

## IN THE NEWS

**The Pradhan Mantri Surakshit Matritva Abhiyan 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**



As part of the campaign, a package of antenatal care services would be provided to pregnant women in their 2nd / 3rd trimesters, by OBGY specialists/ Radiologist/ Physicians at government health facilities, with support from private sector doctors to supplement the efforts of the government.

Dear Friends,

Here is the fourth issue of our in house newsletter - PRERNA.

Like every time, we have tried to present a cross section of Policies, Programme, Research, Resources, News and Action in Maternal and Adolescent Health.

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

These services will be provided in addition to the routine ANC at the health facility/ outreach at identified public health facilities in both urban and rural areas

One of the critical components of the Abhiyan is identification and follow-up of high risk pregnancies

and red stickers would be added on to the Mother and Child Protection cards of women with high risk pregnancies. OBGY specialists / Radiologist/ Physicians working in the private sector are encouraged to volunteer for the campaign and various mechanisms have been developed to facilitate participation of private doctors.

Under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), population based screening for cancers of breast and uterine cervix (for women) has been recently introduced.

**Read more:** <http://www.gktoday.in/current-events/pradhan-mantri-surakshit-matritva-abhiyan-pmsma/>

**Mr. Bill Gates Meets Union Health Minister Shri J P Nadda Appreciates initiatives in Immunization, Family Planning, TB and Health Systems Strengthening**

Mr. Bill Gates, Co-Chair & Trustee, Bill and Melinda Gates Foundation called on the Union Minister for Health & Family Welfare, Shri J P Nadda. They discussed various issues relating to the health sector in India. During the meeting, Mr. Gates expressed appreciation for the initiatives taken by the Ministry towards strengthening the health systems, particularly in expanding the coverage of immunisation through Mission Indradhanush,

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increasing the basket of vaccines and the choices for women in reproductive healthcare. The Gates Foundation reinforced their commitment in supporting the Government and Ministry of Health & Family Welfare (MoHFW) on shared health priorities, including the National Health Protection Scheme (NHPS). Shri Faggan Singh Kulaste and Smt Anupriya Patel, Ministers of State for Health and Family Welfare were also present in the meeting.

The Health Minister, Shri J P Nadda, stated that the Government is committed to providing universal health coverage to all citizens. He added that the Government understands the significance of improving the delivery of public health provisions including vaccination, family planning and maternal health outcomes, in promoting all-round growth and development of women and children who form the bedrock of a healthy nation.

**Read more:** <http://pib.nic.in/newsite/PrintRelease.aspx?relid=153756>

### **No commercial surrogacy, only for needy Indian couples, Govt tells SC**

The government on Wednesday informed the Supreme Court that it does not support commercial surrogacy and that a proposed new law will allow surrogacy only for Indian couples and not foreigners.

Submitting its affidavit in the court, the government said only “altruistic surrogacy” to needy infertile

married Indian couples will be provided after their cases are examined by a competent authority.

“The government does not support commercial surrogacy and also the scope of surrogacy is limited to Indian married infertile couples only and not to foreigners...adequate provisions will be made in the enactment to prohibit and penalise commercial surrogacy services,” stated the affidavit.

According to the draft of the new law, The Assisted Reproductive Techniques (Regulation) Bill, 2014, various provisions relating to surrogacy and rights of the surrogate mothers have been incorporated and the consultation process was underway to finalise the Bill.

**Read more:** <http://indianexpress.com/article/india/india-news-india/govt-to-make-commercial-surrogacy-illegal-panel-to-decide-on-cases-of-infertile-couples/>



### **Shri J P Nadda takes pledge for Organ Donation amidst thousands of enthusiasts and organ donors**



Union Minister for Health & Family Welfare, Shri J P Nadda took a pledge to donate his organs amidst thousands of enthusiasts comprising officers, staffers, doctors, nurses and other paramedical staff members of all Central Government Hospitals of New Delhi who also pledged along with him, here today. Also present were thousands of participants from the walkathon that took place at the India Gate in the morning today to create and enhance awareness surrounding organ donation.

Speaking at the event, the Union Health Minister stated that donating organs is a gift and is an altruistic, egalitarian and a moral act. He added that we can turn the ‘end of a life’ into a new beginning with donating our organs. Shri Nadda said “Let organ donation become a national movement and show to the world that even in death we care for our fellow citizens and humanity at large”. Organ is a national resource and not even one should be wasted, he stated.

**Read more:** <http://pib.nic.in/newsite/PrintRelease.aspx?relid=154420>

## IN OPINION

### Growing public-private divergence in learning outcomes is fuelling lopsided enrolment

Ajay (7), his school in this remote corner of Kanchipuram district in Tamil Nadu is a lifeline to learning in an otherwise difficult life. The youngest of three children, Ajay's father abandoned them, leaving their mother to fend for the family, battling her own poor health.

Each day that Ajay attends Class III at the Panchayat Union Primary School here is a day he cannot help at home, or engage in some form of work, and the pressure on his family is enormous. Yet when the troubles at home cause him to fall behind in learning the phonetics of the alphabet or basic addition skills using bead counting, he finds succour from his teachers who are patient and always willing to give him the extra attention that he may need in class.

The public school system here has also made bold strides in pedagogy, moving away from the prior method of learning by rote.

Why then has Tamil Nadu, similar to numerous other Indian states, witnessed such a strong uptake in private school admissions across the board?

**Read more:** <http://www.thehindu.com/news/national/Two-systems-two-diverseofferings/article16807719.ece>

### Make due diligence before publicly naming sex predators



The Centre has filed an affidavit in the Supreme Court proposing the setting up of India's first sex offender registry. A registry like this has the potential to work at two levels. The police will have a list of likely suspects should a sex crime occur in the neighbourhood in which a registered offender lives. Also, parents will have access to information that can help them alert children to stay away from particular people. Government officials say names and details of offenders would be put up on the registry only after they've been convicted. The details won't be made public if the cases are in trial and or in appeal in a higher court. The database is likely to include personal details of the convicted including address, fingerprints, DNA samples, and identity information such as the Aadhar card that contains biometric information.

The sex-offender registry will be on the lines of directories in the US, Britain, Australia, Canada, New Zealand, South Africa and Ireland, among other nations. But apart from the US, most other countries have restricted access to the registry to law-enforcement authorities.

**Read more:** <http://www.hindustantimes.com/editorials/make-due-diligence-before-publicly-naming-sex-predators/story-FptNJ0dp4QrM9KDK1gszRK.html>

### Drug Abuse In Punjab: Reasons And Reflections

Whenever one discusses the problem of drug abuse in India, the first region that clicks in one's mind is of 'The land of Five Rivers', Punjab. But why Punjab, what about the seven sisters of India, Himachal Pradesh: the land famous for the plantation of Cannabis or for that matter the rest of India, are they not facing the same incidence of drug abuse, if the answer is no, then what is the cause behind it. This paper would look into the intensity of this phenomenon and try to answer the reason behind its severe-ness in Punjab.

**Read more:** <http://www.cpadelhi.org/papersreports/Environment%20Health%20and%20Policy/Health.pdf>

## IN THE POLICIES

### Equal abortion rights for single women: A positive first step



“You cannot have maternal health without reproductive health. And reproductive health includes contraception and family planning and access to legal, safe abortion,” United States politician Hillary Clinton once said in an interview. Thankfully, the Indian government too is thinking on these lines: According to a report in a national daily, the Union health ministry has recommended recognising “failure of contraceptive” and “unplanned pregnancy” as lawful reasons for abortion among all women, married or otherwise. As things stand now, the Medical Termination of Pregnancy (MTP) Act recognises these two reasons for abortion only in the case “married women”. This proposed rule is part of series of recommendations made by the health ministry for amending the Medical Termination of Pregnancy (MTP) Act. The proposal is likely to be taken up by the Cabinet soon after the ongoing Parliament session ends.

There is an urgent need to change the law because there is a rising incidence of sex crimes, and the urgent need to empower women with sexual rights and choices both in their own interest and for the sake of reducing the fertility rate as a whole.

**Read more:** <http://www.hindustantimes.com/editorials/equal-abortion-rights-for-single-women-a-positive-first-step/story-ZiYGnzbr8a8Te4H4iNTfeP.html>

### States and cities asked to audit functioning of toilets from tomorrow under ‘Swachhata Pakwada’ Google Toilet Locator to be launched for National Capital Region

Ministry of Urban Development has asked all the State and City Governments to undertake extensive audit of toilets in urban areas over the next fifteen days beginning tomorrow under ‘Swachhata Pakwada’, to ensure that they are functional and fully used.

In the action plan for the next fifteen days sent to State and City Governments, they have been asked to reach out to community representatives for effective audit of functioning of Individual Household Toilets and Community and Household Toilets by addressing the deficiencies including water availability.

States and cities have been asked to undertake at least two ‘triggering drives’ at the start of pakwada

and a week later mobilizing beneficiaries to take up construction of toilets. Foundation stones are to be laid for construction of Community and Public Toilets which are at tendering stage now.

**Read more:** <http://pib.nic.in/newsite/PrintRelease.aspx?relid=153615>

### The Surrogacy (Regulation) Bill, 2016: All you need to know

The Surrogacy (Regulation) Bill, 2016 was introduced in Lok Sabha on November 21, 2016 and is listed for passage this week. The Bill regulates altruistic surrogacy and prohibits commercial surrogacy. We present a brief overview of the Bill and some issues that may need to be considered:

#### How is surrogacy regulated under the Bill?

The Bill defines surrogacy as a practice where a woman gives birth to a child for an eligible couple and agrees to hand over the child after the birth to them. The Bill allows altruistic surrogacy which involves a surrogacy arrangement where the monetary reward only involves medical expenses and insurance coverage for the surrogate mother. Commercial surrogacy is prohibited under the Bill. This type of surrogacy includes a monetary benefit or reward (in cash or kind) that exceeds basic medical expenses and insurance for the surrogate mother.

**Read more:** <http://www.prsindia.org/theprsblog/>



## IN THE PARLIAMENT

### QUESTION No. 1576:

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

- whether it is a fact that Government is planning to release funds for establishment of Primary Health Centres in the States;
- if so, the details thereof, State-wise, particularly in Jharkhand; and
- the quantum of funds released/being released under this new plan?

### ANSWERED on 29th November 2016:

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

(a) to (c): Yes, the funds are approved for establishment of Primary Health Centres under Health System Strengthening under the scheme of National Health Mission. Under this scheme, funds are released Pool-wise and not activity wise.

A Statement indicating State Programme Implementation Plan (SPIP) Approval towards "Hospital Strengthening of Primary Health Centres (PHCs) and New Constructions/ Renovation and Setting up of Primary Health Centres (PHCs)" under Health System Strengthening for the F.Y. 2014-15 and 2015-16, State wise including Jharkhand is at Annexure-I. As the funds are not released activity wise, total releases including establishment of Primary Health Centres, made under National Health Mission (NHM) during the last 2 years is at Annexure-II.

### Annexure-I

Statement showing State/UTs wise SPIP Approval towards Hospital Strengthening of PHCs and New Constructions/ Renovation and Setting up of PHCs under Health System Strengthening for the r.v. 2014-15 and 2015-16

Sl. No	State	2014-15	2015-16
		Hospital Strengthening of PHCs and New Constructions/ Renovation and Setting up of PHCs under Health System Strengthening	
		SPIP Approval	
<b>A. High Focus States</b>			
1	Bihar	2500.00	0.00
2	Chattisgarh	1566.31	0.00
3	Himachal Pradesh	55.00	740.88
4	Jammu & Kashmir	1023.70	489.26
5	Jharkhand	0.00	2010.00
6	Madhya Pradesh	1632.00	2300.00
7	Orissa	363.72	0.00
8	Rajasthan	4105.08	5684.48
9	Uttar Pradesh	525.00	0.00
10	Uttarakhand	0.00	0.00
Sub Total		11770.81	11224.62
<b>B. NE States</b>			
11	Arunachal Pradesh	992.53	187.55
12	Assam	926.00	1251.15
13	Manipur	78.00	580.29
14	Meghalaya	353.00	1714.52
15	Mizoram	0.00	0.00
16	Nagaland	100.21	100.21
17	Sikkim	0.00	307.63

Rs. In lakh			
18	Tripura	2031.00	200.00
Sub Total		4480.74	4341.35
<b>C. Non-High Focus States</b>			
19	Andhra Pradesh	0.00	10148.00
20	Goa	0.00	0.00
21	Gujarat	4354.80	3840.00
22	Haryana	200.00	200.00
23	Karnataka	3216.88	2011.34
24	Kerala	0.00	0.00
25	Maharashtra	3019.22	5791.95
26	Punjab	327.47	150.00
27	Tamil Nadu	4637.30	2418.50
28	Telangana	0.00	0.00
29	West Bengal	2272.83	11.00
Sub Total		18028.50	24570.79
<b>D. Small States/UTs</b>			
30	Andaman & Nicobar Islands	8.19	0.00
31	Chandigarh	0.00	0.00
32	Dadra & Nagar Haveli	0.00	0.00
33	Daman & Diu	0.00	0.00
34	Delhi	155.96	0.00
35	Lakshadweep	0.00	0.00
36	Puducherry	0.00	0.00
Sub Total		164.15	0.00
Grand Total		34444.20	40136.76

Note:

1. SPIP- State Programme Implementation Plan.



## IN THE PARLIAMENT

**Statement showing States/uTs wise Releases under NHM for the F.Y. 2014-15 and 2015-16**  
Annexure-II Rs In crore

S.N.	State	2014-15	2015-16
			Release
1	Andaman & Nicobar Islands	23.36	37.30
2	Andhra Pradesh	519.73	643.52
3	Arunachal Pradesh	139.41	162.65
4	Assam	877.13	971.35
5	Bihar	1148.32	1159.49
6	Chandigarh	12.15	23.89
7	Chattisgarh	500.41	412.26
8	Dadra & Nagar Haveli	8.40	14.37
9	Daman & Diu	6.91	10.53
10	Delhi	154.04	163.80
11	Goa	26.03	16.77
12	Gujarat	832.86	693.78
13	Haryana	273.60	291.96
14	Himachal Pradesh	185.84	246.49
15	Jammu & Kashmir	335.51	367.90
16	Jharkhand	359.62	411.50
17	Karnataka	697.24	740.45
18	Kerala	521.99	304.14
19	Lakshadweep	5.08	5.69
20	Madhya Pradesh	1162.50	1132.19
21	Maharashtra	1431.76	1085.92
22	Manipur	128.81	112.16
23	Meghalaya	104.13	102.22
24	Mizoram	103.28	94.68
25	Nagaland	114.92	104.85
26	Orissa	667.16	652.62
27	Puducherry	22.56	18.61
28	Punjab	379.35	295.23
29	Rajasthan	1115.96	1287.84
30	Sikkim	51.60	41.01
31	Tamil Nadu	952.75	1093.22
32	Tripura	123.11	136.29
33	Uttar Pradesh	2431.06	2862.83
34	Uttarakhand	270.55	276.41
35	West Bengal	1058.62	959.51
36	Telangana	378.72	436.63
	<b>Total</b>	<b>17,124.48</b>	<b>17,370.07</b>

Note: The above Releases relate to Central Govt. Grants & do not include state share contribution

### QUESTION No. 1560:

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

- whether clerical errors in Form "F" or non-display of notice board or not keeping handbook on PNDT Act are considered sex determination offences under PNDT Act and have led to harassment of radiologists;
- if so, whether Ministry proposes to suitably amend PNDT Act to decriminalize these practices;
- whether Ministry instead proposes to treat acts as lesser offences and provide suitable punishment;
- whether such offences at present result in sealing of ultrasound machines and cancellation of medical affiliation; and
- whether Ministry proposes to continue these punishments even if these acts are considered lesser offences?

### ANSWERED on 29th November 2016:

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. ANUPRIYA PATEL)**

(a): Maintenance and preservation of records, prescribed under the PC & PNDT Act and Rules made thereunder is a statutory compliance. Any deficiency or inaccuracy found therein shall amount to contravention of the provisions of the PC & PNDT Act, 1994 and Rules framed thereunder. Non-display of notice board or not keeping handbook on PNDT Act is contravention of the provisions of the PC & PNDT Rules, 1996.

The PC & PNDT Act, 1994 was enacted for prohibition of sex selection before or after conception and for prevention of misuse of pre-

conception and pre-natal diagnostic techniques for sex determination and not for causing harassment of radiologists.

(b),(c) & (e): As per the recommendation of the Central Supervisory Board in its meeting held in April, 2016, an Expert Committee was constituted to propose and review the amendments to the PC & PNDT Act, 1994 and rules framed thereunder. The meeting of the Expert Committee was held on 4th July, 2016. As per the provisions of the Act, the recommendations, if any proposed by the Committee are required to be placed before the CSB.

(d): Any registered medical professional or any person who owns a Genetic Clinic, Genetic Counselling Centre, Genetic Laboratory or is employed or rendering his/her services in such centre, on honorary basis or otherwise, and who contravenes any of the provisions of this Act or Rules made thereunder shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees.

Once the charges are framed! or conviction is secured against any registered medical professional, the name shall be reported by the Appropriate Authority to the State Medical Council concerned for taking necessary action as below:

- On framing charges, suspension of registration till the case is disposed
- On conviction, removal of name from the register of the Medical Council for five years

## IN OUR STATES

### Himachal Pradesh Government Not Serious About Development Of State: JP Nadda



SHIMLA (6th December 2016): Union Health and Family Welfare Minister JP Nadda today alleged that the Congress-led Himachal Pradesh government was not serious about the development of the state.

“The state government is not serious about the development of Himachal Pradesh and the projects and schemes approved by the central government had not made much headway due to its casual approach. It has failed to keep pace with the proactive Modi government,” he said in a statement issued here today.

Despite efforts of the Centre, which is working in the true spirit of “cooperative federalism”, most interventions, projects and schemes have either failed to take-off or their implementation is far from satisfactory, Mr Nadda claimed.

**Read more:** <http://www.ndtv.com/india-news/himachal-pradesh-government-not-serious-about-development-of-state-jp-nadda-1634833>

### Goa Hopes To Achieve Zero Rate Of HIV Infections By 2025: Chief Minister

PANAJI (7th December 2016): Awareness drives have resulted in decline in HIV infections in the coastal state of Goa and the state hopes to achieve zero rate of infections by 2025, Chief Minister Laxmikant Parsekar said on Tuesday.

“The new HIV infections are on a decline since 2008. This is due to awareness created by Goa Aids Control Society and various NGOs,” he told reporters in Panaji.

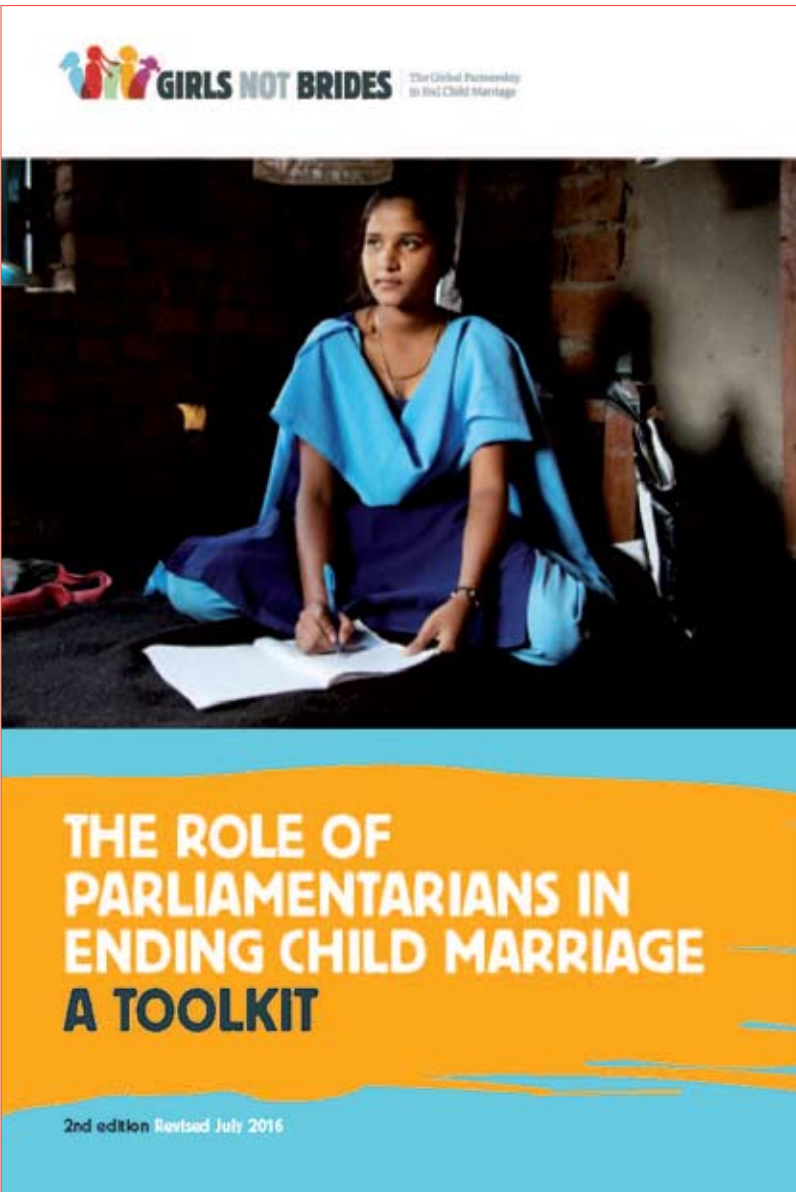
“The rate of new infections which was around 1,000 annually till 2008 started declining due to awareness drives.

**Read more:** <http://www.ndtv.com/goa-news/goa-hopes-to-achieve-zero-rate-of-hiv-infections-by-2025-chief-minister-1634883>



ON THE ONLINE SHELF

<http://www.girlsnotbrides.org/resource-centre/the-role-of-parliamentarians-in-ending-child-marriage/>



[http://www.jagori.org/wp-content/uploads/2008/10/dv\\_poster\\_jpeg.jpg](http://www.jagori.org/wp-content/uploads/2008/10/dv_poster_jpeg.jpg)



<http://www.jagori.org/wp-content/uploads/2008/10/final.jpg>

<http://www.jagori.org/wp-content/uploads/2006/01/i%20am%20not%20a%20wall%20that%20divides.jpg>

