SIHFW Rajasthan

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From the Director's Desk

Dear Readers,

Greetings from SIHFW!

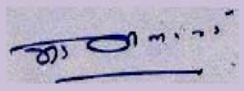
In month of August, on occasion of Independence day SIHFW team pledged for another year of hard work and focused interventions. The key health days of September month have been listed in this issue, of which facts are being shared for Suicide Prevention.

Globally, Suicidal behaviour among young people has been a concern in a number of countries. Reducing access to means of suicide is one way to reduce deaths. Other effective measures include responsible reporting of suicide in the media, such as avoiding language that sensationalizes suicide and avoiding explicit description of methods used and early identification and management of mental and substance use disorders in communities and efforts by health workers in particular.

This also applies to new mothers and pregnant women, who go through frequent hormonal and physiological changes, they need lot of emotional and social support from the family and community members.

Role of public health workers is not limited to above measures, beyond this, follow up measures by health workers through regular contact, home visits, for people who have attempted suicide, together with provision of community support, are essential. Mental health scenario needs proper attention as a part of the Public health domain.

We would solicit your feedback and suggestions.



Director

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- Activities at SIHFW
- Monitoring Visits
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Important Days in September 2014

World Suicide Prevention Day 10
World First Aid Day 14
World Ozone Day 16
World Alzheimer's day 21
Social Justice Day 25
World Rabies Day 28
World Heart Day 29

Independence Day Celebration

Flag was hosted by Dr M.L. Jain, Director SIHFW on August 15, 2014. The get-together was followed by national Anthem and snacks party.

Facts and Figures: Suicide Prevention

More than 800 000 people die by suicide every year – around one person every 40 seconds, according to WHO's first global report on suicide prevention. Some 75% of suicides occur in low- and middle-income countries.

Pesticide poisoning, hanging and firearms are among the most common methods of suicide globally. Evidence from Australia, Canada, Japan, New Zealand, the United States and a number of European countries reveals that limiting access to these means can help prevent people dying by suicide. Another key to reducing deaths by suicide is a commitment by national governments to the establishment and implementation of a coordinated plan of action. Currently, only 28 countries are known to have national suicide prevention strategies.

Suicide is a global phenomenon

Suicide occurs all over the world and can take place at almost any age. Globally, suicide rates are highest in people aged 70 years and over. In some countries, however, the highest rates are found among the young. Notably, suicide is the second leading cause of death in 15-29 year-olds globally.

Generally, more men die by suicide than women. In richer countries, three times as many men die by suicide than women. Men aged 50 years and over are particularly vulnerable.

In low and middle-income countries, young adults and elderly women have higher rates of suicide than their counterparts in high-income countries. Women over 70 years old are more than twice as likely to die by suicide than women aged 15-29 years.

Suicides are preventable

“No matter where a country currently stands in suicide prevention”, said Dr Alexandra Fleischmann, Scientist in the Department of Mental Health and Substance Abuse at WHO, “effective measures can be taken, even just starting at local level and on a small-scale”.

Follow-up care by health workers through regular contact, including by phone or home visits, for people who have attempted suicide, together with provision of community support, are essential, because people who have already attempted suicide are at the greatest risk of trying again.

WHO recommends countries involve a range of government departments in developing a comprehensive coordinated response. High-level commitment is needed not just within the health sector, but also within education, employment, social welfare and judicial departments.

The World Suicide Prevention Day, observed on 10 September every year provides an opportunity for joint action to raise awareness about suicide and suicide prevention around the world.

In the WHO Mental Health Action Plan 2013-2020, WHO Member States have committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020. WHO’s Mental Health Gap Action Programme, launched in 2008, includes suicide prevention as a priority and provides evidence-based technical guidance to expand service provision in countries.

Suicide in the WHO South-East Asia Region

In the WHO South-East Asia Region, the estimated suicide rate is the highest as compared to other WHO regions. Suicide rates show a peak among the young and among the elderly. Most suicides in the world occur in the South-East Asia Region (39% of those in low- and middle-income countries in South-East Asia alone) with India accounting for the highest estimated number of suicides overall in 2012. Suicide by intentional pesticide ingestion is among the most common methods of suicide globally, and is of particular concern in rural agricultural areas in the South-East Asia Region.
Source: WHO/ Fact Sheets/ Suicide Prevention

Indian Scenario

About 800,000 people commit suicide worldwide every year, of these 135,000 (17%) are residents of India, a nation with 17.5% of world population. Between 1987 to 2007, the suicide rate increased from 7.9 to 10.3 per 100,000, with higher suicide rates in southern and eastern states of India. In 2012, Tamil Nadu (12.5% of all suicides), Maharashtra (11.9%) and West Bengal (11.0%) had the highest proportion

of suicides. Among large population states, Tamil Nadu and Kerala had the highest suicide rates per 100,000 people in 2012. The male to female suicide ratio has been about 2:1.

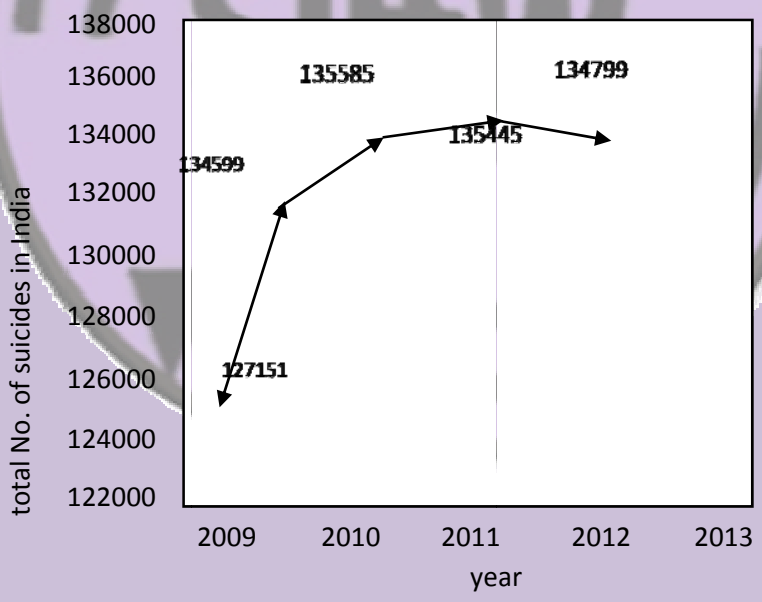
On an average, more than one lakh persons committing suicides every year in the country during the decadal periods (2003-2013).(Table No 1)

The number of suicides in the country during the decade (2003–2013) has recorded an increase of 21.6% (1,34,799 in 2013 from 1,10,851 in 2003). The increase in incidence of suicides was reported each year till 2011 thereafter a declining trend was noticed. The population has increased by 15.0% during the decade while the rate of suicides has increased by 5.7% in 2013 over 2003(from 10.4 in 2003 to 11.0 in 2013), hence showing a mixed trend in incidents of rate of suicides during the decade (2003-2013).

Table 1: Incidence of Suicides, Growth of Population and Rate of Suicides During 2009 to 2013

Sno	Year	Total No of suicides	Estimated Mid Year Population in (Lakhs)	Rate of Suicides (3)/(4)
(1)	(2)	(3)	(4)	(5)
1	2009	1,27,151	11,694.4	10.9
2	2010	1,34,599	11,857.6	11.4
3	2011	1,35,585	12,101.9	11.2
4	2012	1,35,445	12,133.7	11.2
5	2013	1,34,799	12,287.9	11.0

Source: National Crime Record Bureau (NCRB), report on Suicides in India, 2013



Rate of Suicides in Rajasthan is 6.9 during 2013, which is much lower than the national average of 11.0.Rajasthan stands at 12th position from lowest rates in all states of India.

The states such as Pudducherry (35.6), Sikkim (29.3), Tripura (28.8), Kerala (24.6), Tamil Nadu (24.3) etc have high rates of suicides in India. Source: NCRB, Report on Suicides in India, 2013

Trainings, Workshops and Meetings

PDC -X batch

The tenth batch of Professional Development Course (PDC) was organised at SIHFW during May 27 to August 4, 2014, with 15 participants. Valedictory session of the batch was organised on August 4, 2014. Dr. M.L. Jain, Director SIHFW gave the valedictory note in which he appreciated the efforts of participants and decorum of discipline maintained during their stay of 70 days at SIHFW. Participants made presentation on the individual topics of Problem Solving Action Plans.

Dr. Jain gave prizes to the best performing participants. Three of the participants had been selected and were given gifts for their good conduct. 1st - Dr Shailendra Vashistha, 2nd – Dr SK Sonkaria and 3rd – Dr Mahesh Chaudhary. In the end the participants expressed their views on the course, shared how much their expectations had been fulfilled and thanked SIHFW staff. Certificates were given to each participant.

Training of Trainers on IPC

Training of Trainers was organised for District trainers at SIHFW. The training focused on training skill development of trainers to further train field functionaries - ANM, ASHA and Anganwari workers in improvement of Inter Personal Communication and Counseling skills.

The trainings were done under SBCC partnership with UNICEF and technical support of PSI (Population Services International).

The first batch of training was organised during August 12-14, 2014 where in participants of Barmer and Jalore district were trained. This was a practical training based on participatory learning. Training methodology included demonstrations, role pays, games, mock session of IPC. IPC tool kit, adopted and printed by SIHFW (Flip Books and Flash cards) was introduced to participants.

Orientation of Faith based Healers

Faith based healers or traditional Healers, more commonly known as Bhopa/Ojha/Baba have been identified as social influencers since they have a strong local network and rapport with communities, as reflected in many research studies. The faith based healers were oriented on key thematic areas including Importance of Immunization, Antenatal care and Institutional delivery. Two days workshops were done in Barmer on August 6-7, 2014 and in Jalore during August 21-22, 2014. Film shows on 'Amma ji series' of UNICEF were arranged for participants. Participants were also taken to an MCHN session where they were oriented about various services provided to pregnant women and children and importance of ANC checkups.

Monitoring/ Visits

Dr M.L. Jain, Director SIHFW participated at the Health Rise-Technical Forum, organised at New Delhi on August 21, 2014. The Forum was jointly organised by partnership between Medtronic Philanthropy, Abt Associates and the Institute of Health Metrics and Evaluation (IHME) at the University of Washington.

The One-day Technical Dialogue aimed at health interventions across global health sectors to help inform what can be done at the community level to respond to Non-Communicable Diseases (NCD) in India. Dr Jain also chaired a session at the Forum and highlighted importance of National Programme for Prevention and Control of cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) and NPHCE.

Training on RKSK

Dr Mamta Chauhan, Faculty member of SIHFW participated at a national Level Training for Master Trainers on Rashtriya Kishore Swasthya Karyakram (RKSK). The training was held during August 19 to 22, 2014 and was organised by NIHFW with WHO collaboration.

Block monitoring-UNICEF

Every month, blocks of High Priority Districts (HPDs) are monitored by SIHFW officials with following objectives of supportive supervision.

1. Monitor the functioning of selected health institution as per standard protocols and guidelines and find out the key findings for improvement and suggest onsite corrections.
2. Provide feedback to staff of the institution and Blocks and Districts Health Administration for Improvement.

In the month of August, 2014, Mr Ejaz Khan did block monitoring of Chohtan block of Barmer during August 06-08, 2014 and Mr Hemant did Block monitoring of Barmer block during August 06-08, 2014. District hospital, CHCs, PHCs and Sub Centres are monitored along with a direct interaction with community beneficiaries regarding quality of services received at the health centre.

At the end of the visit, all observations including best performances and identified gaps and suggestions for improvement are shared with District officials-CMHO, RCHO and District coordinators and FDCs of UNICEF.

SBA Training Monitoring

SBA (Plan 4) training for health workers was monitored at HFWTC, Jaipur during August 19-23, 2014. The 30 days Integrated SBA Training for Health workers include SBA/IFYCF/NSSK/CAC/IUCD/IMNCI/RI/RTISTI sessions. The training is implemented with the objective to make participants proficient in identifying and managing all the child health emergency issues or complications for it and the development of necessary skills and competencies to provide essential Child care at the point of first contact with the client. At the time of monitoring, IMNCI session was in process.

CAC Practical Exposure

Training on Comprehensive Abortion Care (CAC) is being implemented under maternal health component of RCH. This is a hands-on training based on medical methods of abortion and safe methods within the legal framework. The purpose of the CAC Training is:

- To assist any aspect of abortion care in achieving or maintain optimum standards of care, while acknowledging that there are often factors challenging the provision of these services.
- Strengthening the current abortion care services and improving the overall quality of care
- To promote the concept of women – centric care in the provision of abortion services

Batches of CAC training were monitored at Jaipuriya hospital during August 19-20, 2014 by Ms Neha Awasthi. During August 11-12, 2014, CAC was also monitored by Mr Aseem Malawat at Jaipuriya hospital and at Gangori hospital, Jaipur during August 26-30, 2014. At Zenana hospital, Jaipur CAC exposure was monitored by Dr Richa Chaturvedy during August 13-14, 2014.

MTC monitoring and SNCU

Mr Aseem Malawat, Consultant, RCH did monitoring of MTC and SNCU at District Hospital Karauli on August 1, 2014

Visitors & Training Feedbacks

Feedbacks during trainings

1. I learnt new information about Routine Immunization
2. Information about newly introduced vaccine Pentavalent was liked the most
3. Teachers are very good, cleared all doubts about RI, it will be most useful for my future life.
4. Teachers were excellent and interacting. They had good command on topic and great teaching manner.
5. All contents of training were well covered.

Source: Training feedbacks

Health News

Global

WHO: Air travel is low-risk for Ebola transmission

The World Health Organization (WHO) reiterated its position that the risk of transmission of Ebola virus disease during air travel remains low.

"Unlike infections such as influenza or tuberculosis, Ebola is not airborne," says Dr Isabelle Nuttall, Director of WHO Global Capacity Alert and Response. "It can only be transmitted by direct contact with the body fluids of a person who is sick with the disease."

On the small chance that someone on the plane is sick with Ebola, the likelihood of other passengers and crew having contact with their body fluids is even smaller. Usually when someone is sick with Ebola, they are so unwell that they cannot travel. WHO is therefore advising against travel bans to and from affected countries.

"Because the risk of Ebola transmission on airplanes is so low, WHO does not consider air transport hubs at high risk for further spread of Ebola," says Dr Nuttall.

In early August, after the meeting of the Ebola Emergency Committee under the International Health Regulations, WHO provided advice to countries to help contain the current Ebola outbreak and prevent it from spreading further. The guidance recommended:

- no ban on international travel or trade;
- that countries be prepared to detect, investigate, and manage Ebola cases; including access to a qualified diagnostic laboratory for Ebola virus and, where appropriate, the capacity to identify and care for travellers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained fever and other symptoms.
  Worldwide, countries should provide their citizens traveling to Ebola-affected countries with accurate and relevant information on the Ebola outbreak and measures to reduce the risk of exposure.

Source: WHO/Media centre/news/notes, August, 14, 2014

WHO calls for stronger action on climate-related health risks

Previously unrecognized health benefits could be realized from fast action to reduce climate change and its consequences. For example, changes in energy and transport policies could save millions of lives annually from diseases caused by high levels of air pollution. The right energy and transport policies could also reduce the burden of disease associated with physical inactivity and traffic injury.

Measures to adapt to climate change could also save lives around the world by ensuring that communities are better prepared to deal with the impact of heat, extreme weather, infectious disease and food insecurity.

These are two key messages being discussed at the first-ever global conference on health and climate, which opens today at WHO headquarters in Geneva. The conference brings together over 300 participants, including government ministers, heads of UN agencies, urban leaders, civil society and leading health, climate and sustainable-development experts.

“The evidence is overwhelming: climate change endangers human health. Solutions exist and we need to act decisively to change this trajectory.” The health sector needs to act quickly and assertively to promote climate-smart strategies, climate and health experts warn.

“The evidence is overwhelming: climate change endangers human health,” says Dr Margaret Chan, WHO Director-General. “Solutions exist and we need to act decisively to change this trajectory.”
WHO and its partners highlight the importance of acting now to help protect health in the present as well as the future. The health community is working hard to improve its capacity for surveillance and control of infectious diseases such as cholera, malaria and dengue, which are highly sensitive to weather and climate.

Climate change is already causing tens of thousands of deaths every year from shifting patterns of disease, from extreme weather events, such as heat-waves and floods and from the degradation of water supplies, sanitation and impacts on agriculture, according to the most recent WHO data.

"Vulnerable populations, the poor, the disadvantaged and children are among those suffering the greatest burden of climate-related impacts and consequent diseases, such as malaria, diarrhoea and malnutrition, which already kill millions every year”, notes Dr Flavia Bustreo, WHO Assistant Director-General, Family, Women's and Children's Health. “Without effective action to mitigate and adapt to the adverse effects of climate change on health, society will face one of its most serious health challenges,” she says.

“But the good news is that reducing climate change can yield substantial and immediate health benefits” says Dr Maria Neira, WHO Director, Department of Public Health, Environmental and Social Determinants of Health. “The most powerful example is air pollution, which in 2012 was responsible for 7 million deaths - one in eight of all deaths worldwide. There is now solid evidence that mitigating climate change can greatly reduce this toll,” she adds. Source: WHO/media centre/news, August 27, 2014

World Humanitarian Day: WHO calls for protection of health workers in conflicts, disasters

As major emergencies around the globe increase in scale, complexity and frequency, WHO is calling for an end to the targeting of health workers in conflicts and other humanitarian crises, which represent a breach of the fundamental right to health.

On World Humanitarian Day, celebrated every August 19, WHO drew attention to the continued trend of attacks on health-care workers, hospitals, clinics and ambulances in Syria, Gaza, Central African Republic, Iraq, South Sudan and other areas.

Threats and harassment of health workers in west African countries have also been a worrying element of the Ebola virus disease outbreak. These professionals are taking personal risks to provide critical medical care, but have been threatened, shunned and stigmatized.

“Doctors, nurses and other health workers must be allowed to carry out their life-saving humanitarian work free of threat of violence and insecurity,” says Dr Margaret Chan, WHO Director-General.

Dr Richard Brennan, Director of WHO’s Department of Emergency Risk Management and Humanitarian Response, adds: “Assaults on health workers and facilities seriously affect access to health care, depriving patients of treatment and interrupting measures to prevent and control contagious diseases. WHO has a specific mandate to protect the human right to health, especially for people affected by humanitarian emergencies.”

While the adverse impacts of attacks on health care have been well documented in conflicts such as Syria and South Sudan, Gaza, health workers are also being prevented from carrying out their essential work outside of war-zones. In Pakistan and Nigeria, polio vaccinators, most of them female, have been specifically targeted.

As part of its lead role in coordinating the health response to international emergencies, WHO is working with partners to better document, prevent and respond to such incidents. Protecting those who care for the sick and vulnerable in the world’s most difficult circumstances is one of the most pressing responsibilities of the international community. Source: WHO/media centre/news, August 18, 2014

India

“Sunita”, a testimonial campaign

Meet Sunita. This 27-year-old, whose face is disfigured by oral cancer, is today a symbol of tobacco victimhood. Like hundreds of thousands of tobacco users in India she has seen her whole family ruined because of her four-year habit of chewing the deadly material that came in two-rupee pouches.

Sunita, who is a mother of two from a small town in Madhya Pradesh, has survived, but only for now. Her doctor says there is a 50 percent possibility of the disease recurring. And if that happens, chances of survival are remote. Today, she struggles through life with part of her face gone and suffers pain whenever she tries to eat and drink.

Together with members of her traumatised family, Sunita is ready to share with the world of tobacco victims her agonising story. The only message she has is –stay away from all types of tobacco. “Nobody should suffer what I have suffered”, she implores.

The Ministry of Health, Government of India, unfurled “Sunita”, a testimonial campaign highlighting the devastating effect of smokeless tobacco (‘gutka’, ‘zarda’, ‘khaini’,etc.) especially on women. A resource website,http://ntcptobaccocontrolpsa.inhosting health spots and tobacco use disclaimers in high resolution for use in films and TV shows, was also inaugurated.

Sunita’s story has been made into a 30-second film which is included in the website and will also be screened in cinema theatres across India as well as on government and private TV channels.

The website has been developed by the Ministry with technical assistance from World Lung Foundation. It will be a repository of anti-tobacco health spots. All film producers, TV programmers and cinema theatre owners will be able to download the spots and HD disclaimers as mandated in the Control of Tobacco Products Act (COTPA) Rules regulating depiction of tobacco products or in their use in films and TV programmes.

Dr Harsh Vardhan, Union Health Minister, who inaugurated the website, announced that the Ministry is planning to set up modern cancer hospitals all over India. It is also working to strengthening legal controls on tobacco distribution.

The Minister said that the first Budget of Shri Narendra Modi government effected a 61 percent hike in tax rates on cigarettes. “Just the enhanced revenue which will flow in would be enough to fund 12 new AIIMS in the country,” Dr Harsh Vardhan remarked.

The Ministry of Health has already formed two committees to recommend measures on how to address the social and legal aspects of the war against tobacco use which it has launched.

“This should not remain a government agenda. I would like to involve social groups and civil society. The fight will be long and arduous, but we should not lose hope,” Dr Harsh Vardhan added.

Source: Press Information Bureau, August 7, 2014

Karnataka moots 'Super Tuesday' for health care of people with mental ailments

Mental health care in Karnataka is all set for 'Super Tuesday' with departments of health and family welfare and medical education joining hands.

On this day, doctors in primary health centres, community health centres, taluk and district hospitals in Karnataka will compulsorily focus their attention on treating people with mental ailments and distribute essential drugs needed for their treatment in all these government health facilities.

If the first part of Super Tuesday mentioned above will see doctors from department of health and family welfare play their part, doctors from department of psychiatry in government medical colleges under the department of medical education will fan out in their respective districts giving specialised care to those who need it. This move, according to minister for health U T Khader is aimed at mitigating shortage of trained psychiatrists.

Khader said the respective district health and family welfare officers and heads of health units at the village, taluk and district level will be tasked with ensuring that they have adequate stock of essential drugs needed to treat people with mental illness. Failure to do so will attract stiff penalties, he said, adding arrangement with medical education department will see psychiatrists getting leave with pay to stay away from their teaching duties for the day.

Heads of departments of psychiatry in government medical colleges will monitor the 'paid' leave given to their colleagues who will be assigned a particular primary or community health centre or a taluk and district hospital as the case may be; Khader said allaying fears that there will be no accountability to this new move. The government is also in talks with private medical colleges to source their psychiatrists for this new initiative, Khader said.

The entire exercise has been undertaken as per discussions with the Karnataka State Mental Health Task Force headed by eminent psychiatrist Dr K A Ashok Pai, Khader said, adding treatment centres started on district hospital premises some time back and that went defunct will be revived again. This arrangement arrived with NGOs to provide succour to those with mental ailments will be revamped and streamlined for effective delivery, Khader said. Source: TNN, August 27, 2014

'Set up day-care centres for the mental challenged in all districts'

Karnataka state mental health task force chairman K A Ashok Pai said that the task force would press for the opening of day-care centres in all district headquarters to treat and rehabilitate mentally challenged people.

"As per norms, each district should have a minimum 20-bed facility, including 10 for de-addiction programme. This apart, the districts should have the required number of psychiatrists, psychologists, social workers and nurses. But many districts do not have psychiatrists to treat the mentally challenged patients, the number of whom is growing up. Around 75 lakh people in Karnataka are in need of mental healthcare services. Due to lack of facilities, many depressed people are taking drastic steps of ending their lives," he claimed.

The members of the task force, set up a year ago, have toured different parts of the state and prepared a list of recommendations for submission to Karnataka Mental Health Authority on September 5.

Their top priority is the creation of adequate facilities in each district headquarters to treat mental challenged people. Secondly, they want the government to recruit required number of supporting staff members along with psychiatrists. "Also, a mentally ill person requires continuous medication for 2-3 years for a permanent cure. However, (s)he becomes normal after initial treatment. A day-care centre would help such patients," Ashok explained.

District health officer H T Puttaswamy claimed that many patients are being treated and sent back home due to lack of facility. "The proposed day-care centre would enable patients to stay there for three weeks for adequate treatment and food. It requires additional funding he said.

KR Hospital psychiatric department head B N Raveesh said that the primary objective of the task force is to create awareness about mental health. "It also wants to ensure treatment, and implement the provisions of national mental health programme," he added. Source: TNN, August 31, 2014

Rajasthan

Rajasthan health department trying to trace source of portable sonography machines

The recovery of unregistered portable sonography machines during recent raids that were allegedly used in sex determination prompted the health department to conduct a survey to find out where such machines were placed after being banned by the state government two years ago.

The health department had imposed a ban on the use of small size sonography machines, which are portable and can be easily taken from one place to another. Many diagnostic centres and hospitals had such machines when the ban was imposed.

The health department is keeping its watchful eyes on machines, which are not portable, by installing active trackers and other devices. But, now they have to make efforts to check the use of portable machines, which is why, they need to conduct the survey. They want to find out from where the portable machines are coming in the state.

State's pre-conception pre-natal diagnostic technique (PCPNDT) cell incharge Kishna Ram Isarwal said, "We have found that illegal portable machines were being used in conducting sex selection during our raids." He said the state government had imposed a ban on such machines. "We will conduct a survey in the state of all the sonography centres," he said.

The machines have become a nightmare for the law enforcing PCPNDT cell. The cell has decided to conduct survey to know what the owners of such machines have done with the machines. The health department has sought funds for the survey from the centre under the programme implementation plans. The cell would check if the owner of the machine had sold it to some other person or if he is still keeping it with him. The cell would do the entire exercise to prevent the use of portable sonography machines from being used in illegal sex determination activities.

In Nagaur district, such a portable machine was recovered recently. The PCPNDT cell had arrested a doctor and his driver in that case. But two days ago, they arrested a person. The PCPNDT cell said they had arrested a person who sold the illegal machine to the doctor. The machine was seized by the health department. The officials claimed that the accused had tried to remove the serial number imprinted on the machine.

In June, one more illegal portable sonography machine was recovered. This is the third such sonography machine seized by the cell in the past one year during raids and decoy operations. The machine was

recovered during a raid at a sonography scanning centre in Singana area of Jhunjhunu district. One such machine was found in Chomu too in Jaipur district. Source: TNN | Aug 2, 2014

We solicit your feedback:

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