SIHFW Rajasthan

Electronic Newsletter
Vol. 2/Issue 12/December 2013

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From the Director's Desk

Dear Readers,

Merry Christmas and a Very Happy New Year!

The calendar year ends with the month of December. This is the time to re-evaluate our strategies, have resolutions and plan for ways to stick to them. In the development sector, during this time, we plan for upcoming years and this time all of us, associated with NHM (NRHM and NUHM) will now be planning for more than a year.

The exercise requires deep insight into our past experiences and also poses challenges to the new plans developed. This also involves community participation.

I wish all the agencies, institutions, departments and functionaries involved in the planning process, success for concrete plans which hopefully will take shape during implementation in upcoming years for remarkable reduction in IMR for Neonatal Deaths, Maternal Mortality and Infant Mortality.

We look forward to your feedback and suggestions.

Director

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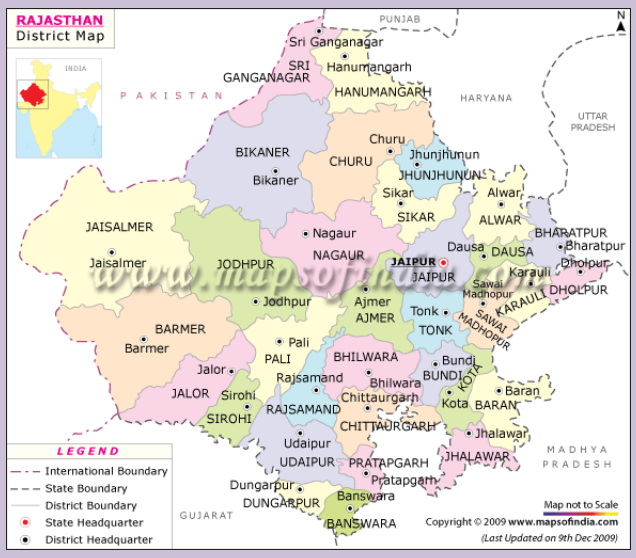
HEALTH CHALLANGES AND PRIORITIES FOR GOVERNMENT OF RAJASTHAN

Recognized as the 'Land of Kings & warriors' for its regal past of palaces and princely states, Rajasthan builds on a proud history and is India's largest state in terms of geographical area. According to Census 2011, population of Rajasthan is approximately 69 million, which outnumber population of certain countries itself. (Thailand 68.1 million, France 62.8 million, United Kingdom 61.9 million, Italy 60.1 million, Iraq 31.5 million, Australia 21.5 million).

Apart from the sheer size of opportunities and challenges in the human capital of the state, the marked differences between geographical location (rural and urban), social groups (caste and religion), rich and poor and between sexes, is stark. The rate of change and desired impact has not been equally distributed across geographical zones and social communities.



The tribal dominated districts of Banswara, Dungarpur and Udaipur, with difficult geographical terrain have consistently lagged behind on vital social development indicators. For instance, the mortality rates among rural children and children belonging to SC/ST groups remain much higher **(SRS & AHS 2010-11 data).**

A high percentage of children **under-three are undernourished** i.e. stunted, severely wasted and anaemic, which puts them at risk of impaired growth, serious illness and even early death. A high percentage of children under three are underweight and anaemic, which puts them at risk of serious illness and even early death.

According to Annual Health Survey 2010-2011, only 70% of children in Rajasthan receive full immunization against common childhood diseases such as tuberculosis, polio and diphtheria and only a third of children who suffer serious bouts of diarrhoea receive life-saving oral rehydration treatment.

Yet, Rajasthan carries one of the highest burdens of undernourished children in India and it's pervasive across all age groups, especially among girls (NFHS-3).

Access to safe water and sanitation facilities remains a formidable challenge in our state. Improved source of drinking water is available only to 71 per cent homes. Although families have access to water, more than half of these sources are contaminated with excess levels of fluoride, nitrates, salinity and effluent.

Despite comprehensive programmes like total sanitation campaign, open defecation still remains the predominant norm and poses one of the biggest threats to the health of the people of Rajasthan. Situation is grim with only 35% of the population having attached sanitary latrines according to recent reports. **(Census 2011)**

Our health-care system has been facing challenges to deal with the state's main health challenges: infectious diseases, chronic diseases, and poor maternal and child health. Out of 69 million, almost **50%** are **under the age of 18 years**. This calls for better coordination between the central and state government and new policies to encourage women to bear a child only after they turn 20.

It's high time that one must explore the full extent of opportunities and difficulties in our healthcare system, by examining **infectious** and **chronic diseases**, availability of treatments and doctors, and the infrastructure to bring about universal health care by 2020. Health programs perhaps need to be modified to focus on pregnant mothers and children younger than 2 years, as that initial period is critical to preventing health complications.

Other major issues confronting the state are **student dropout rate** which continues to be higher than the national average; large number of children being engaged in paid labour (particularly in the cotton

industry); and thousands of girls getting married before the legal age of 18 years, **resulting in early pregnancies (Census 2011).**

It is a known fact that poor people are the most vulnerable to diseases and are further burdened by having to pay for healthcare in a state where health indicators lag behind its impressive economic growth figures. It is important that Rajasthan, with its fast-growing population soon exceeding 69 million, takes steps to prevent illnesses such as heart or respiratory diseases, cancer and diabetes with special focus on non-communicable diseases.

Along with all other efforts, there needs to be strengthening of basic infrastructure of the state in terms of the Health care delivery points, this is important for every government. The current status of health centers is given below:

S. No	Name of Health Care Centres	Total Number
1	Sub Centres	14405
2	PHCs	2092
3	Urban PHC	36
4	CHCs	565
5	District Hospitals (SDH, Satellite and DH)	56
6	City Dispensary	194
7	Medical College	7
8	MCWC	118
9	Total Beds	46483

Total sanctioned posts for Medical Officers is 10974, from which 7821 are working and 3153 positions are vacant. (source: DMHS, Dec. 2013)

Since these facilities are being maintained and taken care of with an increased patient load, it becomes all the more important to ensure delivery of quality services in these facilities.

The priorities and focus for coming year should be:

1. Specialized health service to people not only in urban areas but also in rural areas.
2. Awareness on nutrition to masses as per locally available food groups.
3. Environment risk factors such as pollution and work related health hazards should be minimized and quick emergency care.
4. Enhanced quality services by trainings, research and development in public health sector of the state.
5. Early registrations of all pregnancies and tracking of all ANCs for ensuring safe deliveries and identifying risk pregnancies.
6. Ensuring full immunization to develop citizens with strong immune systems and un-hampered education.
7. Quality care and services with environment to disables and challenged.
8. Health system improvement with increased participation from public-,private together working on PPP model for better value, efficiency and quality of service.

At SIHFW

Trainings/workshops organized:

Professional Development Course: Valedictory

Valedictory of PDC VIII batch was held on November, 12 at SIHFW. The participants were given certificates for completion of course. There were open sessions on exchange of views and experiences participants had during the course and stay at SIHFW as a trainee. There was a session on how the learning of PDC will be implemented at their respective place of posting.

Also, there were informal sessions on experience sharing and team experiences. Participants sang songs for each other, based on their individual qualities and habits.

This made the valedictory session a memorable experience for the participants.

Three best performing participants were recognized and awarded by Director, SIHFW. Dr Bharati received the First prize for best performer as a participant; Dr. Jaiprakash stood second as a best performer and Dr Gorelal Meena was on the third position of award.

Session on RCH

Training of BPMs and BCMOs was organised during 12-14 November at SIHFW. Dr. M.L Jain, Director SIHFW made a presentation on RCH under NRHM. The title of presentation was “Meeting People’s Health Needs in Rural Areas”.

He discussed about origin of RCH, shifts towards autonomy under NRHM. He briefed on major components of NRHM-RCH-II, additionalities under NRHM, RI, National Disease Control programme and Urban RCH.
Dr Jain emphasized on major interventions such as MCHN days, NBCC. His sessions also included a brief on RMNCH+A concept and Dash board indicators of GOI.

NIHFW Contact program

The first Contact Program **o**n Hospital Management (distance course of NIHFW) was organised at SIHFW during 16 to 20 December, 2013 under chairmanship of Dr M.L Jain, Director SIHFW. Eminent Resource Persons took sessions in the classroom with interactive teaching methods for 23 enrolled students who were from various states.

Monitoring/ Visits

Monitoring of SBA Training

Integrated SBA training was monitored during November 28-30, 2013 at Sikar by Dr Richa Chaturvedy and Mr. Aseem Malawat of SIHFW.

Monitoring of ASHA training

ASHA ToT was monitored by Dr Mamta Chauhan and Ms Richa Chabra at Rajasamand during November 12 to 14, 2013. This was a need based ToT for ASHA training on Module 6 &7.

A Rapid Assessment Study

SIHFW is implementing a rapid assessment study titled as “Role of Private Sector in Family Planning Programme in Rajasthan.” The study is being conducted in selected districts –Ajmer, Bikaner, Jaipur, Kota and Udaipur, to identify the involvement/ contribution of private sector in provision of the family planning services.

Semi structured questionnaires have been used in the study for collection of primary data and secondary data is being collected from previous studies and records available with the funding partners-UNFPA. Source of information are Hospitals, NGOs, Social Marketing agencies and Outlet centres. Data collection has been done and findings are at process of compilation at SIHFW.

Training Feedbacks

1. Trainers and sessions are very well organised.
2. Specially session for vaccination was liked the most.
3. Visit planned for session site of immunization was very well planned.
4. Overall environment is very healthy and productive.
5. Communication, one by one by each participant and feedbacks by all is the best part of training at SIHFW.

Source: Participants

Celebration

Birthday of Dr M.L Jain, Director SIHFW, Mr Ravi Garg and Ms Poonam Yadav was celebrated together at SIHFW on November 23, 2013. Continuing with the SIHFW celebration culture, every member of SIHFW family was involved in the party, which was a very informal event and ended with lots of fun and singing by SIHFW staff.

Health News

Global

Don't ignore persistent coughs, they can be 'lung cancer warning'

An expert has claimed that unexplained coughs and chest infections should be taken seriously as they could be a sign of lung cancer.

According to Australia CEO Professor Helen Zorbas, anyone with a cough that has lasted for three weeks or more should see a doctor.

Other signs include a changed cough, coughing up blood or a chest infection that won't go away.
Source: ANI, Melbourne, November 29, 2013.

2oo Million People globally at risk of exposure to toxic waste: Study

Nearly 200 million people globally are at risk of exposure to toxic waste, a report has revealed.

According to the BBC, the study from the Blacksmith Institute and Green Cross calls for greater efforts to be made to control the problem. The study was carried out in more than 3,000 sites in over 49 countries.

Director of research at the Blacksmith Institute and professor of public health at the City University of New York said that the revelation was a serious public health issue that has not really been quantified.

The study identified Agbobloshie dumping yard in Ghana's capital Accra as the place that posed the highest toxic threat to human life.
The researchers said that the report has not been hidden from governments, and they are all aware of the issue.

A list of world's worst polluted places are: Agbogbloshie, Ghana; Chernobyl, Ukraine; Citarum River, Indonesia; Dzershinsk, Russia; Hazaribagh, Bangladesh; Kabwe, Zambia; Kalimantan, Indonesia; Matanza Riachuelo, Argentina; Niger River Delta, Nigeria; Norilsk, Russia; Array

The study warned that that Ghana's e-waste imports will double by 2020. The study said that tens of thousands of women and children are at risk due to toxic dumping and environmental pollution, the report added.
Source: ANI, London, November 20, 2013

Too much exposure to TV can stall preschoolers' cognitive development

A new study has suggested that preschoolers who have a TV in their bedroom and are exposed to more background TV have a weaker understanding of other people's beliefs and desires.
Amy Nathanson, Molly Sharp, Fashina Alade, Eric Rasmussen, and Katheryn Christy, all of The Ohio State University, interviewed and tested 107 children and their parents to determine the relationship between preschoolers' television exposure and their understanding of mental states, such as beliefs, intentions, and feelings, known as theory of mind.
Parents were asked to report how many hours of TV their children were exposed to, including background TV. The children were then given tasks based on theory of mind. These tasks assessed whether the children could acknowledge that others can have different beliefs and desires, that beliefs can be wrong, and that behaviours stem from beliefs.
The researchers found that having a bedroom TV and being exposed to more background TV was related to a weaker understanding of mental states, even after accounting for differences in performance based on age and the socioeconomic status of the parent.

However, preschoolers whose parents talked with them about TV performed better on theory of mind assessments.

"When children achieve a theory of mind, they have reached a very important milestone in their social and cognitive development. Children with more developed theories of mind are better able to participate in social relationships. These children can engage in more sensitive, cooperative interactions with other

children and are less likely to resort to aggression as a means of achieving goals," lead researcher Nathanson said. The study is published in the Journal of Communication.
Source: ANI, Washington, November 25, 2013

India

Rules for Selling of Drugs Under Schedule H1

Under the Drugs & Cosmetics Rules, drugs specified under Schedule H and Schedule X are required to be sold by retail on the prescription of a Registered Medical Practitioner only. At present Schedule H & Schedule X contains 510 & 15 drugs, respectively. Recently, a new Schedule H1 has been introduced through Gazette notification GSR 588 (E) dated 30-08-2013, which contain certain 3rd and 4th generation antibiotics, certain habit forming drugs and anti-TB drugs. These drugs are required to be sold in the country with the following conditions:

(1) The supply of a drug specified in Schedule H1 shall be recorded in a separate register at the time of the supply giving the name and address of the prescriber, the name of the patient, the name of the drug and the quantity supplied and such records shall be maintained for three years and be open for inspection.

(2) The drug specified in Schedule H1 shall be labelled with the symbol Rx which shall be in red and conspicuously displayed on the left top corner of the label, and shall also be labelled with the following words in a box with a red border:

"Schedule H1 Drug-Warning:
-It is dangerous to take this preparation except in accordance with the medical advice.
-Not to be sold by retail without the prescription of a Registered Medical Practitioner."

This was stated by Sh. Ghulam Nabi Azad, Union Minister for Health and Family Welfare in a written reply to the Lok Sabha.

Source: PIB, GoI, December 9, 2013

Measures to Strengthen Human Resource in Health Sector

The Central Government has taken various measures to strengthen the human resource in the health sector which inter alia include the following:

(i) Land requirement for setting up of medical colleges has been relaxed from 25 acres to 20 acres throughout the country.

(ii) Land requirement relaxed from 20 acres to 10 acres based on permissible FAR/FSI inthe Metropolitan and "A" Grade cities viz. Delhi, Kolkata, Chennai, Greater Mumbai,Ahmedabad, Hyderabad, Jaipur, Lucknow, Surat, Pune, Bangalore and Kanpur.

(iii) Permission given to set up medical colleges in two pieces of land in the states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh andWest Bengal for a period of 5 years with certain provisions. Further, this has been extended to other States for utilisation of District hospitals by the respective State Governments.

(iv) In hilly areas, notified tribal areas, North Eastern States, Union Territories of Andaman & Nicobar Islands, Daman & Diu, Dadra & Nagra Haveli and Lakshadweep, the land can be in two pieces at a distance of not more than 10 km.

(v) Bed occupancy has been relaxed in North Eastern States & Hill States.

(vi) Requirement of infrastructure like institution block, library, auditorium, examination hall, lecture theatres, etc. has been rationalized for optimal use.

(vii) Companies registered under the Companies Act have also been allowed to establish medical colleges.

(viii) The ratio of teachers to students has been revised depending on disciplines and availability of faculty to increase the number of specialists in the country.

(ix) In order to meet the shortage of ANM and GNM, the Government is establishing 132 ANM and 137 GNM schools in the country.

This was stated by Sh. Ghulam Nabi Azad, Union Minister for Health and Family Welfare in a written reply to the Lok Sabha

Source: PIB, GoI, December 9, 2013

Rajasthan

Rajasthan to have free sugar tests at medicos

Rajasthan to become the second state after Maharashtra which provide a boost in the pharmaceutical industry. A robust retail plan having a unique model of advance pharma has been accepted by All India Organization of Chemists and Druggists (AIOCD). Now local chemist will offer free blood pressure and sugar tests. Chemist shop will also call the customers to remind their prescription refill or doctor's appointment.

According to AIOCD president JS Shinde, the Centre has already opened gates for foreign direct investment (FDI) and therefore many big houses have already entered into retail pharma trade in Metro cities. International players are also looking to target the pharma trade in India which is estimated over Rs 50,000 crore.

"This will affect the current trade and is a threat to the existing retailers and wholesalers in India. Considering this danger, AIOCD decided to launch the project of its own members by converting traditional pharmacy store into organized retail chain. It is important for the smaller domestic players to improve their standards so that they can compete with them," he said.

About the project implementation in Rajasthan, R B Puri, president RCA said, "In the first phase, we estimate to set up seven to eight model shops at each divisional headquarters by April next year. Later on, new franchisees will be added. We will provide technical and training assistance on nominal charges initially but the volunteers need to manage their outlets later on. Patients, especially uneducated and rural ones, are likely to benefit since they will get proper advice on medication, importance of timely health check-ups at these model outlets."

Source: November 3, 2013, Rajasthan Featured News, http://news.rajasthandirect.com

We solicit your feedback:

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