SIHFW Rajasthan

Electronic Newsletter

Vol. 3/Issue 2/February 2014

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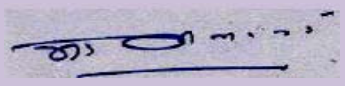
From the Director's Desk

Dear Readers,

Greetings from SIHFW!

Birth of a child has always been a moment of celebration in every culture. A Blessing come true! With advancement of science and technology, humans have invented medical methods to determine wellbeing of the fetus. But, this has been wrongly utilized for sex-determination and abortion if, the sex is female.
The results are devastating, as foreseen in future. Nature has a balance, which we are disturbing for our 'likes' and 'dislikes'.
Our state has been no exception to this scenario. A lead article on same follows.
You can also share your opinions and views, which we propose to include in our upcoming issues

We would solicit your feedback and suggestions.



Director

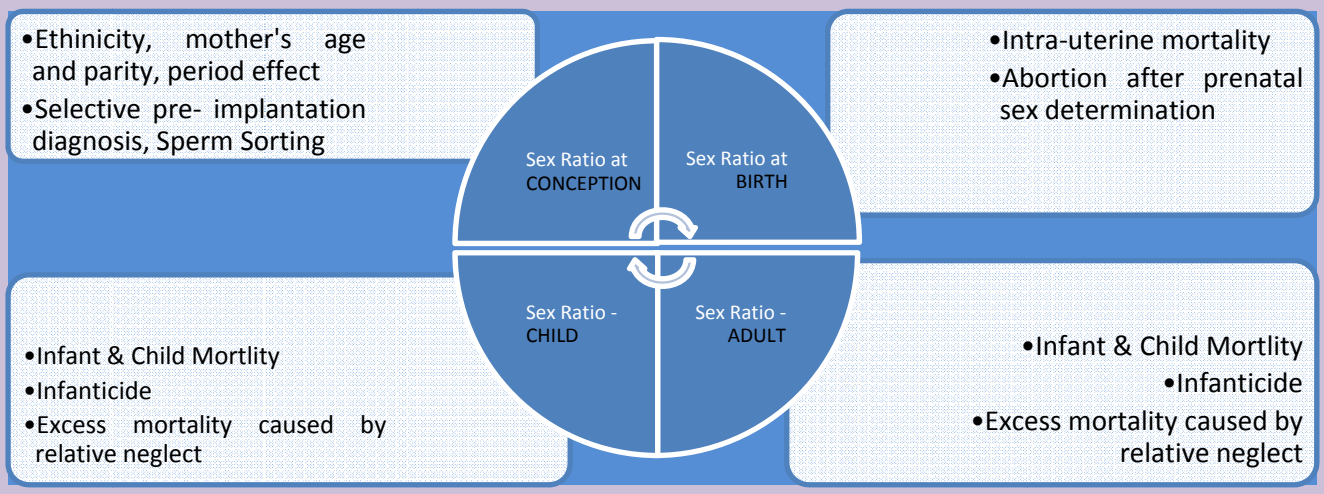
Inside:

Health and Social Days in February '14

World Cancer Day Feb 2
International Development Week Feb 5
World Day of the Sick Feb 11
World Rotaract Day Feb 23
National Science Day Feb 28
World Sustainable Energy Day Feb 29

BALANCING SEX RATIO

In global context Sex ratio can be described as number of male per 100 female. Sex ratio can be calculated for various age groups, the most important being 0-6 years other than over all sex ratio. An adverse sex ratio shows imbalance between number of males and females in defined area. Sex ratio varies by age under the influence of various biological, environmental and social factors. Diagrammatical presentation of influencing factors:-



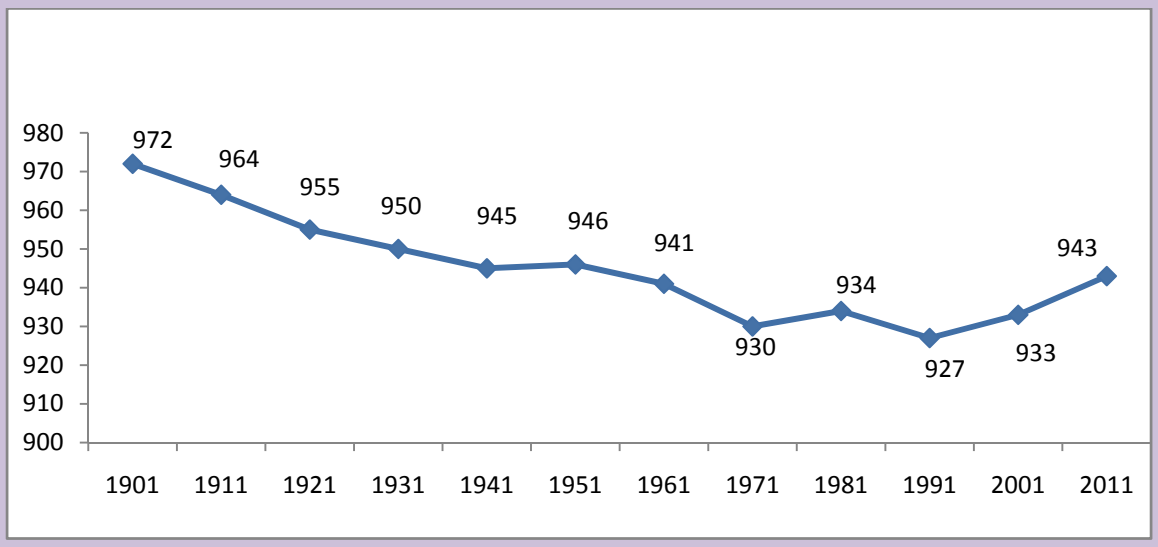
Following is the graphical presentation of sex ratio of 44 Asian countries*:-

* Source – world fact book by CIA

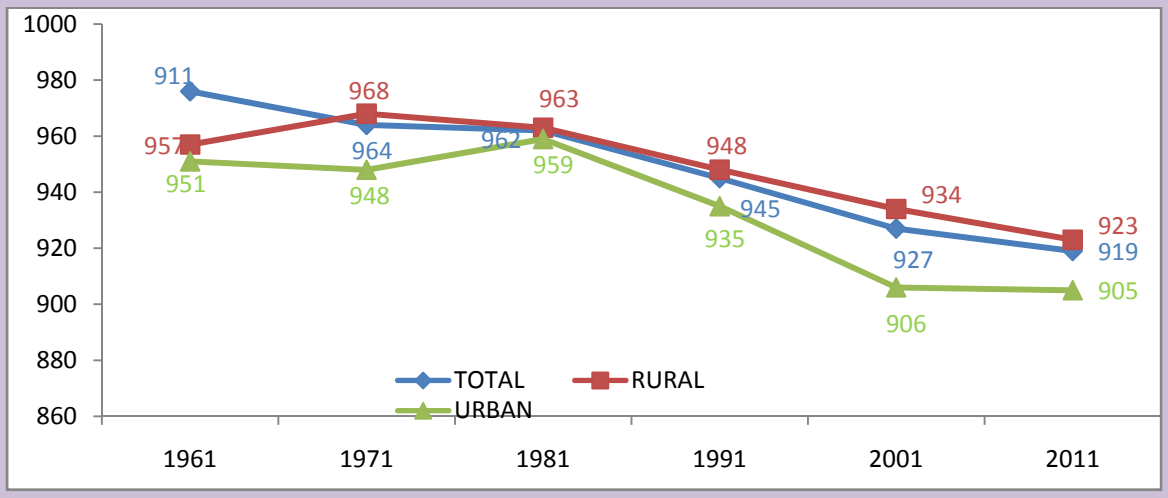
Available literature* shows the imbalance in sex ratio of many Asian countries. In most of the countries number of males exceeds than number of females **in total population sex ratio** and situation is quite critical specifically in **Bahrain (1.54), China (1.12), India (1.08), Kuwait (1.43), Maldives (1.03), Oman (1.22), Qatar (3.29), Saudi Arabia (1.21) and United Arab Emirates (2.19).** But amongst these countries **Bahrain (1.03), Kuwait (1.05), Maldives (1.05), Oman (1.05), Qatar (1.02), Saudi Arabia (1.05) and United Arab Emirates (1.05)** have shown drastic improvement in present by bringing down the excess of males over females **in birth sex ratio** which seem to have positive impact in balancing sex ratio in future. Whereas, **in China (1.12) and India (1.12)** situation got more worsened as the birth sex ratio has increased than the total population sex ratio.

Sex Ratio in India: an Addressed Issue or an Emerging Issue?

In India sex ratio is defined as number of females per thousand males. Sex ratio in India has been into in an alarming state over period of more than 100 years. Below given decadal trend line on total population sex ratio shows that there has been a steep decline from **1901 (972)** to **1991 (927).** Currently, sex ratio has shown a little improvement for **two consecutive censuses from 927 to 933 & 943 respectively for the year 1991 to 2001 &2011**.



Whereas on the other hand child sex ratio portray totally opposite picture of government efforts to combat difference in the sex ratio.



Key Facts

1. India ranks 129 of 146 countries in the UNDP gender inequality index.
2. As per census 2011 total population sex ratio in Rural Area is 949 which is 20 points higher than that of urban area.
3. The overall sex ratio of the Country is showing a trend of improvement, whereas the child sex ratio is showing a declining trend. During the period 1991 -2011, Child sex ratio declined from 945 to 914, whereas the overall sex ratio showed an Improvement from 927 to 943.
4. As per Census 2011, the State/ UTs with alarmingly low (<900) child sex ratio are, Haryana (830), Punjab (846), Jammu & Kashmir (859), Delhi (866), Chandigarh (867), Rajasthan (883), Maharashtra (883), Uttrakhand (886), Gujarat (886), Uttar Pradesh (899). The State/ UTs which are having better (> =950) child sex ratio are Mizoram, (971), Meghalaya (970), A &N Islands (966), Puducherry (965), Chattisgarh (964), Arunachal Pradesh (960), Kerala (959), Assam (957), Tripura (953), West Bengal (950).
5. Though, the child sex ratio in rural India is 919 which is 17 points higher than that of urban India, the decline in Child Sex Ratio (0-6 years) during 2001-2011 in rural areas is more than three times as compared to the drop in urban India.
6. Compared to 2001, the number of districts in the lowest category of child sex ratio (<= 850) has increased in rural areas whereas the number of districts in this category has declined in urban areas in 2011.
7. Compared to 2000-2005 period, where sex ratio dipped continuously (from 892 to 880), the period 2005-10, has showed slight improvement (from 892 to 905).
8. Among the major States, as per SRS 2008-10, Sex Ratio at Birth is lowest in Punjab (832) followed by Haryana (848) and highest in Chattisgarh (985), followed by Kerala (966).
9. Comparing the results of 2002-04 and 2008-10, Sex ratio at birth declined in Tamil Nadu (decline of 19 points) and Orissa (decline of 6 points) whereas all the other bigger States showed improvement during this period.

Possible Causes of Low Sex Ratio and declining Child Sex Ratio in India

The available literature in this context suggests that a combination of factors are responsible for declining Sex ratio:

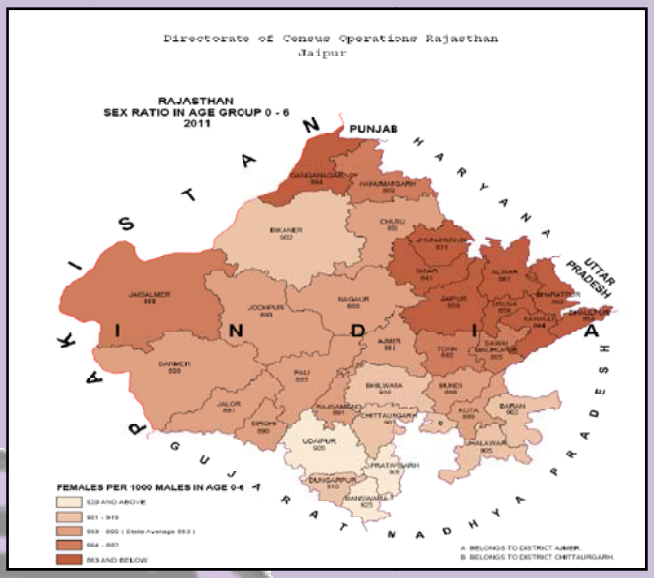
1. Preference for a son in society
2. Economic consideration associated with girls
3. Acceptance of the small family norm as a result of the fertility transition,
4. Access to pre-natal sex determination tests and abortion has worsened the situation relating for the girl child.
5. Though Maternal Mortality Rate has been decreased to 178 per 100000 live births as per AHS 2012 but still its relatively high.

Possible Consequences of Low Sex Ratio and declining Child Sex Ratio

1. Increase in competition amongst unmarried Men– May lead to Delayed marriage among man, prostitution, trafficking, sexual crimes against women, involuntary non marriage, out migration of unmarried grooms
2. In migration of brides
3. Potential increase in anti social behavior, social unrest, crimes, AIDS prevalence, violence etc.

Sex Aberration in Rajasthan

The sex ratio in Rajasthan also leaves a lot to be desired as it lags behind the national average by 10 points. The statistics in the Rajasthan Census 2011 reveal facts that can be taken into consideration by the government in a bid to further its development.

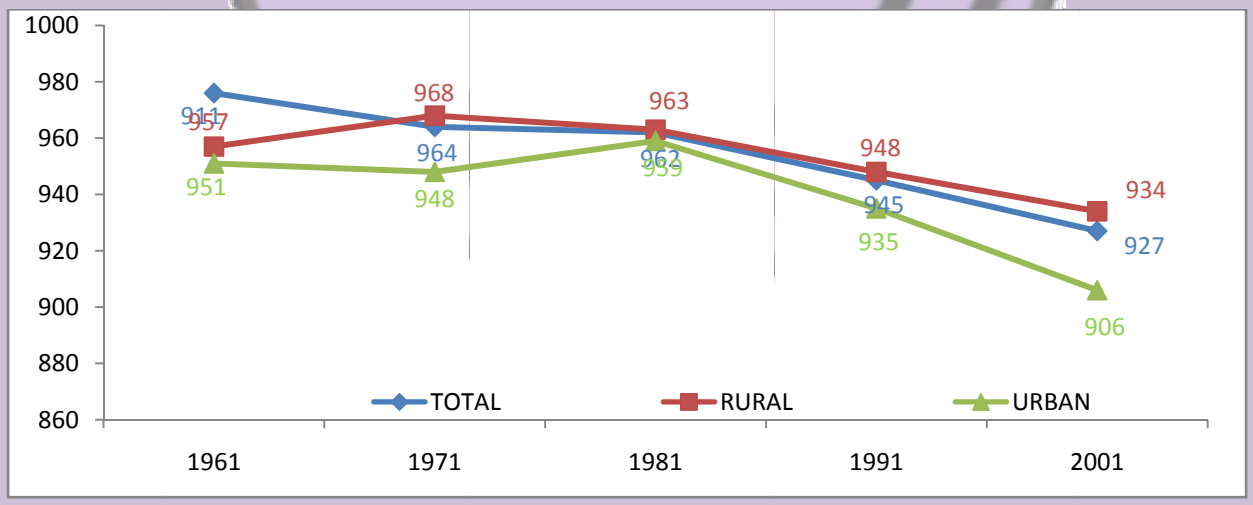


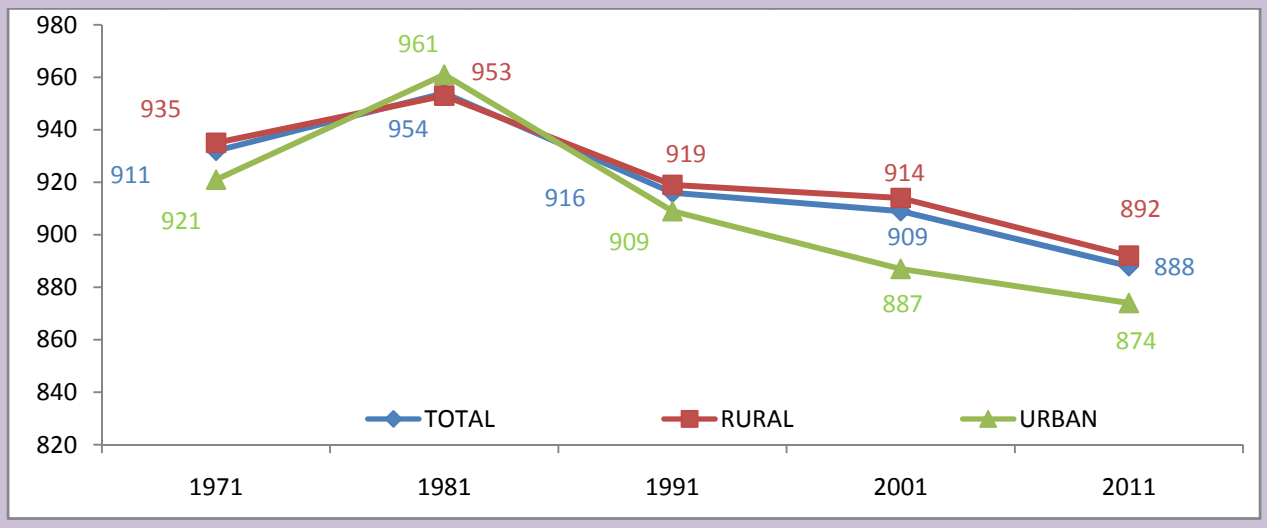
Key facts

1. Total Population sex ratio of Rajasthan is 15 points less than that of India.
2. Child sex ratio of Rajasthan is 31 points less than that of India.
3. Sex ratio in total population has shown improvement by 7 points whereas in child sex ratio it has fallen by 21 points
4. Sex ratio in both child population and total population is respectively 19 points & 18 points higher in rural area than that of urban.
5. There is massive improvement by 24 points in total population sex ratio in urban area whereas downfall by 13 points is observed in child sex ratio of urban area.

Total Population Sex Ratio of Rajasthan by residence Source - Census India

Child Sex Ratio of Rajasthan by residence Source - Census India





Government (Center/State) Initiative for Improving Sex Ratio

LEGAL ACTION

1. Medical termination of Pregnancy Act,1971 (amended in 2001) – The act makes abortion legal under certain circumstances defined by the MTP Act. These reasons are, for example Danger to the mother's life, foetal abnormality, rape or contraceptive failure. The objective is to provide women rightful access to safe & legal services, to reduce deaths or to danger to a woman's life during unsafe methods of abortion. However, the law does not permit abortion for the reason of sex selection.

2. **The Pre-conception and Prenatal Diagnostic techniques (prohibition of sex selection) Act, 1994, amended 2003** –
   - The act regulates sex selection, before or after conception.
   - The objective is to prevent misuse of technologies such as ultrasound that enable testing the sex of the foetus and eliminating girls.
   - It is illegal to test the sex of the foetus for non medical reasons.
   - The law provides for imprisonment which may extend to 3 years and fine up to Rs. 10,000 for the first conviction.
   - **Mukhbir Yojna under PCPNDT Act - Information regarding sex selection Information regarding sex selection, provision of reward of Rs. 50,000/- and information about unregistered Sonography machine reward of Rs 25 000/ Reward of Rs 25,000/- to the informer. Identity can be kept anonymous.**
   - **Hamari Beti Express is an effort of PCPNDT Cell to implement Effort PCPNDT Act in the state. In assistance from UNFPA. It focuses upon healthcare facilities and health care providers. For Online complaint registration www.hamaribeti.nic.infrom 17.07.2010 Ease the procedure of registering a complaint facility of keeping anonymity. Information about the complaint reach related districts and in turn facilitate quick action**

PROGRAMS & SCHEMES TO REDUCE MMR and PROMOTE GIRL CHILD

1. Janani Shishu Suraksha Yojna – Free Medicines, Free Investigation, Free delivery (both normal & caesarian) , No user charges , Free food after delivery, Free referral to all pregnant women & Infants. Objective to reduce MMR & IMR.
2. Mukhyamantri Shubhlaxmi Yojna – Rs. 2100/- on birth of every girl child, Rs. 2100/- on completion of 1 year of the girl child with full immunization, and Rs. 3100/- on completion of 5 years and enrollment
3. Desi Ghee yojna – 5 liter Desi ghee to BPL woman on first delivery
4. Weekly Iron Folic Supplement- Weekly Iron folic supplementation to all school going boys and girls at school and to all non school going adolescent girls at nearby Anganwadis.
5. Mukhyamantri Balika Sambal Yojna – Any couple undergoing sterilization operation after one or two female child (no male child) gets Rs.10,000 /-bonds under CCP scheme of UTI Mutual Fund for each girl child as an objective to promote girl child.

6. Dati Sumangla Sceme - First child after two yrs of marriage -Kisan Vikas Patra of Rs. 2100/- for girl child Rs 1000/- cash to Mother. After 3 yrs second girl child Kisan Vikas Patra of Rs 5100/ of Rs for girl child and Rs. 1000/- cash to Mother.
7. Janani Express – The Janani Express Yojana aims at providing benefit of transportation to all of the expectant mothers for their institutional deliveries. It would benefit them also in emergency circumstances during pre and post-delivery periods. Besides, eligible beneficiaries of Deendayal Antyodaya Upchar Yojana and sick infants would also be benefited by the transportation facility for their casual medical treatment under the scheme. The vehicles to be used for transportation of these people would be available at the government hospitals, community health centres, primary health centres or any other suitable places in the respective areas
8. Jyoti Scheme – Applicable for females with no male child & 1-2 female child & have undergone sterilization are given preference in health services, education and employment. Objective is **to promote females as role model for small families & Girl child.** Benefits are; Felicitation At national and local functions help in education, Free Healthcare facilities in govt. hospitals, participation in activities related to development in social sector learning visits in different state Preference in selection as ASHA/ANM.

Trainings, Workshops and Meetings at SIHFW

Review Meeting Workshop on Family Welfare Programme

A one day review meeting workshop on family welfare programme was organised at SIHFW on February 14, 2014. The meeting workshop was chaired by Shri Neeraj K. Pawan, AMD, NRHM, Rajasthan.

Dr. M. L. Jain, Director-SIHFW and Dr. J.P. Singhal, Director-RCH were also present at the workshop. Dr. M.L Jain welcomed the participants with a short note.

CMHOs, Additional CMHOs, Deputy CMHOs and BCMOs were also present at the meeting.

Orientation cum Review of District ASHA Coordinators

A three day review cum orientation of district ASHA coordinators was organised by NRHM during February 5-7, 2014 at SIHFW. The orientation was chaired by Shri Neeraj K. Pawan, Additional Mission Director, NRHM.

A presentation on ASHA Training Status was made by Dr. M.L. Jain, Director-SIHFW followed by a brief discussion facilitated by Dr. Mamta Chauhan, Faculty and ASHA Training Mentor at SIHFW, on training related issues of districts. The districts also shared their training calendar and progress updates for ASHA training.

National Resource Persons from NHSRC including Dr Rajni Baid (Advisor) Ms Garima and Dr Shalini of NHSRC orientated district coordinators about the latest Guidelines of Community processes.

Training of Accounts Personnel

State level training of district accounts managers was organised by DMHS during February 13-14, 2014. District Account Managers (DAMs) and other finance personnel under NRHM participated in the training and were trained in accounts procedures and financial guidelines. There were 50 participants.

Training of Trainers-SBA

A ToT on SBA was held during February 17-19, 2014 at SIHFW.

Dr. M.L. Jain, Director-SIHFW during keynote and welcome address highlighted trends of MMR, Infant and Neonatal Mortality during past decades.

In his presentation, titled –Health indicators an overview, he shared key points on pregnancy and child birth, basic things which if an ANM does'nt keep in mind, it can be dangerous to the life of mother and newborn. Nineteen participants are getting trained in this ToT and after the training, participants will be entitled as master trainers for SBA training of health workers. The participants visited Mahilla Chikitsalaya, Jaipur for discussion on Partograph, important drugs and equipment, newborn care, infection prevention followed by a visit to the ANC Clinic, Labour Room and Post Natal Ward.

PDC Valedictory Session

Valedictory session of PDC XI batch was held on February 25, 2014. All the participants were awarded certificates for completion of the course. Dr. M.L. Jain, Director-SIHFW in his valedictory note appreciated efforts in performance of participants and noted that there was a considerable improvement in managerial, planning and presentation skills of the participants, which is the ultimate objective of the course.

The participants made presentations on individual Problem Solving Action Plans followed by open discussion on improvements of the same. Participants also shared their portfolio based on individual experiences and learning from PDC sessions.

Monitoring/ Visits done by SIHFW personnel

Sno	Name	Place/District	Activity/Training
1	Dr M.L Jain, Director-SIHFW	Chittorgarh and Bhilwara	Overall training implementation progress and hand holding
2	Dr. Richa Chaturvedy	RDBP Jaipuria Hospital, Jaipur	CAC training
		HFWTC Jaipur (Dausa, batch I and batch II)	SBA Plan IV
3	Mr. Aseem Malawat	RDBP Jaipuria Hospital, Jaipur	CAC training at RDBP Jaipuria
		Santokba Durlabhji Medical Hospital, Jaipur	Training for staff of Blood Storage Unit
4	Ms Lovely Acharya	Jodhpur	PPIUCD and BEmOC hands-on sessions under Foundation training

PDC visit to Panchkula

Participants of the Professional Development Course (XI batch) visited Panchkula during February 10 to 15, 2014. This was an Inter-State Exposure visit envisaged under the PDC course curriculum. The tour was made under guidance of SIHFW coordinators Mr Ravi Garg and Mr Suneel Kumar Patel.

The team visited General Hospital of Panchkula. Participants met the Nodal Officer of DEIS (District Early Intervention System) and collected information of the same.

राजस्थान के 14 डॉक्टर्स ने अस्पताल का दौरा किया

डीईआईसी और निकू वार्ड से हुए प्रभावित, कहा-राजस्थान में लागू करना चाहेंगे

टेक्नो सिस्टम का आइडिया अच्छा है

Training on Comprehensive Abortion Care

Trainings on Comprehensive Abortion Care (CAC) are under progress in State of Rajasthan under supervision and coordination of SIHFW-RCH team, under directions of Dr. M.L Jain, Director-SIHFW. The training will be in process at Udaipur, Bharatpur, Kota and Jaipur (Gangori and Zenana hospitals) during March 3 to 14, 2014. The training imparts knowledge of the MTP act and is based on skill development of methods of abortion using MVA technique.

Celebrations!

Birthday of Dr. Ajapa Abhishek Chomal was celebrated on February 5, 2014 at SIHFW.

Training Feedbacks

- Training faculty is expert and co-operative
- Sessions start on right time and good facilities for teaching and sitting
- Teacher's explanations are excellent
- Field visit included in the trainings
- Excellent environment during training with friendly and supportive tutors with problem solving approach
- In various batches, more than 70 percent participants considered the training excellent

Source: Participants of trainings held at SIHFW

Health News

Global

Measles deaths reach record lows with fragile gains toward global elimination

New mortality estimates from WHO show that annual measles deaths have reached historic lows, dropping 78% from more than 562 000 in 2000 to 122 000 in 2012. During this time period, an estimated 13.8 million deaths have been prevented by measles vaccination and surveillance data showed that reported cases declined 77% from 853 480 to 226 722.

These gains are a result of global routine measles immunization coverage holding steady at 84% and 145 countries having introduced a routine second dose of measles vaccine to ensure immunity and prevent outbreaks. In addition to routine immunization, countries vaccinated 145 million children during mass campaigns against measles in 2012 and reached more than 1 billion since 2000, with the support of the Measles & Rubella Initiative.

Fragile gains

Despite the impressive gains made, progress towards measles elimination remains uneven with some populations still unprotected. Measles continues to be a global threat, with five of six WHO regions still experiencing large outbreaks and with the Region of the Americas responding to many importations of measles cases. The African, Eastern Mediterranean and European regions are not likely to meet their measles elimination targets on time. The Region of the Americas has achieved measles elimination and continues to maintain this status while the Western Pacific Region is approaching its target.

Routine measles vaccination coverage is an important progress indicator towards meeting Millennium Development Goal Four because of its potential to reduce child mortality and widely recognized as a marker of access to children's health services.

Without improved immunization coverage both through routine services and mass campaigns, outbreaks will continue to occur, hampering efforts to meet global elimination targets and prevent additional deaths. The ability to contain outbreaks by improving routine coverage and, when necessary, implementing high quality vaccination campaigns requires countries to place a high priority on elimination goals and to invest heavily in health systems improvements.

Source: www.who.int/mediacentre/news/February11, 2014

Childhood obesity could lead to type II diabetes, cardiovascular disease later in life

A new study has found that childhood obesity has long lasting consequences, even when kids lose weight.

A University of Colorado Cancer Center article shows that even in cases in which obese children later lose weight, the health effects of childhood obesity may be long-lasting and profound.

"There were two things going on here. First, the earlier you are exposed to obesity, the earlier we may see the onset of complications including type II diabetes, cardiovascular disease, metabolic syndrome and cancer," Kristen Nadeau, MD, investigator at the CU Cancer Center, associate professor of Pediatric Endocrinology at the CU School of Medicine, and the paper's senior author, said.

"That makes sense: these complications don't happen overnight, and the earlier you start the ball rolling, the earlier and more likely you are to see early morbidity and mortality from them. But then it looks like independent of this increased-exposure effect, kids' maturing bodies may be especially vulnerable to the detrimental health effects of obesity.

"Early exposure can make you much more predisposed to complications than might exposure once the body is done maturing. It may be that childhood obesity changes the way the whole metabolism is working - and changes it during a critical developmental time frame," she said.

Previous studies have shown the intuitive causal chain of childhood obesity leading to adult obesity, which in turn leads to complications, but recent evidence shows that childhood obesity may also create these effects independent of adult obesity.

Childhood obesity may itself be enough to cause outcomes including metabolic syndrome, cardiovascular disease, type 2 diabetes and its associated cardiovascular, retinal and renal complications, nonalcoholic fatty liver disease, obstructive sleep apnea, polycystic ovarian syndrome, infertility, asthma, orthopedic complications, psychiatric disease, and increased rates of cancer, among others. The study is recently published in the journal Gerontology. Source: Business Standard, February 13, 2014

India

Polio-free India to get WHO certification

As India celebrates its victory over polio — completing three years without any case of the debilitating infection — the nation becomes entitled to polio-free certification by the World Health Organisation in March. President Pranab Mukherjee received Rotary International's highest award — Award of Honour — a recognition for heads of nations or governments who have rendered unique service to humanity and served their countries and people.

"After this historic victory of humankind where millions of lives have been saved through tireless efforts of many, we have to take care of neighbours also. We should commit ourselves to creating a polio-free world," Mr Mukherjee said at a function marked to celebrate the day.

Describing eradication of polio as an impressive achievement, Prime Minister Manmohan Singh attributed it to strong political will, assured financial commitment and a robust oversight of the strategy adopted by the government.

"Our success in eradicating polio has made us more confident of achieving our objectives of full immunisation against preventable diseases, universal healthcare and strengthening of primary healthcare infrastructure to address the needs of the most under-developed societies," he said.

Union Health and Family Welfare Minister Ghulam Nabi Azad said this landmark achievement rode on the confidence generated by the strategic investments made under the National Rural Health Mission. Virtually every child in the country was reached with the new indigenously developed bivalent polio vaccine, he noted.

In 1995, the disease affected more than 50,000 children in the country every year. Soon the number of polio infections reduced but eradicating polio remained a distant dream.

In 2009, India had half the number of polio cases in the world. By 2011, in less than two years' time, India brought polio infections to the zero level.

This was achieved by involving over a million Accredited Social Health Activists (ASHAs) and auxiliary nurse midwives and a 2.3-million-strong team of polio volunteers and 1.5-lakh supervisors in vaccination.

Sonia Gandhi, Chairperson, National Advisory Council, said the success was unmatched in scope and extent anywhere in the world. This had been made possible through teamwork and a highly creative communication strategy, which worked to dispel myths and fears and stimulated communities.

Margaret Chan, Director-General, World Health Organisation, said, "India has shown the world that there is no such thing as impossible. This is likely the greatest lesson, and the greatest inspiration for the rest of the world." She attributed this to world-class health surveillance systems in India.

Source: The Hindu, February 12, 2014

Rajasthan

Retiring doctors to be asked to stay with pay and no pension

Concerned over doctors' posts lying vacant in government-run hospitals, the health department will offer a proposal to doctors retiring after 60 years of age, to continue working on 'pay minus pension' basis.

Pointing out on the shortage of doctors in government-run hospitals, the Times of India on February 14 had published 'Health department in the 'doc': 184 doctors to retire in 2014-15'.

Since, the health department is facing problems in finding new doctors for government-run hospitals, it has decided to at least retain the experienced doctors retiring soon, or those who have already retired. Even, the state cabinet has approved the proposal to recruit the retired doctors.

Dr Sunil Singh, joint director (gazetted), health department, said, "It will be done on pay minus pension basis. It means that a doctor retiring from government services will continue to get the same pay if the amount of pension is included in it."

After retirement, the doctor will have to show his interest in working with the health department. Then, the health department will offer him the job on 'pay minus pension' basis.

According to the health department officials, over 2,800 posts of doctors in the state are lying vacant. To add more worries for the health authorities, every year at an average more than 150 experienced doctors retire from their services. The shortage of doctors in the state also affects the health schemes including free medicine and free diagnostic test schemes as it is the doctors who play an important role in the successful implementation of these health schemes in the state.

The health department sources said there are over 10,700 posts of doctors in the state's medical and health services department. But, 25% of the posts are lying vacant.

The department is also taking measures on how to attract new doctors towards government jobs. Also, the department is struggling to find doctors for the rural areas. Moreover, posts of doctors are lying vacant in district hospitals too.
Source: TOI, February 20, 2014

Centre to fund five new medical colleges in Rajasthan

With an aim to give a fillip to medical education in Rajasthan, the Centre has decided to fund five new medical colleges in the state.
Four districts where the medical colleges would come up have been identified while one of the districts will be identified later. With the opening of the medical colleges, health facilities in Bharatpur, Alwar, Barmer and Dungarpur are likely to improve further. The fifth district would be selected on the basis of recommendation by the state government.

According to state government sources, the Centre would provide 75% of the funds required for the medical colleges. The rest will be the state government's share.
The sources a total of Rs189 crore would be spent to establish the colleges. The funds would be utilized in construction of the building of the medical colleges and development of other facilities required. The Centre would provide the fund under the 12th five year plan.
The state and the Centre would also sign a memorandum of understanding (MoU) for the medical colleges. Joint secretary of the Union ministry of health and family welfare Dr Vishwas Mehta wrote a letter about the medical colleges to state's principal secretary (medical education).

The medical colleges would be attached to government hospitals, which already have 200-bed facilities for the patients. These medical colleges would be opened within the 10 km radius of a district headquarters.

With the opening of the new medical colleges, more doctors passing out from the state would help the health department in dealing with the shortage of doctors. Moreover, the new medical colleges would be a boon for the patients. Since Dungarpur is a tribal district, it would benefit the area as far as healthcare facilities are concerned.

Source: TOI, February 21, 2014

State Government Focuses on Capacity Building

The State government emphasizes on capacity building of front line workers in the health sector including ANMs and Medical Officers in Rajasthan.

The functioning of front line workers was observed and monitored during a 'Field-Based Observations' of the State Government in Bharatpur zone.

This was the government's initiative to take the administration to people's doorstep in eastern Rajasthan for 11 days.

State Cabinet Members were camping in Bharatpur for touring remote villages in the village and holding public hearings. Feedback directly from the grassroot community and administration's response were obtained.

Rural schools, hospitals, Anganwadi centres and Bharat Nirman Seva Kendras and getting first-hand information about their performance and availability of resources and facilities.

We solicit your feedback:

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