

## IN THE NEWS

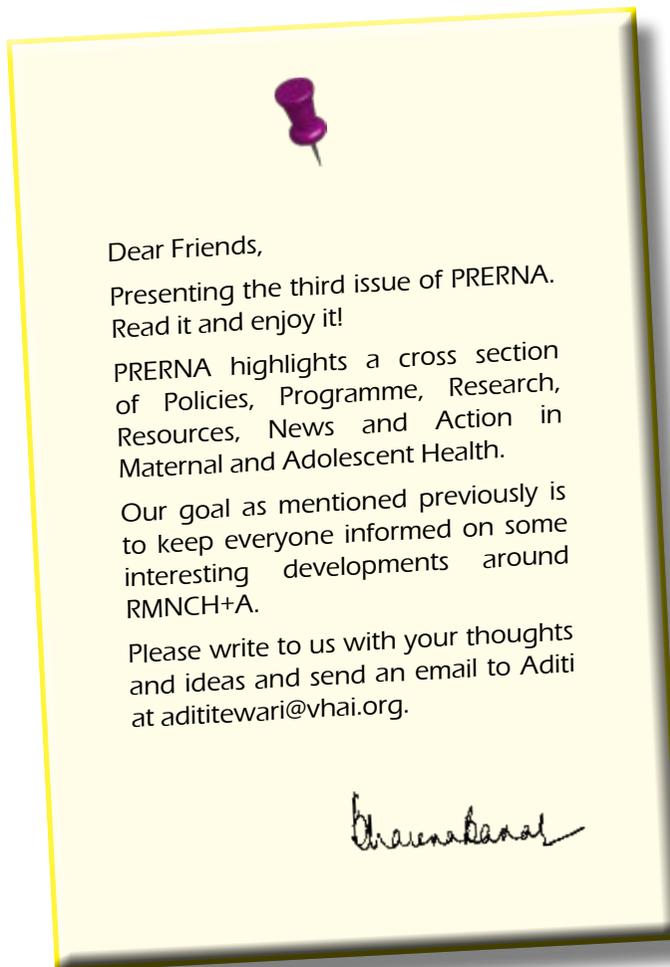
### **Need to spread awareness on causes and treatment of mental health issues: Shri Faggan Singh Kulaste**

Addressing mental illnesses by way of prevention, treatment and rehabilitation is necessary for achieving our health objectives: Smt. Anupriya Patel. "As a community and as a country, we must collectively create and spread awareness on the multifarious causes and factors resulting in mental health disorders and the available treatment. This shall enhance the avenues for those suffering from mental illness and disorders to lead a normal life with dignity and to be productive." This was stated by Shri Faggan Singh Kulaste, Minister of State for Health and Family Welfare. He was speaking at a function to mark the 'World Mental Health Day', here today. Smt. Anupriya Patel, Minister of State for Health and Family Welfare and senior officers of the Ministry were also present at the event.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=151566>

### **Why 10 million Indian women secretly undergo abortions every year**

"Our analysis of the 2015-16 family planning budget shows that 85% of the allocation was for sterilisation versus barely 1.5% for



spacing and limiting methods," said Muttreja. So, millions of women needing abortions rely on pills—easily available over-the-counter or from health workers like auxiliary nurse midwives and accredited social health activists—and the advice of a neighbour

or a pharmacist, instead of a doctor. "Some of the women I see are so desperate to abort their pregnancies that they have taken the pills twice," said Kusum Lata Agarwal, a government medical officer at Abu Road.

Read more: <http://timesofindia.indiatimes.com/life-style/health-fitness/health-news/Why-10-million-Indian-women-secretly-undergo-abortions-every-year/articleshow/55260831.cms>

### **Average Indian consumes 119% more salt per day than WHO limit**

An average Indian consumes 10.98 grams of salt per day—119% more than the recommended limit of five grams per day by the World Health Organization (WHO)—according to an IndiaSpenda analysis of a study conducted by the Australia-based George Institute of Global Health (GIGH), published in the Journal of Hypertension. Intake of excess salt can lead to high blood pressure—a leading cause of cardiovascular diseases (CVDs), which accounted for 23% of all deaths in India between 2010 and 2013.

Read more: <http://timesofindia.indiatimes.com/life-style/health-fitness/health-news/Average-Indian-consumes-119-more-salt-per-day-than-WHO-limit/articleshow/55289912.cms>

## IN THE NEWS

### **Global TB report a wake-up call for India**

India's effort to check the disease is falling far short of what is required. The new figure finds 50 per cent more TB cases in India than previously assessed; so the total cases have gone up from an estimated 9.6 million to 10.4 million cases globally. Six countries – India, China, Indonesia, Nigeria, Pakistan and South Africa – account for 60 per cent of the global total.

It is a great worry for the Narendra Modi government as out of 5,000 TB deaths daily at the global level, India accounts for 1,400. The Indian government can no more afford to allow 1,400 of its people, mostly the poor, die every single day because of a disease that is curable and for which treatment is available.

Read more: <http://timesofindia.indiatimes.com/life-style/health-fitness/health-news/Global-TB-report-a-wake-up-call-for-India/articleshow/55153295.cms>

### **Controlling tobacco use in India big challenge, says health minister JP Nadda**

Calling the challenge of tobacco control "formidable", health minister JP Nadda said on Monday that the country needed a

multipronged approach as well as measures to reduce the burden of non-communicable diseases like cancer, besides stopping children from getting addicted to such products.

"We cannot do this alone. Along with national will and resources, we also need the strength of international collaboration to mitigate the rising burden of health, social and economic costs of tobacco," Nadda said while addressing the largest global antitobacco conference – the seventh Conference of Parties (COP7) for WHO Framework Convention on Tobacco Control (FCTC) here.

Read more: <http://timesofindia.indiatimes.com/india/Controlling-tobacco-use-in-India-big-challenge-says-health-minister-JP-Nadda/articleshow/55303239.cms>

### **Smt. Anupriya Patel inaugurates National Summit on Fortification of Food : The control of micronutrient deficiencies is an overarching effort of the Government to fight hunger and malnutrition in the country: Smt. Anupriya Patel**

The control of micronutrient deficiencies is an essential part of the overarching effort of the Government to fight hunger and malnutrition in the country." This was stated by Smt. Anupriya Patel, Hon'ble Minister of State for Health and Family Welfare. She was speaking at the inauguration of National Summit on

Fortification of Food to address interventions in combating micronutrient malnutrition in the country. Shri Ram Vilas Paswan, Hon'ble Union Minister of Consumer Affairs, Food and Public Distribution also graced the occasion.

Speaking at the function, Smt Anupriya Patel stated that food fortification is a proven and effective strategy to meet the nutritional needs of a large number of people across various sections of the society, including the poor and underprivileged as well as the vulnerable, such as pregnant women and young children. "Fortification requires neither changes in existing food patterns, habits nor individual compliance. It is socio-culturally acceptable and does not alter the characteristics of the food. It can be introduced quickly and can produce nutritional benefits for populations in a short period of time. It is safe and cost effective, especially if advantage is taken of the existing technology and delivery platforms," the Minister elaborated.

Emphasizing further on the need for food fortification, Smt. Anupriya Patel said that food fortification reinforces and supports existing nutrition improvement programmes and is part of a broader, integrated approach to prevent micronutrient deficiencies, thereby complementing other approaches to improve health and nutrition.

Read more: <http://www.orissadiary.com/ShowBusinessNews.asp?id=70211>

## IN OPINION

### Air pollution: China on track but Delhi still on a death wish every Diwali



American astronaut Scott Kelly spent a year watching the earth from the space. The clouds of pollution over India and China shocked him.

For a single day last summer, Kelly could see the eastern part of China, its 200 cities, clearly. “The next day I heard that the Chinese government had turned off a lot of the coal-producing power plants, stopped the cars from running in that part of the country for this national holiday, and the sky had completely cleared,” Kelly told PTI in Washington last week.

Read more: <http://www.hindustantimes.com/columns/air-pollution-china-on-track-but-delhi-still-on-a-deathwish-every-diwali/story-Q8E4Jm622nIVd8QLKXpPGO.html>

### Linking food and nutrition security

The euphoria around the National Food Security Act (NFSA), 2013, seems to have dwindled. As per the statements by Minister of State for Consumer Affairs, Food and Public Distribution, Ram Vilas Paswan, the Act was to be fully implemented across India by July 2016. As of now, only five States have fully executed it as per the provisions of the Central Act and the progress in other States has been tardy. The front runners are Punjab, Haryana, Chhattisgarh, Maharashtra and Rajasthan. The Act has been partially implemented in Bihar, Delhi, Himachal Pradesh and Karnataka. Preliminary surveys undertaken in some of these States have revealed positive outcomes in terms of administrative reforms, significant increase in the number of households having ration cards, and improvement in the distribution and consumption of food through fair price shops. A few of them had already initiated reforming the distribution system much before the Act was presented in Parliament. The Act, if fully implemented, is likely to benefit 720 million people through availability of 5 kg per capita per month of subsidised foodgrains (rice, wheat and coarse cereals) at a much lower rate than that in the open market. This would ensure food security and enhance nutritional status.



Read more: <http://www.thehindu.com/opinion/op-ed/linking-food-and-nutrition-security/article9316091.ece>

### Prohibition is unwise, misguided and grossly counterproductive

Prohibition, a knee jerk reaction to the problem of alcoholism, has been in general counterproductive and a boost to crime, be it in the United States, Pakistan or India. The reason prohibition fails is that in the absence of legitimate alcohol, locally-produced illegal alcohol that does not contribute to the state’s coffers through taxes takes its place.



The effective solution, which several countries in the West, most notably the US, have realised after failing with prohibition, is education, regulation, and intervention. India has yet to learn what the US learnt in the 1920s. It also has to make a choice whether it wants to implement things the way they are done in West Asia or in mature Western democracies — prohibitions or informed choice and regulation. It is a shame to see that India, a land of origin for so many alcoholic beverages, and cultural richness linked to alcohol now takes the draconian route of prohibition for political gain.

Read more: <http://www.hindustantimes.com/analysis/prohibition-is-unwise-misguided-and-grossly-counterproductive/story-06VfVusABX7GzY4ykw9dnK.html>

## IN THE POLICIES

### **Cabinet approves amendments to the HIV and AIDS (Prevention and Control) Bill, 2014**

The Union Cabinet under the Chairmanship of Prime Minister Shri Narendra Modi has given its approval to introduce official amendments to the HIV and AIDS (Prevention and Control) Bill, 2014.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=151427>

### **Child abuse is rampant in India. A helpline alone will not keep them safe**

In two weeks' time, India will celebrate Children's Day. As it happens every year, there will be loads of programmes to increase awareness among people towards child rights, care and education. But maybe this year we should not celebrate but stop and take stock of the state of children in India. Children under 18 account for 43% of India's population (447 million) but the sad part is that nearly 40% (178 million) are marginalised thanks to poverty, abuse, exploitation, disease, illiteracy, malnourishment, disability, impairment, conflicts, calamities and neglect. Despite being a trillion-dollar



economy (and myriad challenges), we are stingy when it comes to spending on children: The government spends under 5% of its Union budget for children, which includes education, health, and development. Child protection — a critical need — receives just under 1% of the Budget.

Read more: <http://www.hindustantimes.com/editorials/child-abuse-is-rampant-in-india-a-helpline-alone-will-not-keep-them-safe/story-fOwfbUXbQHxVHTWH9fVbEK.html>

### **Only certain and severe punishment can stop heinous crimes like trafficking**

This is just the tip of the iceberg. A woman who trafficked 10,000 minors into the labour market in Delhi from places like Chhattisgarh has been convicted by a court. They were employed largely through

illegal placement agencies. The children were bought for sums as small as Rs. 12,000 and used for domestic work. Many, especially minors, are trafficked and forced into commercial sex work each year.

The draft Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2016 provides for special courts to expedite trafficking cases. It also provides for more shelters and a rehabilitation fund for victims to rebuild their lives.

Read more: <http://www.hindustantimes.com/editorials/only-certain-and-severe-punishment-can-stop-heinous-crimes-like-trafficking/story-vHIZvIvC9jZWmgqmgKwDIJ.html>





**IN THE PARLIAMENT**

**Statement Showing State/UTs-wise Release under NHM for the F.Ys 2013-14 to 2016-17**

Rs. in crore

**Question**

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

- (a) the amount released along with their purposes in the last three years and current year under National Health Mission (NHM), State-wise;
- (b) whether released funds have been utilised by State Governments in the last three years and, if so, number of States that have submitted utilisation certificates; and
- (c) if not, the reasons therefor?

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

(a): The amount released in the last three years and current year under NHM, State/ UT-wise is annexed. Under NHM, the releases are made to States / UTs to strengthen their health care systems for the purpose of providing accessible, affordable, accountable and effective healthcare. The funds are released for interventions related to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A), disease control programmes for communicable and noncommunicable diseases, salary payment of regular Auxiliary Nurse Midwives (ANM) & Lady Health Visitors (LHV) under Infrastructure Maintenance and for general health systems strengthening such as augmentation of infrastructure, provision of ASHAs, drugs & equipment, ambulance and mobile medical units etc.

(b) & (c): The audited utilisation certificates for the financial year 2013-14 and 2014-15 under NHM have since been received by the Ministry for all the States and the utilization certificates for 2015-16 are due for furnishing on or before 31/3/2017.

Most of the funds released have been utilized by the States. Funds remaining unspent are available for use for ongoing and regular activities e.g. salary payments, payment of incentives to ASHAs, payments of Janani Suraksha Yojana (JSY), Janani Sishu Suraksha Karyakram (JSSK) etc. in the next financial year so that there is no disruption in implementation of ongoing programme activities.

Sl. No.	States	2013-14	2014-15	2015-16	2016-17
1	Andaman & Nicobar Islands	29.06	23.36	37.26	15.73
2	Andhra Pradesh	878.73	519.73	642.89	74.92
3	Arunachal Pradesh	78.60	139.41	161.65	0.00
4	Assam	1077.81	877.13	970.84	544.92
5	Bihar	1110.32	1148.32	1139.28	0.00
6	Chandigarh	11.46	12.15	23.88	9.93
7	Chattisgarh	355.98	500.41	410.80	229.00
8	Dadra & Nagar Haveli	9.23	8.40	14.37	11.45
9	Daman & Diu	6.50	6.91	10.53	2.83
10	Delhi	129.78	154.04	163.80	129.08
11	Goa	19.35	26.03	16.77	3.11
12	Gujarat	833.72	832.86	693.78	533.91
13	Haryana	315.94	273.60	291.96	136.13
14	Himachal Pradesh	205.29	185.84	246.49	122.75
15	Jammu & Kashmir	395.10	335.51	367.89	256.12
16	Jharkhand	396.38	359.62	395.15	0.00
17	Karnataka	611.11	697.24	740.35	83.57
18	Kerala	360.98	521.99	304.14	20.84
19	Lakshadweep	3.20	5.08	5.69	1.64
20	Madhya Pradesh	865.94	1162.50	1131.10	847.57
21	Maharashtra	1218.51	1431.76	1085.92	132.77
22	Manipur	88.93	128.81	112.14	5.06
23	Meghalaya	125.51	104.13	100.60	0.00
24	Mizoram	77.43	103.28	93.51	7.20
25	Nagaland	99.73	114.92	104.21	5.97
26	Orissa	604.20	667.16	644.52	380.11
27	Puducherry	18.10	22.56	18.61	25.96
28	Punjab	333.47	379.35	295.19	139.70
29	Rajasthan	922.93	1115.96	1284.66	589.51
30	Sikkim	45.91	51.60	41.00	4.29
31	Tamil Nadu	906.24	952.75	1093.22	110.49
32	Tripura	140.15	123.11	135.24	5.68
33	Uttar Pradesh	3024.60	2431.06	2862.23	1174.10
34	Uttarakhand	245.25	270.55	276.38	148.97
35	West Bengal	948.51	1058.62	957.92	300.70
36	Telangana	0.00	378.72	436.38	53.50
	Total	16493.93	17124.48	17310.34	6107.49

Note: 1. The above Releases relates to Central Govt. Grants & do not include State share contribution.

ANNEXURE

**Infant Mortality Rate per 1000 live births, SRS 2012-14**

Sl. No.	State/UTs	2012	2013	2014
	India	42	40	NA
1	Bihar	43	42	42
2	Chhattisgarh	47	46	43
3	Himachal Pradesh	36	35	36
4	Jammu & Kashmir	39	37	NA
5	Jharkhand	38	37	34
6	Madhya Pradesh	56	54	52
7	Odisha	53	51	49
8	Rajasthan	49	47	46
9	Uttar Pradesh	53	50	48
10	Uttarakhand	34	32	33
11	Arunachal Pradesh	33	32	30
12	Assam	55	54	49
13	Manipur	10	10	11
14	Meghalaya	49	47	46
15	Mizoram	35	35	NA
16	Nagaland	18	18	14
17	Sikkim	24	22	19
18	Tripura	28	26	21
19	Andhra Pradesh	41	39	NA
20	Goa	10	9	NA
21	Gujarat	38	36	35
22	Haryana	42	41	NA
23	Karnataka	32	31	NA
24	Kerala	12	12	NA
25	Maharashtra	25	24	NA
26	Punjab	28	26	NA
27	Tamil Nadu	21	21	NA
28	West Bengal	32	31	NA
29	A & N Islands	24	24	NA
30	Chandigarh	20	21	23
31	D & N Haveli	33	31	26
32	Daman & Diu	22	20	18
33	Delhi	25	24	20
34	Lakshadweep	24	24	20
35	Pondicherry	17	17	14



**IN THE PARLIAMENT**

**Question**

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

- (a) whether the Government is implementing School Child Health Programme;
- (b) if so, the details and status thereof, State/UT-wise including Kerala;
- (c) the details of funds allocated and utilised during last three years by the States/ UTs including Kerala;
- (d) whether the Government has made any assessment about the achievements of the said programme, if so, the details thereof along with the outcome thereon; and
- (e) whether the Government proposes to decrease allocation of funds for the said programme, if so, the details thereof and the reasons therefor?

4 D's i.e. defects, Deficiencies, Diseases, and Development delays including disability. The School Health Programme is subsumed under Rashtriya Bal Swasthaya Karyakram.

Under Rashtriya Bal Swasthaya Karyakram, the children in the age group of birth till 6 years are screened twice a year at anganwadi centres and children of 6 years to 18 years enrolled in Government and Government aided schools are screened once a year by dedicated Mobile Block Health Teams consisting of two A YUSH doctors (one male and one female), one ANM and one pharmacist. It is proposed to cover 27 crores children in a phased manner. Children identified with these conditions are provided free treatment including surgery. At present 32 State s/UTs of the country are implementing this initiative.

As reported by State/UT, financial progress and Physical achievement for RBSK programme for last three years is placed at annexure A & B

(e): The funds are allocated to States/UTs based on the State/UT's proposal for carrying out specific activities.

**Year wise Physical Achievement for RBSK (Figures in Lakhs)**

Sl. No.	States/UTs	2013-14, as on March 2014		2014-15, as on March 2015		2015-16, as on March 2016	
		Approved	Utilisation	Approved	Utilisation	Approved	Utilisation
1	Bihar	4626.01	153.98	5850.13	9.92	8739.89	5,715.06
2	Chhattisgarh	3564.4	4.46	3507.36	1641.46	3880.9	2,481.44
3	Himachal Pradesh	1245.76	352.62	927.2	543.86	1688.38	442.33
4	Jammu & Kashmir	1753.04	114.33	4459.11	1411.83	4656.04	3,857.37
5	Jharkhand	3580.08	116.73	3500.73	NR	2792.19	518.24
6	Madhya Pradesh	5135.98	588.62	8518.67	3925.12	13354.13	8,200.59
7	Odisha	5991.35	986.9	7248.75	3957.82	8307.39	6,302.50
8	Rajasthan	3026.24	1.24	2427.77	9.6	6871.45	547.37
9	Uttar Pradesh	15850.78	1909.02	19793.59	14881.12	24709.61	18,602.70
10	Uttarakhand	2869.97	516.31	3523.09	2088.81	3390.78	2,933.50
11	Arunachal Pradesh	655.64	215.7	709.5	112.94	750.75	600.03
12	Assam	4854.93	501.58	7764.47	1507.69	6944.39	3,949.67
13	Manipur	210.29	6.32	854.99	78.57	1745.97	374.06
14	halaya	539.89	29.87	1092.03	87.53	1110.11	995.85
15	Mizoram	329.84	69.78	621.97	271.02	924.34	411.42
16	Nagaland	698.53	22.04	458.82	115.34	439.73	119.99
17	Sikkim	233.83	10.88	151.54	65.15	268.7	103.18
18	Tripura	401.57	8.86	324.77	55.73	604.66	213.78
19	Andhra Pradesh	8090.69	381.49	5197.92	423.9	3789.36	810.60
20	Telangana			3189.78	NR	4184.78	311.35
21	Goa	213.97	11.37	293.76	116.12	312.69	163.20
22	Gujarat	10686.45	1074.71	7790.62	2863.75	9072.04	6,542.49
23	Haryana	2081.1	353.07	3801.79	2028.18	3203.92	2,921.99
24	Karnataka	4746.99	842.85	6460.84	3308.2	5991.94	4,513.89
25	Kerala	4851.69	418.98	4195.54	751.79	4097.35	3,367.51
26	Maharashtra	12002.14	3284.54	15145.68	7157.76	12799.26	9,712.71
27	Punjab	2455.56	545.03	3782.49	591.04	3749.24	3,194.15
28	Tamilnadu	4123.49	1277.13	4715.59	NR	4389.05	2,418.02
29	West Bengal	12048.78	1026.32	11346.21	4682.81	11799.49	8,682.96
30	Andaman & Nicobar	94.46	6.25	154.05		208.29	45.66
31	Chandigarh	24.87	NR	171.11	121.31	207.63	NR
32	Dadra & Nagar Haveli	103.05	28.53	205.84	NR	201.55	120.08
33	Daman	80.31	4.64	102.26	91.3	114.09	39.26
34	Delhi	427.61	NR	19.92	NR	9.5	NR
35	Lakshadweep	NR	NR	18.8	0.45	25.4	1.91
36	Puducherry	38.14	5.88	81.58	NR	86.18	55.04
	India	1176.37 Crores	148.70 C	1384.08 Crores	529 Crores	1664.12 Crores	992.7 Crores

**ANSWER**

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

(a) to (d): Yes. Under National Health Mission, the Government of India is implementing Rashtriya Bal Swasthaya Karyakram (RBSK) for screening of all the children from 0-18 years of age including school children for

## IN OUR STATES

### Shri J P Nadda assures all support to Odisha Government to manage JE cases in the State

In view of the rising number of cases and reported deaths due to JE in Malkangiri, Odisha, Shri J P Nadda, Union Minister of Health and Family Welfare has assured all support to the Odisha Government to manage JE cases and has directed the officials from the Ministry to monitor the situation closely.

“We are closely monitoring the situation. We are in constant touch with the State government and will provide all support to ensure that quality treatment is done and deaths are prevented,” the Health Minister said in a statement.

On the directions of the Health Minister, Shri C K Mishra, Secretary (HFW) has also spoken to the Principal Health Secretary of Odisha. Secretary (HFW) was informed that two teams from the State have visited the endemic area for situation analysis. Additionally, State Health Minister and Principal Secretary, Odisha are at Malkangiri and reviewing the JE situation and the measures taken to contain it.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=151419>



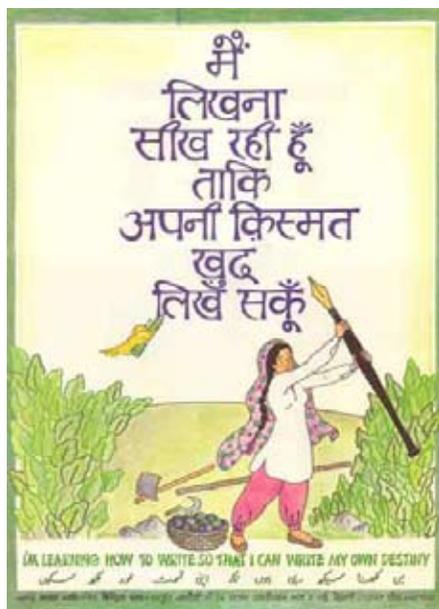
### Health Ministry to launch “Mission Parivar Vikas” in 145 High Focus districts for improved family planning services “Focus on 7 States with highest Total Fertility Rate (TFR), to reach the replacement level fertility goals of 2.1 by 2025”: J P Nadda

J P Nadda, Union Minister of Health & Family Welfare had given directions to the Ministry to develop a strategy within 3 months where vulnerable districts in the country will be targeted for intensive and improved family planning services.

In accordance with these directions, the Ministry of Health and Family Welfare will soon launch “Mission Parivar Vikas” in 145 high focus districts having the highest total fertility rates in the country. These 145 districts are in the seven high focus, high TFR states of Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam that constitute 44% of the country’s population. The main objective of ‘Mission Parivas Vikas’ will be to accelerate access to high quality family planning choices based on information, reliable services and supplies within a rights-based framework.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=151049>

ON THE ONLINE SHELF

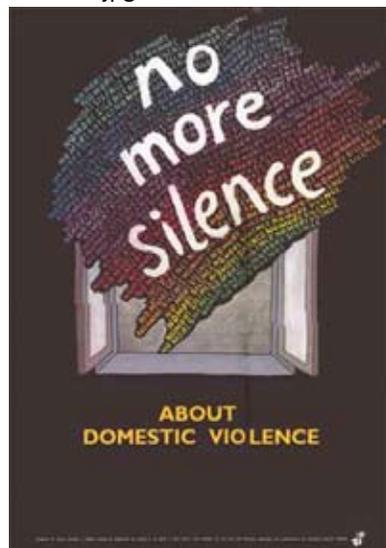


<http://www.jagori.org/wp-content/uploads/2006/01/4%20set%20women%20and%20literacy%20poster%20scan0001.jpg>



<http://hupindia.org/resources/IEC%20Material/IEC%20Material%20-%20Health/Health%20IEC%20in%20Hindi/Essential%20New%20Born%20Care%20Leaflet.pdf>

<http://www.jagori.org/wp-content/uploads/2006/01/no%20more%20silence%20against%20domestic%20violence.jpg>



<http://populationfoundation.in/wp-content/uploads/2015/09/Birth-Preparedness-Leaflet.pdf>



<http://populationfoundation.in/wp-content/uploads/2015/09/Antenatal-Care-Leaflet.pdf>



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