan	922.93	1,457.06	1,115.96	1,722.69	1,287.84	1,799.11
30	Sikkim	45.91	44.82	51.60	41.36	41.01	50.71
31	Tamil Nadu	906.24	1,430.28	952.75	2,248.06	1,093.22	1,633.37
32	Tripura	140.15	101.93	123.11	130.15	136.29	118.77
33	Uttar Pradesh	3,024.60	2,924.38	2,431.06	3,671.26	2,862.83	4,451.78
34	Uttarakhand	245.25	255.28	270.55	324.42	276.41	335.95
35	West Bengal	948.51	1,271.71	1,058.62	1,196.78	959.51	1,487.62
36	Telangana	-	-	378.72	334.68	436.63	505.55
	Total	16,493.93	21,134.19	17,124.48	23,076.94	17,370.07	26,396.94

Note:

1. The above Releases relate to Central Govt. Grants & do not include state share contribution.
2. Above releases are as per revised allocation
3. Utilisation (As per FMR submitted by States/UTs) includes Utilisation against central Release, state release & unspent balances at the beginning of the year.



IN OUR STATES

Salt from Canada to help end anaemia in Uttar Pradesh



A professor in Canada is paying attention to the crucial assembly election in Uttar Pradesh. Not because of its political consequences, but because he developed the technology for double fortified salt (DFS) and nearly 6,000 tonnes of the product is to be distributed in the state once a new government is formed in Lucknow.

Professor Levente Diosady is an emeritus professor in the department of chemical engineering and applied chemistry at the University of Toronto. The DFS augments iodised salt with iron, vital to countering anaemia.

“The idea is that everybody eats salt and, therefore, it’s an easy way to get their health status up,” he said during an interview.

While the idea is simple, the implementation was complex. Its genesis lies with Venkatesh Mannar, then a consultant with the United Nations (now an adjunct professor at University of Toronto) and a person who came from a long line of salt manufacturers in India. Mannar approached Diosady in the early 1990s but it took years for DFS to become viable.

Read more: <http://www.hindustantimes.com/world-news/salt-from-canada-to-help-end-anaemia-in-up/story-Yc1VNOp1qKXY1bPg68cUdJ.html>

States Told To Adopt Measures To Check C-section Surgeries

Alarmed over a huge rise in caesarean section surgeries in private hospitals, the Union Health Ministry has asked states as well as all other stakeholders to take “essential” measures to curb C-section surgeries and develop a mechanism to put a check on exorbitant charges for the institutional deliveries in the country.

According to latest data, the C-sections surgeries in private hospital have increased to 40 per cent, while such deliveries in public healthcare centres are 15 per cent. The Health Ministry has swung into action after Women and Child Development Minister Maneka Gandhi raised concerns over the issue

and wrote to Health Minister JP Nadda to make it mandatory for hospitals to publicly display the number of C-section surgeries and normal deliveries carried out.

“We have written to all states to implement the Clinical Establishments (Registration and Regulation) Act and sought the help of Federation of Obstetric and Gynaecological Societies of India (FOGSI) to sensitise the issue among doctors,” Health Secretary CK Mishra said, adding that states have also been suggested to look into the exorbitant procedural charges of C-section deliveries.

Read more at: <http://www.millenniumpost.in/nation/states-told-to-adopt-measures-to-check-c-section-surgeries-217622>



ON THE ONLINE SHELF

Saathiya
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साथिया 10 से 19 वर्ष के बीच के किशोर-किशोरियाँ हैं जो अपने दम उम्र के किशोर-किशोरियों को किशोरावस्था से जुड़े विषयों पर तकनीकी रूप से सही जानकारी देते हैं। यह मोबाइल एप्लीकेशन साथिया की मदद के लिए तैयार की गई है. इसका उपयोग साथिया द्वारा अन्य किशोर-किशोरियों को जानकारी एवं सलाह उपलब्ध कराने के लिए किया जाएगा। कोई भी किशोर-किशोरी स्वयं भी अपने मोबाइल या कम्प्यूटर पर इस एप्लीकेशन को डाउनलोड कर सीधे जानकारी प्राप्त कर सकते हैं। अधिक जानकारी के लिए यह एप्लीकेशन साथिया हेल्पलाइन से भी जोड़ती है जिससे सलाहकार से ज्यादा जानकारी प्राप्त की जा सकती है।

Developed by United Nations Population Fund (UNFPA)

<https://play.google.com/store/apps/details?id=org.unfpa.saathiya&hl=en>

National Family Health Survey, India
Database that strengthen India's demographic and health policies and programmes

Download Data

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NFHS 4 FACTSHEET: http://rchiips.org/NFHS/factsheet_NFHS-4.shtml

Saathiya APK

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