



SIHFW: an ISO 9001:2008 certified Institution

*E-Newsletter*  
*State Institute of Health and Family Welfare*  
*(SIHFW), Jaipur, Rajasthan*

Website: [www.sihfwrajasthan.com](http://www.sihfwrajasthan.com)

E-mail: [-sihfwraj@yahoo.co.in](mailto:-sihfwraj@yahoo.co.in)

*Volume 1/Issue 4*

*April 2012*

*From the Desk of the Director*

Dear Readers

Greetings from SIHFW, Rajasthan!

Healthy ageing is one of the major challenges for the world. The consequences of the demographic transition will have a tremendous impact on economy, health, social development and welfare of societies. Consequently, there is a need to enhance our knowledge about the promotion of good health among elderly for a better quality of life.

The World Health Day in 2012 is addressed to Ageing and Health with the theme "Good health adds life to years". Based on the theme, the present issue of newsletter focuses on importance of good health for older men and women in leading full and productive lives and being a resource for families and communities. Ageing concerns each and every one of us – whether young or old, male or female, rich or poor – no matter where we live.

We appreciate your interest and hope this issue on 'Healthy Ageing' will also sensitize communities to become age-friendly.

A handwritten signature in blue ink, appearing to read 'S. Chandra', is placed below the text of the director's message.

Director



## *Health Days in April '12*

**World Autism Awareness Day 2<sup>nd</sup> April**  
**World Health Day 7<sup>th</sup> April**  
**World Parkinson Day 11<sup>th</sup> April**  
**National Safe Motherhood Day 11<sup>th</sup> April**  
**World Hemophilia Day 17<sup>th</sup> April**  
**World Liver Day 19<sup>th</sup> April**  
**Earth Day 22<sup>nd</sup> April**  
**World Malaria Day 25<sup>th</sup> April**

### *Healthy Ageing*

Ageing can be defined as a progressive, generalized impairment of function resulting in loss of adaptive response to a stress and in a growing risk of age-associated disease (Kirkwood, 1996).

Healthy ageing fostered by systematically planned health promotion efforts, was mentioned as early as 1998 as Target 5 in the WHO policy "Health for All in the 21st Century".

According to WHO statistics, older people are the fastest-growing age group worldwide. By 2050, two billion people – or nearly one out of every four people – will be older than 60 years. Population ageing is occurring fastest in less-developed countries, which have consequently had less time than developed countries to build the infrastructure and tools to deal with this major social transition. By 2050, 80% of the world's older people will be living in these countries. As people age, they are more likely to have mobility difficulties and chronic conditions such as cancer, stroke and dementia. They are also vulnerable to depression, as many face loneliness and poverty.

In the 21st century, health is determined by and contributes to broad social trends. Economies are globalizing, more and more people live and work in cities, family patterns are changing and technology is evolving rapidly. One of the biggest social transformations is population ageing. Soon, the world will have more older people than children and more people of very old age than ever before.

#### **Global scenario**

1. The world will have more people who live to see their 80s or 90s than ever before

The number of people aged 80 years or older, for example, will have almost quadrupled to 395 million between 2000 and 2050. There is no historical precedent for a majority of middle-aged and older adults having living parents, as is already the case today. More children will know their grandparents and even their great-grandparents, especially their great-grandmothers. On average, women live six to eight years longer than men.

2. Soon, the world will have more older people than children

Within the next five years, for the first time in human history, the number of adults aged 65 and over will outnumber children under the age of 5. By 2050, these older adults will outnumber children under the age of 14.

3. The world population is rapidly ageing

Between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%. The absolute number of people aged 60 years and over is expected to increase from 605 million to 2 billion over the same period.

4. Low- and middle-income countries will experience the most rapid and dramatic demographic change

For example, it took more than 100 years for the share of France's population aged 65 or older to double from 7 to 14%. In contrast, it will take countries like Brazil and China less than 25 years to reach the same growth.

### Key facts

- World population of 6.9 billion in 2011 is likely to become 7.5 billion in 2020
- Global aged population is 86.5 million (2011)
- Global aged population constitutes 0.8% of world population.(2011)
- The number of people today aged 60 and over has doubled since 1980.
- The number of people aged 80 years will almost quadruple to 395 million between now and 2050.
- Within the next five years, the number of adults aged 65 and over will outnumber children under the age of 5.
- By 2050, these older adults will outnumber all children under the age of 14.
- The majority of older people live in low- or middle-income countries. By, 2050, this number will have increased to 80%.

Source: HDR-2011, UNDP and UN, Population Division, Department of Economic and Social Affairs (World Population Prospects: The 2010 Revision),

### Determinants of healthy ageing

1. Healthy ageing is linked to health in earlier stages of life

Under nutrition in the womb, for example, may increase the risk of disease in adult life, such as circulatory diseases and diabetes. Respiratory infections in childhood may increase the risk of chronic bronchitis in adult life. Obese, or overweight, adolescents run the risk of developing chronic diseases, such as diabetes, circulatory disease, cancer, respiratory and musculo-skeletal disorders, in adult life.

2. Yet, how well we age depends on many factors

The functional capacity of an individual's biological system increases during the first years of life, reaches its peak in early adulthood and naturally declines thereafter. The rate of decline is determined, at least in part, by our behaviours and exposures across the whole life course. These include what we eat, how physically active we are and our exposure to health risks such as those caused by smoking, harmful consumption of alcohol, or exposure to toxic substances.

### Demographic changes are accompanied by new challenges

1. Even in poor countries, most older people die of non-communicable diseases

Even in poor countries, most older people die of non-communicable diseases such as heart disease, cancer and diabetes, rather than from infectious and parasitic diseases. In addition, older people often have several health problems at the same time, such as diabetes and heart disease.

2. The number of people living with disability is increasing due to population ageing and because of the greater risk of chronic health problems in older age

For example, about 65% of all people who are visually impaired are aged 50 and older, with this age group comprising about 20% of the world's population. With an increasing elderly population in many countries, more people will be at risk of age-related visual impairment.

3. Globally, many older people are at risk of maltreatment

Around 4-6% of older people in developed countries have experienced some form of maltreatment at home. Abusive acts in institutions include physically restraining patients, depriving them of dignity (by for instance leaving them in soiled clothes) and intentionally providing insufficient care (such as allowing them to develop pressure sores). The maltreatment of older people can lead to serious physical injuries and long-term psychological consequences.

4. The need for long-term care is rising

The number of older people who are no longer able to look after themselves in developing countries is forecast to quadruple by 2050. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems. Many require some form of long-term care, which can include home nursing, community

care and assisted living, residential care and long stays in hospitals.

5. Worldwide, there will be a dramatic increase in the number of people with dementias such as Alzheimer's disease, as people live longer

The risk of dementia rises sharply with age with an estimated 25-30% of people aged 85 or older having some degree of cognitive decline. Older people with dementia in low- and middle-income countries generally do not have access to the affordable long-term care their condition may warrant. Often their families do not often have publicly funded support to help with care at home.

6. In emergency situations, older people can be especially vulnerable

When communities are displaced by natural disasters or armed conflict, older people may be unable to flee or travel long distances and may be left behind. Yet, in many situations they can also be a valuable resource for their communities as well as for the humanitarian aid process when they are involved as community leaders.

Source: [www.who/worldhealthday2012/Toolkit](http://www.who/worldhealthday2012/Toolkit)

### **National Program for Health & Care of Elderly-Conceptualization**

- Emerged from UN Convention on the Rights of Persons with Disabilities (UNCRPD),
- National Policy on Older Persons (NPOP) adopted by the Government of India in 1999
- Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

#### **Details:**

- Rs.288.00 crore for the remaining period of the 11<sup>th</sup> five year plan(20% by states )
- Implemented in 30 districts of 21 states during the year 2010-11 and
- 70 added during 2011-12.
- Expected to be expanded to the entire country during the 12<sup>th</sup> Plan.

#### **Objectives:**

- Provide Preventive, curative and rehabilitative services to the elderly persons;
- To strengthen referral system;
- To develop specialized man power and to promote research in the field of diseases related to old age.

#### **The policy Initiative in India:**

- 1999 Indian Government announced a National Policy on Older Persons
- Policy implementation is to be monitored by National council for Older Persons (NCOP).
- Joint responsibility of the state and Central governments

#### **The policy aims at:**

- Mainstreaming senior citizens, especially older women.
- Emphasizing on family care of the aged through incentives and schemes for the needy families
- The thrust of the policy is preventive rather than cure.
- The policy considers institutional care as the last resort.
- Recognizing that senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society.
- To encourage geriatric units in hospitals and clinics
- Infirmary care units
- Promotion of values through formal education and media
- Subsidizing old age homes and day care centers

### **Ageing in India**

- 60+ 24 million in 1961 increased to 86.5 million in 2011.
- Projected to rise to 179 million in 2031 and 301 million in 2050.
- 70 and above projected to increase from 45 million in 2011 to 146 million in 2050.
- 80+ would be fastest to grow – 21 million in 2011 to 40 million in 2050.
- 2<sup>nd</sup> largest elderly (60+) population in the world (2001)

source: <http://www.who.int/gho/countries/ind.pdf>, HDR-2011, UNDP and UN, Population Division, Department of Economic and Social Affairs (World Population Prospects: The 2010 Revision)

# SIHFW in Action

## (1.) Trainings/Workshops

S. No.	Date	Title	Cadre (Total Participants)	Sponsoring Agency
1.	27 <sup>th</sup> Feb - 6 <sup>th</sup> May 2012	Professional Development Course (PDC), Third Batch	Middle level managers-MO/MO/IC (15)	NIHFW/MOHFW
2.	13 <sup>th</sup> -15 <sup>th</sup> March 2012	Workshop on Early Childhood Education	NGO representatives, UNICEF, NCERT representatives(27)	UNICEF
3.	12 <sup>th</sup> -16 <sup>th</sup> , 19 <sup>th</sup> -23 <sup>rd</sup> , 26 <sup>th</sup> -30 <sup>th</sup> March 2012	NPCDCS & NPHCE -3 batches	Medical Officers (47)	NIHFW/MOHFW
4.	28 <sup>th</sup> Feb-1 <sup>st</sup> March, 13 <sup>th</sup> -15 <sup>th</sup> , 20 <sup>th</sup> -22 <sup>nd</sup> , 27 <sup>th</sup> - 29 <sup>th</sup> March 2012	Routine Immunization-4 batches	Medical Officers (81)	RCH
5.	3 <sup>rd</sup> -6 <sup>th</sup> March 2012	Training on Appreciative Inquiry	Consultants UNICEF, SIHFW representatives of SIHFW (25)	UNICEF
6.	17 <sup>th</sup> March 2012	Workshop of Medical Method of Abortion	Medical Officers (18)	RCH
7.	1 <sup>st</sup> -3 <sup>rd</sup> , 12 <sup>th</sup> -14 <sup>th</sup> , 15 <sup>th</sup> - 17 <sup>th</sup> , 19 <sup>th</sup> -21 <sup>st</sup> , 22 <sup>nd</sup> -24 <sup>th</sup> March 2012	ICTC -5 Batches	Lab. Tech/Counselor/MO (210)	RSACS
8.	24 <sup>th</sup> March 2012	Workshop on World Tuberculosis day, Workshop	NGOs, BCMOs, MOs, State level Officials (100)	RNTCP
9.	26 <sup>th</sup> -27 <sup>th</sup> March 2012	Review Meeting - PCPNDT	PCPNDT district coordinators and state officials (38)	PCPNDT cell

## (2.) Monitoring/Field Visits:

- Dr. Mamta Chauhan, Faculty, SIHFW visited Behror and conducted workshop on Appreciative inquiry for CHC Behror on 23<sup>rd</sup> and 24<sup>th</sup> March 2012.
- Prof. Akhilesh Bhargava, Director-SIHFW, with a team of RCH Consultants and other members monitored various trainings under RCH component, during 21st and 22nd March 2012.
  - Director and Dr Shweta monitored IMNCI-supervisory training and RI,
  - Dr Richa Chaturvedy and Ms Nirmala Peter with Ms Indu did monitoring of EmOC at Udaipur and IMNCI trainings at Dungarpur, respectively.
  - Mr Ankur Asudani did monitoring for BEmOC training at Nathdwara in Rajasamand district.
- HBPNC at Mahua block of Dausa district was monitored by Ms. Poonam Yadav, SRO during 13<sup>th</sup> - 17<sup>th</sup> March 2012.
- During 2<sup>nd</sup> -3<sup>rd</sup> March 2012, VHSC trainings were monitored at Jayal, Ladnu and Nagaur blocks of Nagaur district, by Ms. Archana Saxena, RO.
- Ms. Rajni Singh, RO visited Sanchor, district Jalore for monitoring of VSHC training, during 28<sup>th</sup> - 29<sup>th</sup> February 2012.

## *Planned Training/Workshop/Meeting/ Visits*

- Foundation course for newly recruited Medical officer
- Visit of PDC trainees to Panchkula, Haryana 1<sup>st</sup> - 7<sup>th</sup> April 2012
- Field visit of PDC trainees, Punjab, to SIHFW Rajasthan during 16<sup>th</sup> -21<sup>st</sup> April 2012
- Routine Immunization, 10<sup>th</sup> -12<sup>th</sup> and 24<sup>th</sup> - 26<sup>th</sup> April, 2012

## *Visitor to the Institution*

**Mr. Iwan Siemens from Bremen, Germany visited SIHFW on 17<sup>th</sup> March 2012. The feedback was:**

"I would like to thank you for the warm and friendly welcome. I am really impressed by the institute and the work your staff is doing on Health and Human development. All the facilities show how effective and Goal-oriented your institute is working. It was a pleasure for me to visit such a good organised place with so many welcoming people. Thank you for the insight and I wish all the best for your work in capacity building".



**NIPI Experience Sharing** - Madhya Pradesh- SIHFW and NIPI team-Experience sharing on 14<sup>th</sup> March, with Mr. Pradeep Chaudhary, NIPI state coordinator and SIHFW state monitors of HBPNC training.

**RHFWTC Indore** - A sixteen member team of PDC course from RHFWTC Indore, Madhya Pradesh visited SIHFW Rajasthan during 2<sup>nd</sup> -6<sup>th</sup> March 2012. This included trainees of the course, Faculties and a statistical officer. SIHFW facilitated their visits to Sub Centre Balawala, PHC vatika, CHC Amber, Jaipuria hospital, 108 Ambulance, Bhagwan Mahaveer Viklang Samiti.

Interactive Learning Sessions were arranged for the team on VHSC, ASHA, Health Sector Reforms and Management Concepts.

**SIHFW Odisha-** team visited SIHFW on 24<sup>th</sup> March 2012. They were here during their exposure visit to Rajasthan. The team interacted with all SIHFW staff members and got a brief about work carried out at SIHFW.



## *Capacity Building of Staff*

- CME on Integrated trainings, by Ankur Asudani, on 25<sup>th</sup> Feb, 2012, Immunization, by Dr S.S. Yadav, Registrar, SIHFW, 17<sup>th</sup> March 2012, Training Evaluation, Archana Saxena, RO, 10<sup>th</sup> March 2012, Task Shifting, by Ms. Nirmala Peter on 24<sup>th</sup> March 2012.
- Dr. Mamta Chauhan, Faculty, SIHFW and Ms Nishanka Chauhan, SRO participated in Training on Stress and Conflict Management, 26<sup>th</sup> - 30<sup>th</sup> March, held at NIHFW New Delhi.
- Dr. Mamta Chauhan, Ms Nishanka, Ms Poonam, Ms Nirmala Peter and Ms. Richa Chabra participated in the training of Appreciative Inquiry, held on 3<sup>rd</sup> -6<sup>th</sup> March, organised by UNICEF

## Other Highlights

### Celebrations-

- Birthday party of Dr. Bhumika Talwar



## The Guest reactions

- Excellent Housekeeping-Mr. Pawan Kumar, participant at ICTC 1<sup>st</sup> - 3<sup>rd</sup> March, 2012
- Behaviour of SIHFW staff and complete environment is what I liked most- Mr Brajesh Kumar participant at ICTC 1<sup>st</sup> - 3<sup>rd</sup> March, 2012
- I liked the good hygienic environment and Food arrangements made - Dr. Shailendra Vashistha, participant at RI, 28<sup>th</sup> Feb - 1<sup>st</sup> March 2012
- I liked the attitude and style of training of Dr. S.S. Yadav-Dr. Rajendra Kaur, RI- 28<sup>th</sup> Feb - 1<sup>st</sup> March 2012
- Premises are very neat and I liked the systematic way of organizing trainings- Dr. Deshdeepak, NPCDCS & NPHCE Training, 26<sup>th</sup> - 30<sup>th</sup> March 2012

## Health in news

### Global

#### First MDG target to be met

6 March 2012 | Geneva/New York - The world has met the Millennium Development Goal (MDG) target of halving the proportion of people without sustainable access to safe drinking water, well in advance of the MDG 2015 deadline, according to a report issued today by UNICEF and WHO. Between 1990 and 2010, over two billion people gained access to improved drinking water sources, such as piped supplies and protected wells.

UN Secretary-General Ban Ki-moon said, "Today we recognize a great achievement for the people of the world. This is one of the first MDG targets to be met. The successful efforts to provide greater access to drinking water are a testament to all who see the MDGs not as a dream, but as a vital tool for improving the lives of millions of the poorest people."

The report, *Progress on Drinking Water and Sanitation 2012*, by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, says at the end of 2010, 89% of the world's population, or 6.1 billion people, used improved drinking water sources. This is one per cent more than the 88% MDG target. The report estimates that by 2015, 92% of the global population will have access to improved drinking water.

"For children this is especially good news," said UNICEF Executive Director Anthony Lake. "Every day more than 3000 children die from diarrheal diseases. Achieving this goal will go a long way to saving children's lives." He warned that victory could not yet be declared as at least 11% of the world's population – 783 million people – are still without access to safe drinking water, and billions without sanitation facilities. "The numbers are still staggering," he said, "But the progress announced today is proof that MDG targets can be met with the will, the effort and the funds."

UNICEF and WHO also cautioned that since the measurement of water quality is not possible globally, progress towards the MDG target of safe drinking water is measured through gathering data on the use of improved drinking water sources. Significant work must be done to ensure that improved sources of water are and remain safe.

"Providing sustainable access to improved drinking water sources is one of the most important things we can do to reduce disease," said WHO Director-General Dr. Margaret Chan. "But this achievement today is only the beginning. We must continue to ensure this access remains safe. Otherwise our gains will be in vain."

Source: [www.who.int/mediacentre/news](http://www.who.int/mediacentre/news)

### **India: Union Budget for Health, 2012**

The Health sector has got a total outlay of Rs 34,488 crore in the budget estimates for 2012-13, which is 13.24% more than the budget estimates of Rs 30,456 for the ongoing fiscal. The plan outlay for the Ministry of Health and Family Welfare is up by about 14% at Rs 30,477 crore in 2012-13, which is Rs 3,717 crore more than the plan outlay of Rs 26,760 crore of 2011-12.

Presenting the Union Budget, Finance Minister Shri Pranab Mukherjee also announced an increase in the allocations for the National Rural Health Mission (NRHM) to Rs 20,822 crore for 2012-13, around 15% more than Rs 18,115 crore for 2011-12, besides announcing the launch of National Urban Health Mission for encompassing the primary healthcare needs of people in urban areas. Of the total Plan health outlay in budget estimates for 2012-13, the Department of Health and Family Welfare gets the major chunk of Rs 27,127 crore, which is Rs 3,567 crore (15%) more than Rs 23,560 crore in the budget estimates for the current year.

The Department of Ayurved, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) gets a total plan outlay of Rs 990 crore in budget estimates for 2012-13, up 10% from Rs 900 crore allocated in budget estimates for 2011-12. A total of Rs 660 crore have been earmarked for the Department of Health Research in budget estimates for the coming fiscal, which is also 10% higher from Rs 600 crore earmarked in the budget estimates for 2011-12. There has been no change in the allocation for Department of AIDS Control in the budget estimates for 2012-13, where a sum of Rs 1,700 crore (same last year) has been earmarked.

TOI, 17<sup>th</sup> March 2012

### **Rajasthan**

One out of two children in the poorest households of the state are underweight and among the SC and ST families, more than two out of five kids are undernourished, painting a grim picture of the state's development. Performances of the state in other indicators set under the millennium development goals (MDG) too are quite alarming.

Figures made public at a seminar 'MDG in 12th Plan of Rajasthan: Integrated and futuristic approach' organized by the state planning board, Rajasthan, and UNICEF on 17<sup>th</sup> March, hint that state is likely to miss the deadline of 2015 to achieve the MGD targets. The targets under the MDG are a series of goals

set by 189 countries to fight poverty, literacy, maternal and child health and basic amenities among others.

TOI, 18<sup>th</sup> March, 2012

### **Upcoming events:**

**Consultation on Ensuring Quality Services for Safe Motherhood,  
April 11-12, 2012, Jaipur, Rajasthan**

In commemoration of National Safe Motherhood Day 2012, the Ministry of Health and Family Welfare, Government of India, in partnership with the U.S. Agency for International Development, the MCH-STAR Initiative and the White Ribbon Alliance of India are organizing a national consultation to mark India's efforts to improve the quality of maternal health programs and services and make safe motherhood a reality for all women. The Union Health Minister has been requested to inaugurate the event, which is being co-hosted by Government of Rajasthan.

*We solicit your feedback:*

**State Institute of Health & Family Welfare**

**Jhalana Institutional Area, South of Doordarshan Kendra Jaipur (Raj)**

**Phone-2706496, 2701938, Fax- 2706534**

**E-mail:-[sihfwraj@yahoo.co.in](mailto:sihfwraj@yahoo.co.in)**

