SIHFW Rajasthan

Electronic Newsletter
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From the Director's Desk

Dear Readers,

Greetings from SIHFW!

Diarrhea has been responsible for untimely deaths of infants and children. Diarrhea and Pneumonia are main reasons responsible for death of children under 5 years of age.

Interventions to improve the situation includes ensuring ORS and Zinc availability, distribution and utilization in the prescribed manner, so as to ensure survival of the child suffering from Diarrhea. Research supports that almost all deaths due to diarrhea can be prevented by administration of ORS, Zinc and improving hygiene and sanitation conditions. Gamut of activities have been planned under a campaign mode (IDCF), which has been covered in the lead content of this issue of electronic newsletter.

We would solicit your feedback and suggestions.

Director

Inside:

- Intensified Diarrhoea Control Fortnight
- Activities at SIHFW
- Monitoring Visits
- Feedbacks
- Health News

Important Days in August 2014

Intensified Diarrhea Control Fortnight July 28-August 8
World Breast Feeding Week 7 August
International Youth Day 12 August
World Humanitarian Day 19 August

Diarrhea Control-Some facts

Reduction of childhood mortality is one of the prime goals of National Health Mission and Millennium Development Goals. Childhood diarrheal diseases continues to be one of the major killers among under five children in many states contributing to 11 per-cent of under five deaths in the country. Around 2 lakh children die due to diarrhea annually in the country. Diarrheal deaths are usually clustered in summer and monsoon months. The worst affected are malnourished children and children under two year of age.

Almost all the deaths due to diarrhea can be averted by preventing and treating dehydration by use of ORS (Oral Rehydration Solution), administration of Zinc tablets along with adequate nutritional intake by the child. Diarrhea can be prevented with safe drinking water, sanitation, breastfeeding/appropriate nutrition and hand-washing.

Diarrhoea is common and more severe in children with malnutrition. Repeated diarrhoeal episodes result in weight loss and malnutrition in children who were previously well nourished. There is thus a close relationship between diarrhoea and malnutrition. Age appropriate infant and young child feeding (IYCF) practices are key to prevention of malnutrition.

As the effect of diarrheal mortality is highest in children, hence special campaign to prevent and control childhood diarrheal deaths is undertaken every year for three months from April to June. Besides this it has been decided to organise an Intensified Diarrhea Control Fortnight (IDCF) this year from 28th July to 8th August 2014, with the ultimate aim of 'zero child deaths due to childhood diarrhea'.

Intervention by GOI-Intensified Diarrhea Control Fortnight (IDCF)

Intensified Diarrhea Control Fortnight (IDCF) is a set of activities to be implemented in an intensified manner from 28th July to 8th August 2014 to prevent deaths due to childhood diarrhea across all districts of all States & UTs. These activities mainly include- intensification of advocacy activities, awareness generation activities, diarrhea management service provision, establishing ORS-Zinc Corners, ORS distribution by ASHA, detection of undernourished children and their treatment, and promotion of Infant and Young Child Feeding activities.

Preparatory activities for IDCF

IDCF Secretariat and Steering Committee

National level IDCF Secretariat has been established at the MoHFW, Government of India to oversee the implementation of this fortnight. Similar structures should be established at State and District level. At the State level, Principal Secretary Health or MD – NHM should preferably be leading the IDCF Steering Committee with support from key staff from Directorate of Health and Family Welfare. At the District level, IDCF Steering Committee should be formed, preferable led by District Magistrate with support from Chief Medical and Health Officer of the district. At both the State and District level, Program Officer for Child Health and IEC Officer should be included in the Committee.

IDCF Steering Committee meeting: The lead official from State and District shall call a meeting of the Committee before, during and after the fortnight to ensure effective implementation of the IDCF.

Departments to be invited for the meeting: Health and Family Welfare, State Health Resource Centre / ASHA Resource Centre, DWCD, Tribal Welfare, State / District IEC / Publication Bureau, song and drama division, NYK, etc

Partners to be invited for the meeting: IAP, UNICEF, MI and Development Partnershaving expertise on the subject or assisting the State in monitoring of RMNCHA activities.

Capacity Building of Stakeholders

A one day orientation workshop of various categories of stakeholders are being organized in the campaign duration:

Location	Participants	Contents of orientation
State/Regional level	RDD, CS, DIO, RPM, DPM, DCM	Technical insights into diarrhoea control & IYCF ; Managerial and monitoring aspects of IDCF
District level	BPO/ MOs / BCM / BHM/CDPO/MO-CHC/PHC etc	
Block/PHC level	AYUSH, ANM, ASHA& AWW	Orientation on activities that need to be carried out in the field. Technical aspects on preparation of ORS – Zinc, hand-washing, and IYCF counselling

During the IDCF, all facilities should have sufficient availability of ORS and Zinc dispersible tablets in all health facilities. Assessment of the procurement and distribution status should be done as logistic failure can lead to collapse of the IDCF and hence the State and District Programme Managers need to pay special attention to availability of supplies.

For a district of 20 lakhs population, around 2 lakhs ORS packets (10 percent of the total population) for prophylactic distribution and around 10,000 ORS packets for ORS-Zinc corners are required. Zinc dispersible tablets should be made available at all health facilities and with every ASHA.In case sufficient stocks are not avaibale, the state or district should undertake procurrment on an urgent basis as per relevant rules and regulations.

The State and District IDCF Steering Committee should undertake assessment of available IEC materials such as videos, hoardings, posters, pamphlets and other materials. These should be distributed for display at key strategic locations like prominent locations (e.g. bus-stops for hoardings), ORS – Zinc corners (banner, video) and IYCF centres for placement at strategic locations, prior to the IDCF. IEC material should be available with facilities at least 3 days before start of the campaign.

Key highlights

1. Capacity Building
2. Logistics arrangements
3. Tool Kit-based on FAQs
4. Involvement of IAP, Development Partners and relevant NGOs
5. Awareness generation activities
6. Monitoring and Supervision Plan
7. Reporting Mechanism

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Target beneficiaries

a. Under five children with diarrhea and Children who are malnourished
b. Care-givers (Mother, father, guardian) of under five children for counselling on use of ORS – Zinc, whom to contact for availing ORS and Zinc and counselling on IYCF

However, for sensitization of this core audience, a large number of secondary audiences that influences them would be involved such as Teachers, School children, PRI members, Health & ICDS functionaries etc.

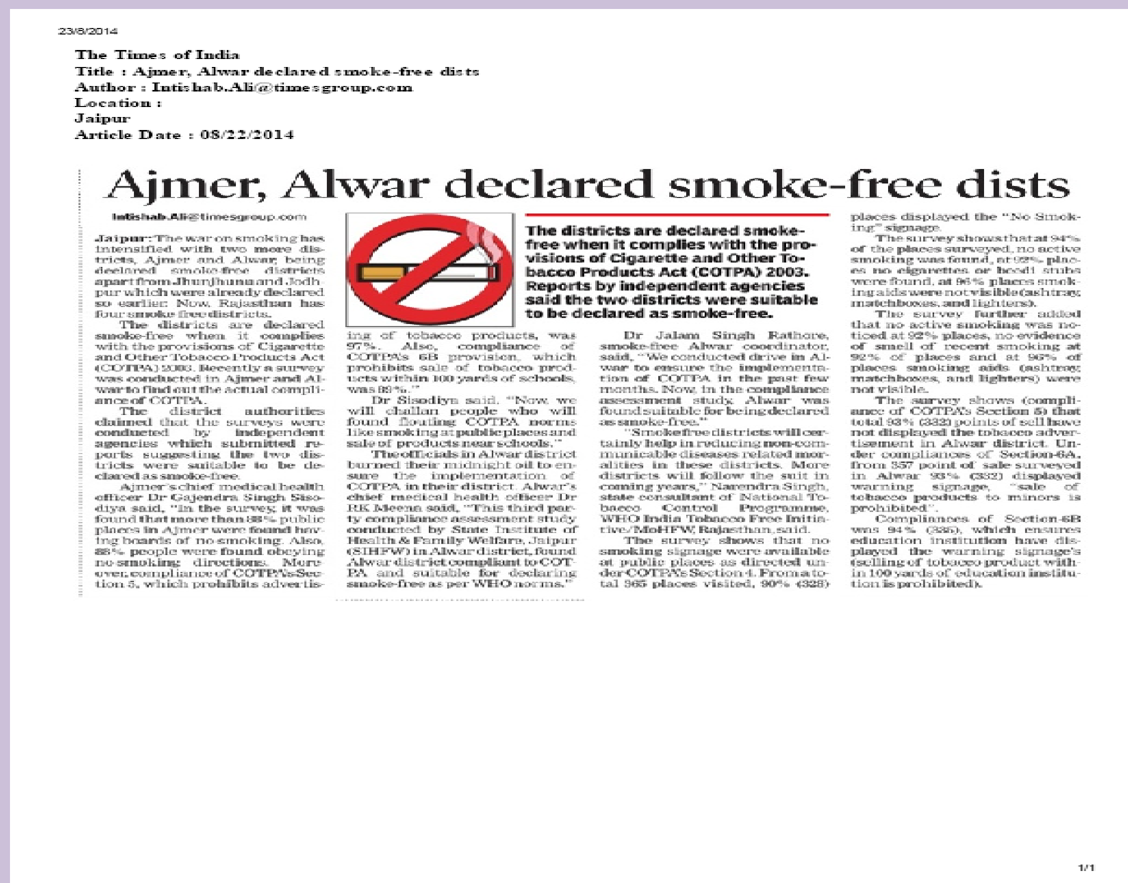
Research Study

Study report for COTPA Compliance

A compliance study was conducted by SIHFW in Ajmer, Alwar and Nagaur districts. The study was coordinated by SIHFW staff and freelance surveyors. The study covered all aspects of COTPA compliance including display, warning, brands availability, consumption, sales points at various places such as public places, schools and colleges, restaurants, hotels, hostels, banks, parks, bus stops and railway stations.

The data has been collected and analysed by SIHFW and reported in form of report and three separate fact-sheets for each district by PSI.

As result of the study, Ajmer and Alwar districts have been declared smoke-free districts.



23/8/2014

The Times of India
Title : Ajmer, Alwar declared smoke-free dists
Author : Intishab.Ali@timesgroup.com
Location :
Jaipur
Article Date : 08/22/2014

Ajmer, Alwar declared smoke-free dists

Intishab.Ali@timesgroup.com

The districts are declared smoke-free when it complies with the provisions of Cigarette and Other Tobacco Products Act (COTPA) 2003. Reports by independent agencies said the two districts were suitable to be declared as smoke-free.

Jaipur: The war on smoking has intensified with two more districts, Ajmer and Alwar, being declared smoke-free districts apart from Jhunjhunu and Jodhpur which were already declared so earlier. Now, Rajasthan has four smoke free districts.

The districts are declared smoke-free when it complies with the provisions of Cigarette and Other Tobacco Products Act (COTPA) 2003. Recently a survey was conducted in Ajmer and Alwar to find out the actual compliance of COTPA.

The district authorities claimed that the surveys were conducted by independent agencies which submitted reports suggesting the two districts were suitable to be declared as smoke-free.

Ajmer's chief medical health officer Dr Gajendra Singh Sisodiya said, "In the survey, it was found that more than 88% public places in Ajmer were found having boards of no-smoking. Also, 88% people were found obeying no-smoking directions. Moreover, compliance of COTPA's Section 5, which prohibits advertising of tobacco products, was 97%. Also, compliance of COTPA's 6B provision, which prohibits sale of tobacco products within 100 yards of schools, was 89%."

Dr Sisodiya said, "Now, we will challan people who will found flouting COTPA norms like smoking at public places and sale of products near schools."

The officials in Alwar district burned their midnight oil to ensure the implementation of COTPA in their district. Alwar's chief medical health officer Dr RK Meena said, "This third party compliance assessment study conducted by State Institute of Health & Family Welfare, Jaipur (SIHFW) in Alwar district, found Alwar district compliant to COTPA and suitable for declaring smoke-free as per WHO norms."

Dr Jalam Singh Rathore, smoke-free Alwar coordinator, said, "We conducted drive in Alwar to ensure the implementation of COTPA in the past few months. Now, in the compliance assessment study, Alwar was found suitable for being declared as smoke-free."

"Smokefree districts will certainly help in reducing non-communicable diseases related moralities in these districts. More districts will follow the suit in coming years," Narendra Singh, state consultant of National Tobacco Control Programme, WHO India Tobacco Free Initiative/MoHFW, Rajasthan, said.

The survey shows that no smoking signage were available at public places as directed under COTPA's Section 4. From a total 365 places visited, 90% (328) places displayed the "No Smoking" signage.

The survey shows that at 94% of the places surveyed, no active smoking was found, at 92% places no cigarettes or beedi stubs were found, at 96% places smoking aids were not visible (ashtray, matchboxes, and lighters).

The survey further added that no active smoking was noticed at 92% places, no evidence of smell of recent smoking at 92% of places and at 96% of places smoking aids (ashtray, matchboxes, and lighters) were not visible.

The survey shows (compliance of COTPA's Section 5) that total 93% (332) points of sell have not displayed the tobacco advertisement in Alwar district. Under compliances of Section-6A, from 357 point of sale surveyed in Alwar 93% (332) displayed warning signage, "sale of tobacco products to minors is prohibited".

Compliances of Section-6B was 94% (335), which ensures education institution have displayed the warning signage's (selling of tobacco product within 100 yards of education institution is prohibited).

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Trainings, Workshops and Meetings

Consultations under SBCC partnership with UNICEF

Consultations under SBCC partnership and roll-out were held at SIHFW on July 9, 2014 and July 24, 2014. The objectives were for experience sharing of Trainings on IPC by development partners and integration of tools and strategies of IPC trainings. During these consultations, roll out plan for IPC training cum orientation for AAAs was also developed wherein, it was discussed to implement the orientations at Block level through sector meetings, on pilot basis in one block of four HPDs.

The consultations were held under chairmanship of Dr. M.L. Jain, Director SIHFW.

It was planned at the meets that in the cascading steps, trainings will be taken to block level through Sector Meetings, followed by Sas-Bahu meet after the MCHN session or a day -after the MCHN day to utilize group communication. Funds for this purpose shall be utilized from VHSC untied fund. SIHFW to develop guidelines for this activity. Participants from partner development partners included Ms Girija Devi, Communication for Development specialist, UNICEF, Dr. O.P Singh, Save the children, Ms. Vaedehi, Consultant, UNFPA, Ms Poonam, Consultant IEC, NHM, Dr Meenakshi Singh of IHBP and Mr. K.B. Srivastava, retd. PRO, NRHM. as per the plan, four blocks have been identified under 4 HPDs- Bichiwara in Dungarpur, Baytu in Barmer, Ahore in Jalore and Partapur in Banswara, for roll out of the training plan, after ToTs of master trainers planned to be implemented at SIHFW.

Orientation workshop on Routine Immunization

District IEC coordinators were oriented on strengthening of Routine Immunization on July 4, 2014 at SIHFW. The workshop aimed at development of district level SBCC plan of action to strengthen Routine Immunization. The workshop was an activity under Partnership with UNICEF, for strengthening and roll out of SBCC strategy. Workshop was held under chairmanship of Dr M.L. Jain, Director SIHFW. Key resource persons included Dr R.P Jain, PD, Immunization, DMHS. Specialists from development partners included Ms.Girija Devi, Communication for Development Specialist, UNICEF and Ms Shibhumi from UNFPA, Dr Meenakshi, Ms Deepika and Mr Saroj Mohanti from IHBP. Ms Poonam Bhargava, State Consultant (IEC), Dr Neetu Purohit from IIHMR and Ms Priyanka Gupta (freelancer) also participated at the workshop.

Orientation of NGO representatives

With objectives of orientation for strengthening Routine Immunization in the State, an orientation workshop of one day was organised for representatives of NGOs and CBOs on July 5, 2014. The workshop was an activity under Partnership with UNICEF, for strengthening and roll out of SBCC strategy. Workshop was held under chairmanship of Dr M.L. Jain, Director SIHFW. Key resource persons included Dr R.P Jain, PD, Immunization, DMHS. Specialists from development partners included Ms.Girija Devi, Communication for Development Specialist, UNICEF, Mr Sunil Thomas, State representative of UNFPA, Dr. Meenakshi Singh from IHBP. Dr. J.P. Singhal, Director RCH also addressed participants. In group work, participants developed SBCC plans for their geographical area of work.

Workshop on Delivery points

A workshop on orientation of the MO I/Cs, Labor room I/Cs, LHVs & ANMs of various delivery points (DH/SDH/CHC/PHC/SC) of Bundi District was held on July 24 – 25, 2014 at training hall of CM&HO Office , Bundi. The objective of the workshop was to assess the working of the delivery points and discussion on the points of improvement during the workshop and improve the quality of services provided in the labor room. The workshop also included review of health status with focus on maternal health & child health of the district, by state health officials. The resource persons included Dr. M. L Jain, Director, SIHFW, Ms Anandi, District collector Bundi, Dr.Sanjaya Saxena, Registrar, SIHFW, Dr. J.P.Meena, CM&HO, Bundi, Mr. Sunil Thomas Jacob, UNFPA, Ms.Sibhumi,UNFPA, Dr. Sushila Saharan, UNFPA, Dr. Sanjeev Gupta, UNICEF and Mr. Aditya Singh, District Facilitator, UNFPA. The workshop was coordinated by Dr Rajni of SIHFW.

District collector Bundi Ms. Anandhi gave her precious time to the workshop and attended the session on maternal health. She interacted with the participants about the new learning from the workshop. She gave her suggestion for improvement the delivery points or health facilities.
From the district, CM&HO, RCHO,MOs, Labour room in-charges, Staff Nurses/ ANM Delivery points with other health officials were present. They were discussing on the present situation & design strategies for outcome. At the end of the workshop CM&HO Bundi ensured to improve health scenario of the district.

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Experience sharing of Dehradun ToT

Participants of Round 2 training for ASHA trainers shared experiences of the training at SIHFW on July 7, 2014. The participants of Round 1 ToT, who successfully completed the training of Round One, were nominated for ToT of Round 2 of ASHA training of Module 6 and 7. Their training was held at Rural Development Institute (RDI) Himalayan Institute Hospital Trust, Dehradun during June 16 to 21, 2014. Participants from SIHFW included Mr. Hemant Yadav and Mr Ezaz Khan.

Monitoring/ Visits

Field visits of PDC - Batch Number X

As part of the curriculum of Professional Development Course, the participants are exposed to the health systems of other states. The first visit for the PDC X was scheduled from June 30 to July 05, 2014 at State Institute of Health Management and Communication, Gwalior (MP). The visit was facilitated by Dr Mamta Chauhan Faculty and Mr Ravi Garg SRO. They visited CHC Dabra, PHC Orchha, District Hospital Moorar and Sub Center Padawali.

The second visit was organized from July 14 – 19, 2014 to State Institute of Health and Family Welfare, Panchkula (Haryana). Participants were accompanied by Dr Vishal Singh, Faculty and Mr Ravi Garg, SRO from SIHFW Jaipur. They visited SC Nada Saheb, PHC Pinjore, GH Panchkula besides attending sessions on TMIS, innovations in health systems of Haryana and Intra partum care.

World Population Day at Jaipur

Dr. Sanjaya Saxena, Registrar and Dr Vishal Singh, Faculty SIHFW participated at the celebration of World Population Day, July 11, 2014 at Jaipur. A prize distribution ceremony was organised by the DMHS under NRHM, under chairmanship of Shri Rajendra Rathore, Hon Health Minister, Rajasthan.

Workshop on Studies under Routine Immunization

Dr M.L Jain, Director SIHFW and Ms Archana participated at a workshop titled 'Workshop of Civil Societies Organization (CSOs) on Equity, Coverage, Outreach, Community Mobilization studies under Routine Immunization Programming'. The workshop held during 17-18, 2014 was organised by Alliance for Immunization, India (All-Rajasthan Chapter).Dr Jain made a presentation on 'Issues under Routine Immunization-Equity, Coverage, Outreach'. His presentation included guiding points on message delivery and key steps to ensure full immunization coverage for community. Dr Jain explained the category of community members of left out and drop out, among non users.

He guided participants that scientifically immunization can be done within 2 years of age, but for social mobilization, it is important that child is immunized as per the immunization schedule and should be brought to MCHN day every month, for follow up of growth. He clearly said that 'to give vaccine is the responsibility of service providers but is also the responsibility of parents to get the child immunized'.

Students of Taiwan - SIHFW visit

A team of students from Universities of Taiwan, visited SIHFW. The visit was coordinated by SIDART, Jaipur on July 24, 2014.

Dr. M. L. Jain, Director SIHFW briefed students about institution's goals, objectives and functions. The students visited computer lab, library and skill lab at SIHFW.

Training Monitoring at Districts

Hands-on sessions on PPIUCD and BeMOC, under Foundation trainings were held at Bikaner, Jhalawar and Udaipur during July 27-28, 2014. Monitoring of hands-on sessions was done by SIHFW staff including Ms Ajapa, Mr Sunil and Mr Syoji. Monitoring at Bikaner also included MTC, SNCU.

Celebration

Birthdays of Dr Mamta Chauhan, Ms Lovely Acharya, Mr Ezaz Khan and Mr Sunil Patel were celebrated in the month of July, 2014.

Visitors & Training Feedbacks

Feedbacks during trainings

1. Time given to clear each and every query clearance was good and way of interaction with each individual to make him attentive and participative activity during RI training was excellent.
2. Interactive sessions, examples for each and every topic, posters practical sessions were liked the most and every query was resolved.
3. Training management was liked the most.
4. Practical session and visit to vaccination site was good.
5. After the training feel more confident and now looking forward to convey the information to Health Workers and will try to cover 100% population as beneficiaries.

Source: Training feedbacks

Health News

Global

WHO targets elimination of TB in over 30 countries

WHO today, together with the European Respiratory Society (ERS), presented a new framework to eliminate tuberculosis (TB) in countries with low levels of the disease. Today there are 33* countries and territories where there are fewer than 100 TB cases per million population.

The framework outlines an initial "pre-elimination" phase, aiming to have fewer than 10 new TB cases per million people per year by 2035 in these countries. The goal is to then achieve full elimination of TB by 2050, defined as less than 1 case per million people per year.

Although TB is preventable and curable, in these 33 settings 155 000 people still fall ill each year and 10 000 die. Millions are infected and at risk of falling ill.

The proposed framework builds on approaches that are already proving successful. It was developed with experts from low-burden countries and adapted from the new WHO global TB strategy, 2016-35, approved by the World Health Assembly in May 2014. Country representatives gathered to discuss the framework and its implementation at a meeting co-hosted by WHO and the European Respiratory Society (ERS) in Rome in collaboration with the Italian Ministry of Health.

Italy is one of the 21 European countries addressed by the framework. The 33 countries, territories and areas also include seven from the Americas, three from WHO's Eastern Mediterranean Region, and two from WHO's Western Pacific Region.

The countries recognize the common need to reenergize the efforts to eliminate TB as a public health problem and prevent its resurgence. As TB rates have fallen in many of these countries, attention to this public health threat has waned and capacity to respond could be weakened.

"Low TB-burden countries already have the means to drive down TB cases dramatically by 2035," says Dr Hiroki Nakatani, WHO Assistant Director-General. "Universal health coverage, which ensures everyone has access to the health services they need without suffering financial hardship as a result, is the bedrock. The key is to target smart TB interventions towards the people who need them most."

The new WHO framework highlights the effectiveness of eight key interventions, in a coherent package for impact in the target countries:

- ensure funding and stewardship for planning and services of high quality;
- address most vulnerable and hard-to-reach groups;
- address special needs of migrants; cross-border issues;
- undertake screening for active TB and latent TB infection in high-risk groups and provide appropriate treatment; manage outbreaks;
- optimize MDR-TB prevention and care;
- ensure continued surveillance and programme monitoring and evaluation;
- invest in research and new tools;
- support global TB control.

Among the most vulnerable groups are people who are poor or homeless, migrants, and members of ethnic minorities. In addition, people who use drugs or are incarcerated, and people with compromised immune systems (e.g. people living with HIV, malnutrition, diabetes, smokers and heavy drinkers) all have a much greater risk of falling ill with TB. Many of these vulnerable groups face barriers in accessing health services.

Addressing tuberculosis in the context of cross-border migration can also pose a significant challenge to health service providers. Many undergoing a course of TB treatment may have no option but to relocate for work, even if they have not completed their TB treatment. "Countries with a low incidence of TB are uniquely positioned to reach historically low levels of TB," adds Dr Mario Raviglione, Director of WHO's Global TB Programme. "They can serve as global trailblazers."

Globalization and increased population movements enable TB - an airborne infectious disease - to continue to spread across communities and countries. To eliminate the disease in low-burden countries it will be vital to dramatically scale up TB prevention and care in high-incidence countries. This interdependency calls for concerted action and tight collaboration between countries with high and low burden of TB.

"Powerful antibiotics and better living standards have almost pushed the disease out of many high-income countries. But we still have not succeeded. And if we do the wrong things now, TB could rebound, including with more drug-resistant forms," says Professor G.B. Migliori from ERS. "But if we get it right, and recommit to fighting the disease, both at home and abroad, TB will eventually no longer be a public health threat."

Source: July 3, 2014 www.WHO/media centre

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India

Warning: Sitting is the new smoking

Are you sitting comfortably? You might not be that comfortable by the time you finish reading this, because spending too much time perched on your posterior could be seriously damaging your health.

Those prolonged periods of inactivity increase your risk of obesity, but they also cause a staggering list of other conditions. This includes heart disease, diabetes, colon cancer, muscular and back issues, deep vein-thrombosis, brittle bones, depression and even dementia.

Experts are now describing sitting as 'the new smoking', a ticking time bomb of ill health just waiting to explode. The World Health Organisation has already identified physical inactivity as the fourth biggest killer on the planet, ahead of obesity.The World Health Organisation recommends that an adult should do at least 150 minutes of moderate exercise a week, — 30 minutes on at least five days. That is enough to gain the main benefits of regular exercise. However, it won't protect you from the dangers of a sedentary lifestyle if you spend too much time sitting.

Dr John Buckley, an expert in exercise science at Chester University, says: "A person may have got more than 30 minutes' exercise by cycling to work and home again, but if they have been sitting still all day they will lose some of those benefits. It is like exercising but then eating an unhealthy diet or exercising and being a smoker. Physical inactivity is equally as important as those other well-known issues like diet and smoking." Sitting for too long slows down the body's metabolism and the way the enzyme lipoprotein lipase breaks down our fat reserves. On the other hand, blood glucose levels and blood pressure both increase.

Small amounts of regular activity, even just standing and moving around, throughout the day is enough to bring the increased levels back down. And those small amounts of activity add up — scientists have suggested that 30 minutes of light activity in two or three-minute bursts could be just as effective as a half-hour block of exercise. But without that activity, blood sugar levels and blood pressure keep creeping up, steadily damaging the inside of the arteries and raising the risk of diabetes, heart disease and stroke.

Getting people more active so they spend less time sitting down is the single biggest step towards cutting the risk of developing those deadly diseases. "The human race didn't evolve to spend so much time sitting down," says an expert. "Up until relatively recently, we spent much of our time moving around."

A study of bus drivers and conductors carried out by Transport for London in the 1950s provides stark evidence of the dangers of spending too much time sitting down. It found that drivers, who spend more of their time sitting, were 1.5 times as likely to develop heart disease as conductors, who stood more often.

Getting people on their feet can prevent and alleviate back problems, which are commonly caused by spending too much time sitting or sitting with poor posture.

As well as the physical benefits, there are less-tangible rewards. Many people notice their mood improves, they can think more clearly and enjoy a general sense of well-being. "If you could put that in a bottle, people would pay a lot of money for it," says Dr Napton. "If you want to put that into activity levels, it would be the equivalent of running about 10 -marathons a year, just by standing up three or four hours in your day at work.''

The benefits of standing instead of spending so much time sitting are finally starting to catch on. Just last month, Victoria Beckham was photographed walking while working after swapping her office chair for a treadmill desk.

Such luxuries are not for everyone. Adjustable sit-stand desks that allow workers to alter the height and work while sitting down or standing up offer a more practical solution.

Interestingly, standing desks are much common in Scandinavia, where staff have the right to work standing up. In this country, they are usually seen as treatment tools for patients who already suffer from back problems, rather than a way to prevent issues in later life.

Experts say standing and moving around will make people happier and healthier; it will make them more

productive, too. "Winston Churchill used to stand at his desk,'' says an expert. "That's not a bad example to follow. We are more positive, more alert and more task-driven when we are standing."

But the benefits of standing apply across all age groups and parents could help their children by limiting the time infants spend restrained in buggies and car seats. The need for exercise remains crucial in later life and the elderly can help keep their bones and muscles strong by standing up and moving around regularly. How sitting wrecks your body-
- Electrical activity in the leg muscles shuts off
- Calorie burning drops to 1 per minute
- Enzymes that help break down fat drop by 90%
- Good cholesterol drops by 20%

After 24 hours
- Insulin effectiveness drops by 24% and risk of diabetes rises
-People with sitting jobs have twice the rate of cardiovascular disease as people with standing jobs.
- Take the extra step
- Sitting time adds up, whether it's at the desk or in the car. Walk, ride your bike, and take the stairs instead of the elevator. Also, interrupt sitting time whenever you can.
- Sitting at 1350 puts less strain on the back than hunching forward or even sitting straight.

Digital addiction a psychiatric disorder

According to psychiatrists, medical authorities worldwide need to formally recognise addiction to internet and digital devices as a disorder.

"Singaporeans spend an average of 38 minutes per session on Facebook, almost twice as long as Americans," said a latest study by Experian, a global information services company.

According to Adrian Wang, a psychiatrist at the Gleneagles Medical Centre in Singapore, digital addiction should now be classified as a psychiatric disorder.

"Patients come for stress anxiety-related problems but their coping mechanism is to go online, go on to social media," Wang was quoted as saying in a South China Morning Post report.

Obsession with online gaming was the main manifestation in the past but addiction to social media and video downloading are now the trend. In terms of physical symptoms, more people, especially young, are reporting "text neck" or "iNeck" pain. "Many people have their heads lowered and are now using their mobile devices constantly on the go while queuing or even crossing the roads, leading to neck pain," psychiatrists said.

They define digital addiction by symptoms like inability to control craving, anxiety when separated from a smartphone, loss in productivity in studies or at work and the need to constantly check one's phone.
Source: July 21, 2014, Times News Network

Rajasthan

Health department to monitor sonography machines

Aiming to strengthen monitoring of sonography machines in the state, the health department has decided to keep a tab on the details of its switching on and off.

The health department will soon make arrangements where SMS would be send to district pre-conception pre-natal and diagnostic technique (PCPNDT) coordinator when a doctor switches on his sonography machine and also the time he is switching it off.

A meeting was conducted recently in which Navin Jain, PCPNDT state appropriate authority, directed the officials to strengthen monitoring of sonography machines. A health department official said that it is essential that the information of switching on the machine should be monitored. "If a doctor switches on the machine in odd hours like in the night, the details of it can be immediately checked including the details of the patient who underwent sonography," he said.

The PCPNDT state appropriate authority also directed the officials to inspect each sonography center frequently. The officials have also been directed to conduct survey of their respective areas to prepare a complete report on registered and unregistered sonography centers.

Efforts are being made to improve sex ratio in the state. According to the census 2011, Rajasthan's child sex ratio (0-6) has gone down by 21 points from 909 to 888 in the last one decade. Apart from strengthening monitoring of the sonography machines, the health department has stepped up efforts in conducting decoy operations and raids. Recently, the officials of PCPNDT cell raided a village in Nagaur district and found a doctor allegedly conducting sonography by an unregistered portable machine.

Source: July 30, 2014 TOI

We solicit your feedback:

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