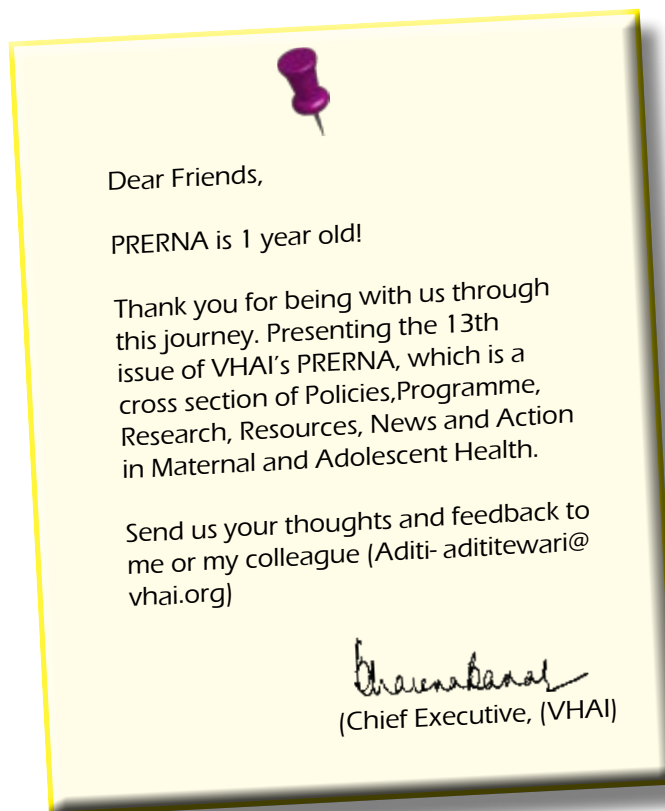




IN THE NEWS

Health Ministry launches two new contraceptives

The Ministry of Health and Family Welfare has launched two new contraceptives, an injectable contraceptive MPA under the 'Antara' programme and a contraceptive pill, 'Chhaya', in the public health system to expand the basket of contraceptive choices to meet the emerging needs of couples. The contraceptives, which are available for free in Medical Colleges and District Hospitals at present, have so far been launched in 10 states that includes Maharashtra, Uttar Pradesh, Madhya Pradesh, Rajasthan, Karnataka, Haryana, West Bengal, Odisha, Delhi and Goa. The contraceptives are safe and highly effective, the 'Antara' injectable being effective for three months and the 'Chhaya' pill for one week, and will help meet the changing needs of couples and help women plan and space their pregnancies.



Training of healthcare practitioners from all the states has been completed as well, with a pool of state and district level doctors and staff nurses being trained to support the roll-out.

To help improve the supply and distribution of contraceptives, the Ministry had recently launched a new software, Family Planning Logistics Management Information System (FP-LMIS), designed to provide robust information on the demand and distribution of contraceptives to health facilities and ASHAs.

In addition, Mission Parivar Vikas, a central family planning initiative has also been launched by the Ministry. The key strategic focus of this initiative is on improving access to contraceptives through delivering assured services, ensuring commodity security and accelerating access to high quality family planning services.

- The mission is being implemented in 146 high focus districts with the highest total fertility rates in the country. These districts are in the seven high focus, high Total Fertility Rates (TFR) states of Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Jharkhand, Chhattisgarh and Assam, which constitute 44% of the country's population.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=170537>



IN THE NEWS

Focus on 'Optimal Infant & Young Child feeding Practices' during National Nutrition Week

Ministry of Health and Family Welfare is observing National Nutrition Week from 1st September to 7th September, 2017. The theme of this year's National Nutrition Week is "Optimal Infant & Young Child feeding Practices (IYCF): Better Child Health." During this period, a week-long campaign is also being carried out to create mass awareness about the importance of appropriate nutrition in protection and promotion of health and wellbeing of children.

For promotion of Optimum IYCF practices, MoHFW has launched "MAA- Mothers' Absolute Affection" programme to improve breastfeeding coverage and appropriate breastfeeding practices in the country. Around 3.7 lakhs ASHAs and around 82,000 healthworkers including programmemanagers at district and block level, doctors (MOs), staff nurses (SNs) and ANMs have been sensitized for breastfeeding promotion strategies under MAA programme and more than 23,000 health facility staffs (MOs, SNs and ANMs) are trained in IYCF training. In addition, more than 1.49 lakh mothers' meetings were also carried out by ASHAs at village level to sensitize mothers regarding importance of appropriate breastfeeding practices.

Communitysensitizationactivities such as mothers' meetings and block/ district level workshops with programme managers, services providers' e.g MOs, SNs and ANMs along with FLWs are also planned during the National Nutrition Week (NNW). Village Health and Nutrition Days (VHNDs) will be held at village level in Anganwadi centres to increase the awareness and bring about desired changes in the IYCF practices in the community. In addition, "National Guidelines on Lactation Management

Centres in Public Health Facilities" have been recently released to facilitate establishment of lactation management centres for ensuring that the sick and pre-term babies are fed with safe human breast milk.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=170440>

Government attaches highest importance to research in Homoeopathy: Shri Shripad Naik

The Union Minister of State for AYUSH (Independent Charge), Shri Shripad Yesso Naik has said that the Government of India is doing everything possible to promote research in various departments of Homoeopathy and encourage new researchers to make India the leader in Research arena of Homoeopathy. Shri Naik was the Chief Guest at a three day International Homoeopathic Conference organized by Karnataka Qualified Homoeopathic Doctors Association (KQHDA) in Bengaluru from 8-10 September, 2017. An International Homoeopathic conference was organized for the first time in Bengaluru.

My Ministry lays highest importance to research in homoeopathy and have established Central Council for Research in Homeopathy, a pioneer research organization for carrying out high quality research in all aspects of Homoeopathy that includes clinical research, drug standardization and basic research. I am happy





IN THE NEWS

to share that this Council is also spreading its wings to collaborate with reputed international and national institutes for undertaking valuable researches in homoeopathy such as exploration of homoeopathy as most modern Nano-medicine; defining its role in emerging epidemics. We are inculcating research aptitude in students through specially designed schemes of scholarship in addition to capacity building of homoeopathic colleges”, Shri Shripad Naik saif while addressing the participants yesterday.

Read more: http://www.business-standard.com/article/government-press-release/government-attaches-highest-importance-to-research-in-homoeopathy-shri-shripad-naik-117091000701_1.html



Smt Maneka Sanjay Gandhi launches Scheme Implementation Guidelines of Pradhan Mantri Matru Vandana Yojana

Norms for pre-school education developed by the Government for the first time: WCD Minister

The Minister of Women & Child Development, Smt Maneka Sanjay Gandhi released the Guidelines of Pradhan Mantri Matru Vandana Yojana in New Delhi today. The Prime Minister, Shri Narendra Modi had announced the pan-India implementation of this scheme w.e.f. 01st January, 2017. PMMVY is implemented by the Ministry of Women & Child Development in collaboration with State Governments.

Smt Maneka Sanjay Gandhi also released an important training module for anganwadi workers called Early Childhood Care and

Education Training Module. The training module is designed to provide the anganwadi workers a basic understanding of the ECCE curriculum and pedagogical approaches to ensure optimal and holistic development of young children so that they are ready to start formal schooling at the age of six years. It also includes a component on psycho social development of children below the age of three years, to help anganwadi workers counsel parents/caregivers on early stimulation.

Another important module i.e. ICDS Training module and e-training module were also released by WCD Minister today. This module aims to improve the service delivery mechanism of ICDS Programme and to accelerate better programme outcomes.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=170448>



IN THE NEWS

Smt Maneka Sanjay Gandhi gives National Level Awards to Anganwadi Workers Massive programme of training AWWs to impart pre-school education being taken up: WCD Minister

The Minister of Women & Child Development, Smt Maneka Sanjay Gandhi gave away National Level Awards to anganwadi workers to recognize their exemplary voluntary service in the field of child development and related areas under the ICDS Scheme, at New Delhi today. The Awards for the year 2016-17 were given to 51 awardees today. These awards are given annually.

Speaking on the occasion, Smt Maneka Sanjay Gandhi congratulated the awardees and urged them to keep up their dedication to the cause of child development, community mobilization and awareness generation while delivering the ICDS Services. The functionaries anganwadi workers and anganwadi helpers play a pivotal role in child development since the responsibility of taking care of small children has been given to these frontline workers across the country under the ICDS, the Minister explained.

Smt Maneka Sanjay Gandhi said that till now, the role of anganwadi workers revolved around mainly distribution and provision of food to children and lactating mothers. However, the Government is now shifting the emphasis to

covert anganwadis into centres of pre-school education. As a result, a massive exercise is being launched to train the anganwadi workers to become pre-school teachers, the WCD Minister disclosed. There are currently about 27 lakhs anganwadi workers and helpers at 14 lakhs anganwadi centres across the country.

Earlier addressing the anganwadi workers, Minister of State for Women & Child Development, Smt Krishna Raj said that the anganwadis can contribute to the Swachh Bharat Mission in a big way. This can be done by connecting nutrition to cleanliness i.e. providing nutrition to children and lactating mothers in a clean environment. She urged the awardees to become an example for other functionaries and to motivate them to deliver better quality ICDS Services.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=170396>



Symposium on Life after Spinal Cord Injury Releases Home Care Book for spinal cord injury

Shri Ashwini Kumar Choubey, Hon'ble Minister of State for Health & Family Welfare inaugurated the Symposium on 'Life after Spinal Cord Injury' on the occasion of World Spinal Cord Injury Day at the AIIMS Trauma Centre, here today. The Minister also released a Home Care Book for Spinal Cord Injury and also felicitated the Spinal Cord Injury patients treated at the Trauma Centre. Speaking at the function, Shri Ashwini Choubey said that there is a dire need for setting up more well equipped Spinal Cord Injury Centres in the country. He also highlighted the need for accelerating integrated rehabilitation of such patients and applauded the AIIMS Trauma Centre for its services in the treatment and rehabilitation of Spinal Cord Injury patients. He was optimistic that the book released by him will be immensely useful for spinal cord injury patients in their rehabilitation. The Minister congratulated the eminent Para athletes namely, Mr. Amit Saroha (Arjun Awardee), Ms. Ekta Singh, (Throw), Mr. Sunil Phogat (Para athlete), Mr. Navin Gulia, Mr. Tasleem Fatima for attaining new heights as para athletes.

Read more: http://www.business-standard.com/article/government-press-release/shri-ashwini-choubey-inaugurates-symposium-on-life-after-spinal-cord-injury-117090501152_1.html



IN OPINION

**How Gorakhpur was choked
The death of children in BRD Hospital
was not just due to inadequate oxygen
supply. It is also because of a system
collapsing under severe financial strain**

By Abhay Shukla, Ravi Duggal and Richa Chintan

Discussion on the recent tragic deaths of children in the BRD Medical College Hospital at Gorakhpur has, so far, been focussed on the apparent immediate cause – the interruption of oxygen supply to the hospital, linked with continued default in payments to the oxygen supplier. While the death count in BRD continues to rise alarmingly, reaching nearly 300 in the last month, the state and Central governments have failed to even express an intention of addressing the real oxygen supply of the system – adequate and timely budgetary inflows to the hospital, which are essential for enabling the hospital to deal with the continued influx of critically ill children. The shortfall of payments to the oxygen supplier needs to be understood as the final link in a cascading chain of severe budget cuts, which has choked the flow of critical resources to the hospital, and the programme for treating children with encephalitis, leading to catastrophic outcomes.

The Gorakhpur hospital tragedy was not just due to a local aberration, though local factors

did play a role. If we ignore this deeper chain of causation and fail to seek systemic solutions, there is a risk of remaining confined to knee-jerk answers, which may be at the cost of many more innocent lives.

No hospital or health system can function without adequate financial resources, which translate into sufficient doctors and staff, medicines and supplies, infrastructure and other essential inputs. Adequate budgets are essential to keep health services properly functioning. And the converse is obvious – if the system is chronically and severely deprived of such resources, it might manage to cope for some time, but then a breaking point is bound to be reached. The interruption of oxygen supply following major, continued default of payments to the oxygen supplier for the Gorakhpur hospital represent such a breaking point in a system which was already under tremendous strain, due to severe and long-standing constriction of finances at all levels.

Read more: <http://indianexpress.com/article/opinion/columns/gorakhpur-hospital-tragedy-gorakhpur-hospital-deaths-brd-hospital-uttar-pradesh-how-gorakhpur-was-choked-4823005/>

A woman interviewed 100 convicted rapists in India. This is what she learned.

NEW DELHI – In India, many consider them “monsters.”

Madhumita Pandey was only 22 when she first went to Tihar Jail in New Delhi to meet and interview convicted rapists in India. Over the past three years, she has interviewed 100 of them for her doctoral thesis at the criminology department of Anglia Ruskin University in the United Kingdom.

It all started in 2013, first as a pilot project, months after the highly publicized gang rape and murder of a woman now known as “Nirbhaya” meaning “Fearless One.” The details of the case – a young, aspirational medical student who was attacked on the way home with a friend after watching the movie “Life of Pi” – struck a chord in India, where according to the National Crime Records Bureau, 34,651 women reported being raped in 2015, the most recent year on record.

Nirbhaya brought thousands of Indians to the streets to protest the widespread culture of rape and violence against women in 2012. That year, gender specialists ranked India the worst place among G-20 countries to be a woman, worse even than Saudi Arabia where women have to live under the supervision of a male guardian.

Read more: https://www.washingtonpost.com/news/worldviews/wp/2017/09/11/a-woman-interviewed-100-convicted-rapists-in-india-this-is-what-she-learned/?tid=sm_fb&utm_term=.9e66bf3ff062



IN THE POLICIES

Triple talaq: India's top court bans Islamic practice of instant divorce

India's Supreme Court banned the controversial Islamic divorce practice known as "triple talaq" in a landmark ruling announced Tuesday.

The practice, that stretches back over a thousand years, allows a husband to divorce his wife by simply saying the Arabic word for divorce, talaq, three times.

The five-judge bench did not unanimously ban the practice, which Balaji Srinivasan, one of the lawyers on the case, called "disappointing." Instead, three judges ruled that it was unconstitutional, while the remaining two judged that it should be up to the country's parliament to pass legislation officially banning the practice.

"The majority decision is that triple talaq is banned in law," said Srinivasan. "From now on in India, the law is that there is no practice of triple talaq which is held to be valid."

Much of the legal argument hinged on the question of whether striking down the practice would violate religious freedoms. However, the judge in the majority ruling concluded, on the basis of an act in 1937 that enshrined Muslim legal beliefs and traditions into law, anything that was "anti-Quranic" was therefore banned and didn't deserve constitutional protection. According to the majority ruling, "triple talaq is against the basic tenets of the Holy Quran and consequently, it violates Shariat ... What is held to be bad in the Holy Quran cannot be good in Shariat and, in that sense, what is bad in theology is bad in law as well." Indian Prime Minister Narendra Modi, who has publicly advocated for a ban, added his voice to those celebrating the ruling.

Read more: <http://edition.cnn.com/2017/05/18/asia/triple-talaq-supreme-court/index.html>



Malnutrition in India: The National Nutrition Strategy explained

In the recent past, there has been a renewed discussion around nutrition in India. A few months ago, the Ministry of Health and Family Welfare had released the National Health Policy, 2017.[1] It highlighted the negative impact of malnutrition on the population's productivity, and its contribution to mortality rates in the country. In light of the long term



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effects of malnutrition, across generations, the NITI Aayog released the National Nutrition Strategy this week. This post presents the current status of malnutrition in India and measures proposed by this Strategy.

What is malnutrition?

Malnutrition indicates that children are either too short for their age or too thin.[2] Children whose height is below the average for their age are considered to be stunted. Similarly, children whose weight is below the average for their age are considered thin for their height or wasted. Together, the stunted and wasted children are considered to be underweight – indicating a lack of proper nutritional intake and inadequate care post childbirth.

What is the extent of malnutrition in India?

India’s performance on key malnutrition indicators is poor according to national and international studies. According to UNICEF, India was at the 10th spot among countries with the highest number of underweight children, and at the 17th spot for the highest number of stunted children in the world.[3]

Malnutrition affects chances of survival for children, increases their susceptibility to illness, reduces their ability to learn, and makes them less productive in later life.[4] It is estimated that malnutrition is a contributing factor in about one-third of all deaths of children under the

age of 5.[5] Figure 1 looks at the key statistics on malnutrition for children in India.

What does the National Nutrition Strategy propose?

Various government initiatives have been launched over the years which seek to improve the nutrition status in the country. These include the Integrated Child Development Services (ICDS), the National Health Mission, the Janani Suraksha Yojana, the Matritva Sahyog Yojana, the Mid-Day Meal Scheme, and the National Food Security Mission, among others. However, concerns regarding malnutrition have persisted despite improvements over the years. It is in this context that the National Nutrition Strategy has been released. Key features of the Strategy include:⁸

The Strategy aims to reduce all forms of malnutrition by 2030, with a focus on the most vulnerable and critical age groups. The Strategy also aims to assist in achieving the targets identified as part of the Sustainable Development Goals related to nutrition and health.

The Strategy aims to launch a National Nutrition Mission, similar to the National Health Mission. This is to enable integration of nutrition-related interventions cutting across sectors like women and child development, health, food and public distribution, sanitation, drinking water, and rural development.

A decentralised approach will be promoted with greater flexibility and decision making at the state, district and local levels. Further, the Strategy aims to strengthen the ownership of Panchayati Raj institutions and urban local bodies over nutrition initiatives. This is to enable decentralised planning and local innovation along with accountability for nutrition outcomes.

The Strategy proposes to launch interventions with a focus on improving healthcare and nutrition among children. These interventions will include: (i) promotion of breastfeeding for the first six months after birth, (ii) universal access to infant and young child care (including ICDS and crèches), (iii) enhanced care, referrals and management of severely undernourished and sick children, (iv) bi-annual vitamin A supplements for children in the age group of 9 months to 5 years, and (v) micro-nutrient supplements and bi-annual de-worming for children.

Measures to improve maternal care and nutrition include: (i) supplementary nutritional support during pregnancy and lactation, (ii) health and nutrition counselling, (iii) adequate consumption of iodised salt and screening of severe anaemia, and (iv) institutional childbirth, lactation management and improved post-natal care.

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



IN THE PARLIAMENT

LOK SABHA UNSTARRED QUESTION NO. 1044 TO BE ANSWERED ON 21st JULY, 2017

IMR AND MMR

DR. BHARA TIBEN D. SHY AL:
SHRI RAJESHBHAI CHUDASAMA:
SHRI B.N. CHANDRAPPA:
SHRI NALIN KUMAR KA TEEL:

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

- (a) the present status of Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in the country including Delhi;
- (b) whether there is any policy or action plan to tackle the high IMR and MMR in the country including Delhi and if so, the details thereof, if not, the reasons therefor;
- (c) whether the Government intends to start awareness campaign about maternal health programmes especially for below poverty line sections, if so, the details thereof, if not, the reasons therefor;
- (d) whether the Government intends to provide health packages for the pregnant women and newborn children relating to the vulnerable population, if so, the details thereof, if not, the reasons therefor;
- (e) whether the Government has made any significant achievement in this regard during the last three years and the current year, if so the details thereof; and
- (f) whether the Government has set any timeline to achieve its target for reduction in IMR and MMR and, if so the details thereof?

ANSWER

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

(a): As per the latest report of the Registrar General of India- Sample Registration System (RGI-SRS), Infant Mortality Rate (IMR) at national level is 37 per 1000 live births in 2015 and Maternal Mortality Ratio (MMR) at national level is 167 per 100,000 live births for the period of 2011-13.

The IMR of Delhi is 18 per 1000 live births (SRS, 2015) whereas SRS 2011-13 does not provide the MMR of NCT of Delhi.

(b): Government of India has adopted the Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (MNCH+A) to improve maternal and child health outcomes. The RMNCH+A strategy recognize that child health and survival is inextricably linked to women's health across all life stages.

Under National Health Mission, the following interventions are being implemented to reduce infant and maternal mortality all across the country including NCT of Delhi:

(1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.

- (2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Stillbirth Rate", by 2030.
- (3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Ministry of Health and Family Welfare launched MAA-Mothers' Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities.

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- (4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.
- (5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.
- (6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies, development delays including disability and early intervention services has been Operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.
- (7) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.
- (8) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been implemented to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
- (9) Capacity building of health care providers: Various trainings are being conducted under National Health Mission (NHM) to build and upgrade the skills of health care providers in basic and comprehensive obstetric care of mother during pregnancy, delivery and essential newborn care.
- (10) Capacity building of Graduate doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- (11) Establishing Maternal and Child Health (MCH) Wings in high case load facilities to improve the quality of care provided to mothers and children.
- (12) Health and nutrition education through Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) to promote dietary diversification, inclusion of iron folate rich food as well as food items that promotes iron absorption.
- (13) To tackle the problem of anemia due to malaria particularly in pregnant women and children, Long Lasting Insecticide Nets (LLINs) and Insecticide Treated Bed Nets (ITBNs) are being distributed in endemic areas.
- (14) Safe Motherhood Booklet is being distributed to the pregnant women for educating them on dietary diversification and promotion of consumption of IFA.
- (15) Low performing districts have been identified as High Priority Districts (HPDs) which entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused supportive supervisions and encouragement to adopt

- innovative approaches to address their peculiar health challenges.
- (c): Regular Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) for all pregnant women including vulnerable population is done including messages on early registration for ANC, regular ANC, institutional delivery, nutrition, and care during pregnancy are provided. Funds are being provided to the States through Programme Implementation Plan (PIPs) for comprehensive IECI BCC on Maternal and Newborn health. Standardised IEC/BCC packages have been prepared at National level and have been disseminated for adaptation by the States.
 - (d): Under National Health Mission, Government of India is providing various services for pregnant women and newborn children including the vulnerable population, Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
 - (e): The Infant Mortality Rate has shown decline from 421/1000 live births in 2012 to 371/1000 live births in 2015. The Maternal Mortality Ratio for the period 2011-13 is 167 per 100,000 live births.
 - (f): Under National Health Policy, 2017; Government of India has set targets for reduction of IMR to 28 by 2019 and MMR to 100 by 2020.





IN OUR STATES

Smt Anupriya Patel inaugurates 10th Medical Technology Conference Health Ministry is committed to technology integration in the health sector: Anupriya Patel

“The Health Ministry is committed to technology integration in the health sector. Digital technology can help to reduce health care costs overall, but we need to ensure our investment in new technologies is done cost effectively and frugally.” This was stated by Smt. Anupriya Patel, Minister of State for Health and Family Welfare at the inaugural of 10th Medical Technology Conference, Medical Technology Shaping Universal Healthcare, organised by Confederation of Indian Industry (CII), here today.

Speaking at the function, Smt Anupriya Patel stated that the scope of digital technology in the public health sector has gone beyond service delivery. She further stated that the Health Ministry is already at the forefront of incorporating the benefits of digital technology towards achieving the goals elucidated in National Health Policy (2017) which are synchronous with the Sustainable Development Goals (SDGs). The National Health Mission (NHM) is already using throughout the country a web-based Health Management Information System(HMIS) to collect and collate data related to the health infrastructure.

Smt Anupriya Patel further informed that dispensing health insurance, registration of vital health statistics like births and deaths, monitoring of Mobile Medical Units (MMUs) through Geographical Positioning Systems(GPS) and preventing female foeticide through implementation of The Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition Of Sex Selection) Act 2003 Act are some of the additional tenets that are being brought online for ease of implementation, progressively decreasing costs and most importantly, increased accountability and transparency.

Read more : <http://pib.nic.in/newsite/PrintRelease.aspx?relid=170599>

Delhi HC to examine inhuman condition of inmates at Mandoli jail

Flagging eight handwritten letters by the prisoners as a “serious and public interest issue”, the high court asked the authorities to examine their grievances and file a status report on the matter.

Several prisoners have moved the Delhi High Court complaining about the inhuman conditions and lack of medical and employment facilities at the newly-commissioned Mandoli jail in the national capital. Flagging eight handwritten letters by the prisoners as a “serious and public interest issue”, the

high court asked the authorities to examine their grievances and file a status report on the matter. It also issued show cause notices to the departments concerned of the Delhi government, including Tihar Jail’s Director General as he is the administrative head of all the three jails in the national capital.

The letters to the high court, which were put up for perusal before a bench comprising Acting Chief Justice Gita Mittal and Justice C Hari Shankar, were treated as a public interest litigation. One of the letters has been written by an inmate, who has been on a hunger strike for around two and a half months raising the grievances.

To decongest the Tihar Jail in west Delhi, two other jails — one at Rohini in northwest Delhi and another at Mandoli in east Delhi, were made operational in December 2004 and October 2016 respectively. The Mandoli complex, which has six prisons, can house 3,776 inmates. Tihar and Rohini jails have 14,469 prisoners as against the sanctioned strength of 6,250. The bench directed that “the authorities shall examine the issue raised by the prisoners in Mandoli jail and file their status report at earliest.”

Read more: <http://indianexpress.com/article/cities/delhi/delhi-hc-to-examine-inhuman-condition-of-inmates-at-mandoli-jail-4837032/>



ON THE ONLINE SHELF



UNDP India (@UNDP_India) · Twitter

https://twitter.com/UNDP_India

The official Twitter feed for the National Association of Social Workers. A great resource for those studying or working in the mental health or social work field.
@nasw

Girls Not Brides (@GirlsNotBrides) · Twitter

<https://twitter.com/GirlsNotBrides>

<https://www.youtube.com/watch?v=jLpkW5C8PqE>

“Make Your Step Today” - a motion vaskor social awareness video

