

SIHFW Rajasthan

Electronic Newsletter

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From the Director's Desk

Dear Readers,

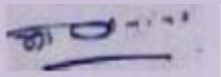
Greetings from SIHFW!

For the first time, SIHFW Rajasthan has successfully organized online Job entrance exam for various posts in the State, on request of NHM Rajasthan.

The exams were organized on Feb 27 and 28, 2016 at various places at the same time through Internet.

In November 2015, SIHFW also received blessings from Hon HM. Who laid the foundation stone of new Hostel wing construction in SIHFW campus. The additional rooms will help trainings by catering to the rising need of lodging arrangement for participants, making it possible to organize more training batches at the same time.

We would solicit your feedback and suggestions.



Director

Inside:

- Trainings, Workshops and Meetings
- Monitoring/ Visits
- Research work
- Health News

Health and Social Days

Jan to March 16

- World Braille Day Jan 4
- World Laughter Day Jan 10
- World Leprosy Day Jan 27
- World Cancer Day Feb 4
- International Development Week Feb 5
- International Day of Zero Tolerance to Female Genital Mutilation Feb 6
- World Day of the Sick Feb 11
- World Rotaract Day Feb 23
- National Science Day Feb 28
- World Sustainable Energy Day Feb 29
- International Day for Ear and Hearing March 3
- International Women's Day March 8
- World Kidney Day March 13
- World Consumer Day March 15
- National Vaccination Day March 16
- National Disabled Day March 19
- World Water Day March 22
- World Tuberculosis Day March 24

**Shri Rajendra Rathore, Hon Health Minister
and Dr M.L. Jain, Director SIHFW
performing the rituals of Bhoomi Pooja
...a new beginning!**



Construction of new wings (20 rooms for trainees and 6 suits) is in process at SIHFW campus.
Construction on full swing!

Guidance for Research work

Director SIHFW and Registrar SIHFW provided guidance for Research work- titled "Report on Nutrition Intake Status and Problems caused by Insufficient and Overmuch Intake".

Excerpts of the Acknowledgement:

"...We are grateful to Dr. M. L. Jain (Director, SIHFW- State Institute of Health and Family Welfare), Dr. Sanjaya Saxena, Registrar-SIHFW for their encouragement and guidance to start the project. "...

By Authors- *Siddhant Jhawar and Kovid Oli*

Trainings, Workshops and Meetings

Under various training programmes, SIHFW trained about 1320 trainees in three months (January to March 2016). There were various trainings and workshops, meetings such as Foundation trainings of newly recruited staff, training of trainers (ToTs) and other trainings such as SBCC, Dakshata, review meetings, etc. Following are the details:

Foundation Training Courses	
Newly Recruited Medical Officers	Newly Recruited PHC ASHA Supervisors
<p>During January to March, three batches of Foundation Course for newly recruited Medical Officers were organized at SIHFW. The aim of the course was to orient the newly recruited Medical Officers on Health System; National/State Health Programs & schemes; Management/ Administration aspects; Financial procedures, RSR, CCA rules, GF&AR, RTPP Act Utilization of NRHM funds (Untied funds, Annual Maintenance Grant, VHSC Funds), RTI, Consumer Protection Act, PC&PNDT Act ; Maternal & child health; Legislations and policies; Routine Immunization; NSSK; IYCF; RTI/STI; ARSH and hands on training on BEmOC and PPIUCD.</p> <p>This was done with the purpose of helping the MO get acquainted with system and help in running the health facility well.</p> <p>The training is conducted at SIHFW for 20 days and at the Medical Colleges for 10 days (for hands-on trainings). After completion of 20 days of training at SIHFW, participants are sent to various Medical Colleges associated hospitals for the hands-on training on BEmOC & PPIUCD.</p>	<p>Two days foundation course for the newly recruited PHC ASHA Supervisors was organized during Jan. 16-17, 2016. The purpose of the training was to orient the newly recruited staff on their roles and responsibilities and ASHA.</p> <p>The first day sessions included the concept of ASHA Sahyogini, selection and removal and various trainings for them; role of ASHA in ANC checkups, Institutional deliveries and women death reporting; Role of ASHA in HBNC and HBNC+, child death reporting, follow up of SAM child and SNCU discharged baby; guidelines issued by department for ASHA on child health; role of ASHA in national health programs as DOTS, Cataract, leprosy, malaria etc.</p> <p>Second day sessions were on the overview of family planning services and role of ASHA in sterilization and FP method use; role of ASHA in social mobilization for full immunization, complete immunization, role of ASHA in monthly meetings at sector level; reporting and data entry in ASHA-soft, analysis of ASHA-soft, role of PHS in ASHA-soft and roles and responsibilities of PHS.</p>

Training of Trainers (ToT)

1. Mahila Arogya Samiti and Urban ASHA of Public Health Managers under NUHM

Under the PIP 2015-16, two batches of four day ToT on MAS and Urban ASHA of Public health managers under NUHM were held. The sessions were both lecture based and practical. The participants were oriented on RMNCH+A; NUHM Framework and Focused area; Understanding of Urban public health challenges; Overview of NUHM Day to day Office Working; Financial Management; Community Mobilization; Mahila Arogya Samiti (MAS) on the first day.

The second day sessions focused on Planning outreach camps; Organizing Urban Health and Nutrition Day; Planning and Budgeting and preparation of PIP; Maternal Health interventions; Child Health interventions; immunization and Family Planning.

The third day participants were oriented on other national programs; Arogya Rajasthan Initiative; Bhamashah Swasthya Bima Yojna; 108 Emergency Services; MMU; MMV; Different E- Initiatives - ASHA Soft, OJAS; Quality Assurance Checklist; IEC, BCC and IPC.

The fourth day was more practical based and involved the participants on preparation of effective IEC Plan; Organizing special awareness campaign; Understanding of PCTS; HMIS Data Entry in Form No-6, 7, 8; Line listing Report generation and Data Analysis and Understanding of ASHA soft through practical sessions. Total 85 participants were trained in these two batches.

2. Skill Based Attendant (SBA)

ToT on SBA was organised for the Obs and Gynecologists, Pediatricians, ANMTC and GNMTC Principals and Faculty, Labour room in-charges. Two batches of 3 day state level ToT on SBA were conducted.

The first two days sessions focused on classroom teaching. These were related to introduction to maternal health and importance of SBA; overview of maternal and child health; Ante-natal care; partograph and infection control and prevention.; new born care – resuscitation, bag and mask ventilation and chest compression, care in post natal ward, keeping baby warm and immediate cord care, care of the eyes and quality of care in maternal and child health services.

On the third day, participants were provided theoretical as well as practical exposure. The sessions included Active Management of Third Stage of Labour and management of complications during labour and ensuring quality of care during pregnancy, labor and post partum period.

The participants were taken to Mahila Chikitsalaya and Gangori Hospital in separate groups where they visited the ANC clinic, labor room, post partum care wards.

3. Theme 13: Infection Control and Bio-medical waste management

Under the theme based mentoring, the training on theme 13 – Infection Control and Bio-medical waste management was conducted on Feb. 8-9 and Feb. 10-11, 2016. Total 74 mentors from the UNICEF covered HPDs – Banswara, Dungarpur, Barmer and Jalore were taught how infection control can be done at the health facilities and bio-medical waste is to be segregated, collected and disposed.

4. Community based mentoring: Theme 3 – referral management

Under the theme based mentoring at community level, the theme 3 training focused on referral management. The participants from the four HPDs - Banswara, Dungarpur, Barmer and Jalore were trained on timely referral and mechanism.

RKSK ToT	
For ANM/LHVs	For Counselors
<p>Two batches of Training of trainers on RKSK was organized for the ANM/LHV and 45 participants (MO/PHN/SN/NT) were trained in it.</p> <p>The training focused on Adolescent Health and Development; Dealing with Adolescent Client Adolescent Friendly Health Services; Sexual and Reproductive Health Concerns Nutritional Needs of Adolescents and Anemia; NCDs, Aggression and Violence; Adolescent Pregnancy and unsafe abortions; Contraception for Adolescents; Mental Health in Adolescents RTIs and STIs and HIV/AIDS in Adolescents.</p>	<p>Two batches were organized to prepare trainers on RKSK for Counselors was initiated in March 2016 with participants including MO, PHN, SN and NT. The duration of each batch was 6 days.</p> <p>The training focused on lectures, group discussion, group activities including role plays and brainstorming sessions. There were eight focus areas – introduction to adolescent health and development; communication with adolescents; reproductive and sexual health; nutritional aspects among adolescents; non-communicable diseases and health promotion; mental health, gender, violence and injuries and parental counselling.</p>

ASHA ToT –Round 3

Training of Trainers for ASHA training (ToT R 3) was organized at HFWTC, Jaipur during Feb 8 to 12, 2016 by SIHFW. The training was organized for training district trainers, who are trained in Round 2 ToT. After this training the participating trainers will be eligible for training ASHA in Round 1, Round 2 and Round 3 of Module 6 and 7.

The batch was monitored and hand-holding was done by SIHFW ASHA team. Objective of the training is to contribute to skill and knowledge development of ASHA sahyogini through trainings, thereby improving State scenario in reducing IMR and MMR and accomplishment of other health targets. There were group works and games and interactive exercises organized for the participants.



Trainings on SBCC/ IPC

1. Orientation of District Health Teams

To orient the district health teams of Jodhpur and Udaipur zones on SBCC/IPC, one batch of two days training was held on January 4-5, 2016. The DPM, DAC and DIEC from the districts coming under the Jodhpur and Udaipur zones participated in it.




The technical sessions of the first day included RMNCH+A and Maternal Health and Community Challenges; Routine Immunization and Community Challenges; Introduction to IPC- Barriers to IPC and Understanding Counseling; Use of Mid-Media IPC Tools; Qualities of a good Communicator including Basics of Communication, Qualities of a good Communicator, Do's and Don'ts for Communication; Introduction to SBCC (C process) - Shift from IEC to BCC and BCC to SBCC, Principles of SBCC and Formative Research .

The sessions of the second day oriented the participants on 7 Cs of Effective messaging; Different Community Level Stakeholders Analysis and Social Exclusion and Inclusion; Social Mapping; Communication Planning for Community Dialogues. The training was interactive and participants were involved in group work.

2. Training on Monitoring and evaluation for SBCC

Under the committed expenditure of PIP, two batches of two days of training of District IEC Coordinators, District Nodal Officer – M&E, Statistical Officer and Assistant Statistical Officer was conducted in Feb and March, 2016. The objective of the training was to orient the participants on developing indicators and conduct monitoring.

The sessions focused on importance of monitoring and evaluation in IEC, BCC and SBCC activities under NHM; understanding of communication, IPC and Counseling; basics of SBCC – shift from IEC to BCC and to SBCC; monitoring of SBCC programs at district and block level; research designs for evaluating SBCC programs; qualitative methods in evaluating SBCC program; developing logical framework analysis for SBCC program; group work and presentation on preparation of district plans on local framework for district SBCC interventions.

SBCC/IPC training of Health functionaries (10 HPDs)	
 <p>Training sessions</p>	 <p>Film show-Amma Ji</p>
 <p>Role play on good and bad practices of communication</p>	<p>Social Inclusion</p> 
 <p>Social Mapping-Participants developed Village Maps</p>	

Other trainings

Review and assessment on SNCU and NBSU

One-day review and assessment of Sick new-born Care Unit and four batches of one-day review and assessment of New-born Stabilization Unit were held in the month of January.

These were attended by the PMO, MOs, SN, MN and officials from DM&HS. The focus was on reviewing the functional status, admission status of the units, from where more patients were coming. Each SNCU and NBSU was discussed in details. The challenges and problems faced were also reviewed and practical solutions were suggested.

Training on Dakshta

Two batches of the training on Dakshta for Jaipur district, with support of JHPIEGO were organised and 26 participants including MOs, Staff nurses and ANMs were trained. Training was on concept of quality of care, care at the health care facility on admission of pregnant female, essential practices just before, during and after delivery, essential practices at the time of discharge and creating a quality-enabling environment in labor rooms. The training was interactive and demonstration based.

National level orientation on De-worming Day

National De-worming Day is organized annually to improve the nutritional status of the community in the State. To address the issue of worm infestation in the State, the de-worming program is implemented in the schools and Anganwadis for mass catchment. As per the guidance from the Gol, The DE-worming Day is organized on Feb. 10, 2016 followed by the mop-up round on Feb. 15, 2016.

Two half-day batches were organized on Jan. 6, 2016 to orient the RCHOs, APCs and ADPCs (Education), Deputy Director ICDS from all districts on de-worming program and how the program would be implemented.

Training on E-janswasthya android application

Three batches of training on e-janswasthya android application developed by UNICEF were organized in this month. The block level officials from Churu, Dholpur, Jhalawar, Jhunjhunu, Pali and Tonk district were trained in the e-janswasthya android application. The participants were briefed on the application and were trained in each aspect of it. The queries were answered by the resource persons. The training was organized under partnership between SIHFW and UNICEF.

E-Janswasthya is basically an online software used as an effective planning and management tool by Medical personal in Rajasthan. The system facilitates Online tracking of pregnant womern, infants and children and facilitates bête monitoring of immunization programme. This software can be downloaded for android application for mobile usage. The software has been developed jointly by SIHFW and UNICEF.

The screenshot shows the homepage of the E-Janswasthya website. The header includes the logo 'जनस्वास्थ्य AN INNOVATION HUB' and the UNICEF logo. Below the header, there is a search bar and a 'Screen Reader Access' link. The main content area includes an 'About Us' section, a 'Login Here' section with a 'CLICK HERE TO ENTER' button, and a 'Contact Us' section for the State Institute of Health and Family Welfare. The footer contains navigation links, social media icons, and contact information for the Nodal Officer.

Coverage Evaluation Survey

Jodhpur

Training to orient the participants on cluster survey was conducted on Jan. 8-9, 2016. Selected ANMs and LHVs attended the training wherein they were detailed about the formats they would be filling during the survey. Field visit was done on the next day for practice followed by debriefing. These participants carried the activity at Jodhpur district. This activity was organized under partnership between SIHFW and UNICEF.

Jalore

Training to orient the participants on cluster survey was conducted on Feb. 12-13, 2016. Selected ANMs and LHVs attended the training wherein they were detailed about the formats they would be filling during the survey. Field visit was done on the next day for practice followed by debriefing. These participants carried the activity at Jalore district.

Workshop on drugs and magic remedies (Objectionable Advertisements) Act

To orient and discuss on the Drugs and Magic Remedies (Objectionable Advertisements) Act, a workshop was held on Feb. 16, 2016. It was attended by 26 PCPNDT cell officials and AYUSH cell officials from state and districts.

Review meeting of Refrigerator Mechanics on cold chain

The monthly review meeting of the cold chain handlers on Mar. 4, 2016 was attended by 22 cold chain handlers/ refrigerator mechanics from the districts. The discussion was on reviewing the functioning at the districts and resolving issues.

Research Work

KAP of Tobacco users & compliance of COTPA Act

Study on Knowledge Attitudes and Practices (KAP) of Tobacco users and Compliance of COTPA Act started by SIHFW. The first launch and planning meeting was organized at SIHFW on March 28, 2016.

The meeting was organized to discuss over the tools developed for the study on knowledge, attitude and practices of tobacco users and compliance of COTPA in the 17 districts of Rajasthan. The participants discussed over the tools and gave their suggestions to improve the tools and make them more relevant.

Monitoring/ Visits done by SIHFW personnel

During January to March 2016, monitoring were done in Ajmer, Dholpur, Tonk, Kota, Chittaurgarh, Udaipur, Dausa, Dholpur, Sikar, Jalore, Pali, Bhilwara and Karauli.

The activities monitored and supported by hand holding include ASHA trainings, SBCC Block trainings and SIHFW staff also met CMHOs, District teams for coordination and developing training calendars.



Global

Urban health: major opportunities for improving global health outcomes, despite persistent health inequities

New data on the health of city-dwellers in almost 100 countries show that as the world's urban population continues to grow, health inequities - especially between the richest and poorest urban populations - are a persistent challenge, according to a report by WHO and the United Nations Human Settlements Programme (UN-Habitat).

For example, only half of households in urban areas of 91 countries with comparable data have access to piped water, with the richest 20% of households being 2.7 times more likely to have access to piped water than the poorest 20%. In Africa, this ratio is closer to 17 times.

About 3.7 billion people live in cities today. A further 1 billion people will be added by 2030, with 90% of the growth being in low- and middle-income countries. This intensifies the need to realize the Sustainable Development Goal (SDG) target of ensuring universal health coverage (UHC): that all people obtain the health services they need without suffering financial hardship when paying for them, by 2030.

The report emphasizes the urgency of addressing health disparities and their determinants in cities as countries strive to achieve the SDGs and identifies innovative ways to achieve UHC that are emerging in such diverse cities as Guangzhou and Lagos, Lima and San Francisco, among many others.

"There is an urgent need to identify and reduce health inequities, particularly for the most vulnerable populations, such as the nearly 1 billion people living in urban slums or informal settlements today," said Dr Marie-Paule Kieny, WHO Assistant-Director General for Health Systems and Innovation. "This report gives countries and cities practical tools to reduce health inequities and achieve the SDGs."

While a number of urban areas have improved health coverage, the report finds that coverage for the poor still lags behind. Currently, at least 400 million women, men and children around the world are excluded from what is a basic human right: access to affordable health care. They have little or no access or to health services, and health insurance that is inadequate or non-existent. The report includes a new Urban UHC Dashboard-- an analysis of nine indicators for 94 countries-- which shows that vast inequalities in health service coverage persist, despite urban areas reporting higher coverage of services than their respective national average levels.

Increasing urbanization poses a unique set of health challenges, including the double burden of non-communicable and infectious diseases, air pollution, access to water and sanitation, and the need to improve nutrition, increase physical activity, and build resilience to health emergencies. Meeting those challenges will require countries and cities to take bold steps towards UHC.

The report presents solutions for ensuring accessibility to water and sanitation, reducing urban sprawl while developing new transport options, increasing road safety, making cities age-friendly and accessible for persons with disabilities, managing urban health emergencies and increasing resiliency, while also improving healthier homes, particularly for those living in urban slums.

The report further presents a comprehensive set of interventions that can reduce the urban burden of non-communicable diseases. These include smoke-free city ordinances and enforcement; altering the built environment and promoting alternative transport options to foster greater physical activity and reduce air pollution; new approaches to urban food environment to reduce malnutrition and obesity; affordable and healthy housing conditions, and safety-related efforts.

Together, these have tremendous impact on reducing diarrheal diseases, indoor and ambient air pollution, non-communicable diseases, and other diseases saving millions of lives and increasing quality of life. A variety of examples from New York City and China to Mexico City, Barcelona, and South Africa illustrate these impacts, particularly using multiple interventions.

"In cities, progress in health depends not only on the strength of health systems, but also on shaping urban environments. Capitalizing on such interdependent factors leads to efficiency, synergies and co-benefits, and is essential to attaining the SDGs," said Alex Ross, Director of the WHO Centre for Health Development in Kobe, Japan, which led and wrote the report.

"A healthy population is essential for creating economically competitive and inclusive cities," said Joan Clos, Executive Director of the United Nations Human Settlements Programme (UN-Habitat). "This new report documents opportunities for joint action to implement the SDGs, and is an important contribution to the Third United Nations Conference on Housing and Sustainable Urban Development to take place in Quito in October 2016 and to the realization of the New Urban Agenda."

Source: WHO media center, March 31, 2016

India

Launch of Rotavirus vaccine as part of Universal Immunization Programme

“We have achieved a new milestone towards expanding the coverage of full immunization in the country aimed at reducing child mortality”. Shri J P Nadda, Union Minister for Health and Family Welfare stated this at the national launch of the Rotavirus vaccine as part of the Universal Immunization Programme (UIP) of the country, at New Delhi. Terming this as an historic moment and an exemplary step in India’s immunization programme, the Union Health Minister added that the Government is committed to reducing morbidity and mortality in children. Strengthening routine immunization is an essential investment in India’s children and will ensure a healthy future of the country, he noted.

Noting that Rotavirus is one of the leading causes of severe diarrhoea and death among children less than five years of age, and that every year nearly 80,000 to one lakh children die in the country due to Rotavirus diarrhoea, and about 9 lakh children are admitted to hospital due to episodes of severe diarrhoea with 32.7 lakh cases of OPD, Shri Nadda stated that introduction of Rotavirus vaccine will enable us to directly address the problem of diarrheal deaths. The vaccine is being introduced initially in four states i.e. Andhra Pradesh, Haryana, Himachal Pradesh and Odisha and will be expanded to the entire country in a phased manner, he informed.

“Adding this life-saving vaccine to our immunization program will not only improve the health of our children but also reduce hospitalization and other conditions associated with diarrhoea due to Rotavirus such as malnutrition, delayed physical and mental development among children. Reduced hospitalization reduces the economic burden on the family and the health cost burden on the country”, Shri Nadda said. He further stated that the Rotavirus vaccine has been developed indigenously, under a public-private partnership by the Ministry of Science and Ministry of Health and Family Welfare. This therefore is a landmark achievement under ‘*Make in India*’ initiative, he stated.

In addition, four new vaccines are being introduced as part of UIP including Inactivated Polio Vaccine (IPV), Rotavirus vaccine, Measles, Rubella (MR) vaccine, and Adult Japanese Encephalitis (JE) vaccine. With these new vaccines, India’s UIP will provide free vaccines against 12 life threatening diseases, to 27 million children annually, the largest birth cohort in the world. IPV has been introduced in six states from 30 Nov 2015 for provide double protection against Polio, he stated. Source: PIB, March 26, 2016

Rajasthan

Health Department on high alert for Zika

While Zika virus threat was looming large, the health department collected details about the number of water bodies in all districts of the state. The water bodies could become breeding grounds for mosquitoes responsible for spreading diseases like malaria and dengue. *Aedes aegypti* mosquito is not only responsible for dengue, but is also a carrier of Zika virus. Health department collected details from Ajmer which show that in Ajmer itself, there are 1,777 water bodies. Out of those, 1,171 are seasonal water bodies while 298 are perennial water bodies. Besides, 253 are Public Works and Engineering Department (PHED) water bodies and 55 are non-PHED water bodies. The department also collected details about the equipment available to control mosquito breeding. In Ajmer, there are 20 fogging machines, all of them are functional. Information was collected from malaria inspectors, sanitary inspectors, pathologists and microbiologists. Details of *Gambusia* fish hatcheries and water bodies have also been sought from the districts. Source: TOI, Feb 8, 2016

We solicit your feedback:

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