

# SIHFW Rajasthan

Electronic Newsletter

Ed. 2021-22 E-3 (July to September 2021 Issue)



SIHFW: an ISO 9001:2015 certified Institution



## From the Director's desk...

Dear Friends...

Greetings from SIHFW!!

The period of July to September, started with tree plantation at SIHFW on July 26, 2021.

Online trainings for preparedness of anticipated Covid-III wave are continuously being organized at SIHFW through VC. This issue of newsletter brings information on these trainings and other activities organized by SIHFW.

This newsletter also has a lead article on 'Medical termination of Pregnancy'. This article gives complete information on recent legal amendments which have helped strengthening the process of MTP. Burden of un-wanted pregnancies is borne by women alone and this negatively affects her health and burdens country's population status and economy. The article highlights how better legal provisions under the MTP Act provides for better MTP services.

We would solicit your feedback and suggestions.

Best Wishes!!

Dr. R.P. Doria

Director-SIHFW

### Some important health and social days

|  |
|--|
| July 12: World Population Day              |
| July 28: World Hepatitis Day               |
| July 29: World ORS Day                     |
| August 1-7: World Breastfeeding Week       |
| August 19: World Humanitarian Day          |
| September 8: World First Aid Day           |
| September 10: World Suicide Prevention Day |
| September 21: World Alzheimer's Day        |
| September 28: World Rabies Day             |
| September 29: World Heart Day              |
| September 30: World Deaf Day               |

### Inside:

- About a disease
- Trainings by SIHFW
- Research Study
- Health news briefs
- Other activities

## Medical Termination of Pregnancy

Medical abortion is a procedure that uses medically-prescribed medication or a clinical procedure (MVA) to end a pregnancy. It is safer and most effective during the first trimester of pregnancy.

Having a medical abortion is a major decision with emotional and psychological consequences. Before considering this procedure, family and pregnant woman should understand the legalities, side effects, possible risks, complications and alternatives.

Pregnancy should be planned and not by chance. A woman must always have the right to decide when she wants to conceive. Although, there can be various conditions where a woman may have unplanned pregnancy for example in case of failure of contraception, in case of congenital abnormality in the fetus or in case of rape. In these circumstances, women have the legal right to continue her pregnancy or terminate the pregnancy. The termination has some legal procedures and should always be done under medical supervision. Self medication and traditional or unscientific methods are full of risks and threats to women's life, and which may result in permanent damage to reproductive health of the woman.

Definitions of abortion can vary and there is often controversy defining what abortion means. The definitions of abortion often reflect not just scientific knowledge, but social and political opinions.

The World Health Organization (WHO) defines abortion as pregnancy termination prior to 20 weeks' gestation. Generally, abortion is a term that refers to the termination of a pregnancy, whether it occurs with medical intervention such as medications or surgical procedures such as MVA or it may occur on its own, such as a miscarriage.

Spontaneous abortion is another term for miscarriage, which refers to a pregnancy loss that occurs before the 20th week of gestation or the expulsion of an embryo or fetus weighing 500 g or less.

### When can Pregnancy be Terminated

- Continuation of pregnancy is a risk to the life of the pregnant woman or can cause grave injury to her physical or mental health
- Substantial risk that the child, if born, would be seriously handicapped due to physical or mental abnormalities
- The pregnancy was caused by rape
- Pregnancy was caused due to failure of contraception in a married couple/partner.
- Sex selection is not an indication for pregnancy termination under the law.

Before the enactment of this legislation, abortion was prohibited under Section 312 of the Indian Penal Code. According to MTP Act, 1971, a pregnancy may be medically terminated by a registered medical practitioner.

MTP Act is passed by both houses of parliament and receives assent by the President. MTP Rules are made by the Central Government and passed by the parliament; notified in the official gazette. MTP Regulations are made by the state government and passed by the state legislature.

The Rajya Sabha passed the Medical Termination of Pregnancy (Amendment) Bill, 2021 in March 2021. The Bill was passed by the lower house in 2020. This is an important Bill that seeks to enhance the reproductive rights of women.

### Need for MTP Amendment Bill

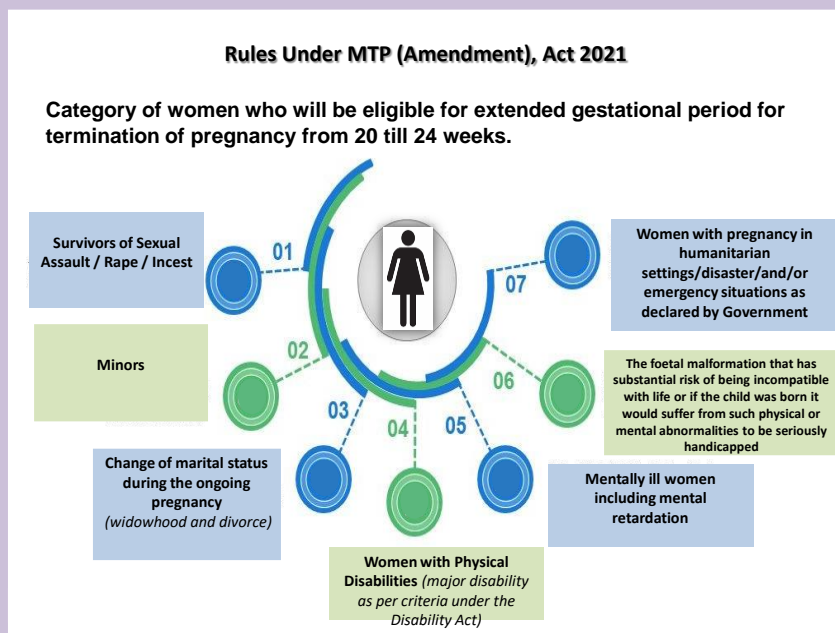
The amendment was introduced into the Parliament because the older act had certain concerns, which have been addressed now and needed modifications from social and practical point of view making the Act more favourable to women.

- The MTP Act required amendments because it was outdated in many aspects and had failed to take cognisance of the latest developments in the field of medical science. Current medical technology allows safe abortions even at advanced stages of pregnancy.

- Many foetal abnormalities are detected only after the twentieth week of pregnancy. The new provisions were needed that would cater to such cases.
- The amended law would allow rape victims, disabled and minor women to abort unwanted pregnancies safely and legally.
- The Bill also applies to unmarried women, thus removing a regressive clause of the 1971 Act which said that unmarried women could not ask for an abortion citing contraceptive failure as a reason.
- Allowing unmarried women the right to legally terminate an unwanted pregnancy with a provision to protect her identity will confer reproductive rights to women.

### Proposed Features of the New Bill:

1. The Bill permits abortion to be allowed up to 20 weeks on the opinion of just one medical practitioner.
2. To terminate pregnancies between 20 and 24 weeks, the opinion of two doctors are required. This extension of the gestation period up to 24 weeks is given for special categories of women such as rape/incest victims, differently-abled women and minors.
3. For abortions beyond 24 weeks, a state-level Medical Board will decide if it can be permitted, in case of substantial foetal abnormalities.
4. The Board will consist of a gynaecologist, a paediatrician, a radiologist or sonologist and any other number of members as notified by the state government.
5. According to the Bill, the “name and other particulars of a woman whose pregnancy has been terminated shall not be revealed”, except to a person authorised by law.
6. In cases where abortions are desired to terminate pregnancies arising out of rape, where the gestation period exceeds 24 weeks, the only manner would be through a writ petition.









### Salient Features of the Amendments:

| Existing Act  | Amendments  | Potential Outcome  |
|---|---|--|
| <b>Modification in condition pertaining to marital status:</b>  |   |  |
| The condition of failure of contraceptive is applicable for any married women or her husband  | Condition of failure of contraceptive to be extended for any woman or her partner | Increase in access of unmarried women to safe and legal abortion                   |
| <b>Requirement of Opinion of RMP:</b>   |   |  |
| Only till 12 weeks of gestation period, opinion of 1 RMP was valid, for termination of pregnancy between 13-20 weeks, opinion of 2 RMPs is required | Up to 20 weeks of gestation period, opinion of only 1 RMP is valid                | Increase in access of MTP services in areas where only 1 Gynecologist is available |

## Rules Under MTP (Amendment), Act 2021

The norms for the RMP whose opinion is required for termination of pregnancy at different gestational age

| Gestational age                      | Experience and training requirement for RMP   | Opinion  |
|--------------------------------------|---|--|
| <b>Till 9 Weeks</b>                  | <ol style="list-style-type: none"> <li>1. Experience at any hospital 3 months in the practice of obstetrics and gynaecology or has independently performed <u>10 cases of MTP by MMA under supervision of a RMP in a hospital established or maintained or a training institute approved for this purpose by the government</u></li> <li>2. A practitioner who has <u>assisted a RMP in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital</u></li> <li>3. A practitioner who holds a <u>post-graduate degree or diploma in obstetrics and gynaecology</u></li> <li>4. A practitioner who has completed <u>6 months of house surgency in obstetrics and gynaecology</u></li> <li>5. A practitioner who has experience at any hospital for a period of not less than <u>1 year in the practice of obstetrics and gynaecology</u></li> </ol> | Opinion of 1 RMP is required<br>  |
| <b>Till 12 Weeks</b>                 | <ol style="list-style-type: none"> <li>1. A practitioner who has <u>assisted a RMP in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital</u></li> <li>2. A practitioner who holds a <u>post-graduate degree or diploma in obstetrics and gynaecology</u></li> <li>3. A practitioner who has completed <u>6 months of house surgency in obstetrics and gynaecology</u></li> <li>4. A practitioner who has experience at any hospital for a period of not less than <u>1 year in the practice of obstetrics and gynaecology</u></li> </ol>   | Opinion of 1 RMP is required<br>  |
| <b>Beyond 12 Weeks till 20 Weeks</b> | <ol style="list-style-type: none"> <li>1. A practitioner who holds a <u>post-graduate degree or diploma in obstetrics and gynaecology</u></li> <li>2. A practitioner who has completed <u>6 months of house surgency in obstetrics and gynaecology</u></li> <li>3. A practitioner who has experience at any hospital for a period of not less than <u>1 year in the practice of obstetrics and gynaecology</u></li> </ol>   | Opinion of 1 RMP is required<br>  |
| <b>Beyond 20 Weeks till 24 Weeks</b> | <ol style="list-style-type: none"> <li>1. A practitioner who holds a <u>post-graduate degree or diploma in obstetrics and gynaecology</u></li> <li>2. A practitioner who has completed <u>6 months of house surgency in obstetrics and gynaecology</u></li> <li>3. A practitioner who has experience at any hospital for a period of not less than <u>1 year in the practice of obstetrics and gynaecology</u></li> </ol>   | Opinion of 2 RMPs is required<br>    |
| <b>Beyond 24 Weeks</b>               | <ol style="list-style-type: none"> <li>1. A practitioner who holds a <u>post-graduate degree or diploma in obstetrics and gynaecology</u></li> <li>2. A practitioner who has experience at any hospital for a period of not less than <u>1 year in the practice of obstetrics and gynaecology</u></li> </ol>  |  Opinion of Medical Board is required. For the termination procedure, when advised by the Medical Board, is carried out with all safety precautions along with appropriate counselling and at an approved place |

## Sites for Pregnancy Termination

- 1) Hospital established or maintained by the Government
- 2) Private site approved by the Government or a District Level Committee constituted by the Government for the purpose

### MTP Site Approval

- All private sites need approval before starting abortion services
- Public sector sites do not need separate approval, provided they have the required infrastructure
- Approval of private sites is granted at the district level by the District Level Committee (DLC)

### District Level Committee

#### Three to five members including the Chairperson.

- Chairperson: Chief Medical Officer
- One member shall be a Gynecologist/Surgeon/Anesthetist
- Other members should be from the local medical profession, Non-Governmental Organization and Panchayati Raj Institution of the district
- At least one member of the committee should be a woman
- The tenure of the committee will be for two calendar years and the tenure of the NGO member will not be for more than two terms (four years)

### Infrastructure requirement according to trimester site

| Trimester Site        | Infrastructure Requirement  |
|-----------------------|---|
| First Trimester Site  | <ul style="list-style-type: none"><li>• Gynaecology examination/labour table</li><li>• Resuscitation and sterilization equipment</li><li>– Drugs and parenteral fluids for emergency use, notified by Government of India from time to time</li><li>• Back-up facilities for treatment of shock</li><li>• Facilities for transportation</li></ul>                                   |
| Second Trimester Site | <ul style="list-style-type: none"><li>• An operation table</li><li>• Instruments for performing abdominal or gynecological surgery</li><li>• Anesthetic equipment</li><li>• Resuscitation and sterilization equipment</li><li>• Drugs and parenteral fluids for emergency use</li><li>• Back-up facilities for treatment of shock</li><li>• Facilities for transportation</li></ul> |

### Medical Methods of Abortion (MMA)

- Provider's eligibility: Only an RMP, as under the MTP Act, can prescribe MMA drugs
- Site eligibility: Medical Methods of Abortion up to seven weeks of gestation can be provided by an RMP under the MTP Act, from an OPD clinic with established linkage to an approved site. However, a certificate to this effect by the owner of the approved site has to be displayed at the OPD clinic

**All the records of pregnancy termination have to be maintained for MMA also (Consent Form, RMP Opinion Form, Admission Register and Monthly Reporting Form).**

### Mandatory Documentation under the MTP Act

- a) Form 'C': Consent Form
- b) Form I (Opinion Form): RMP shall certify this form within three hours from the termination of pregnancy
- c) Form II: Head of the hospital or owner of the place shall send a monthly statement of cases to the CMO of the district in this form
- d) Form III (Admission Register): An approved site shall maintain case records in Form III. This register is kept for a period of five years from the date of last entry

### Documentation for Other Types of Abortion

**Types:** Spontaneous, Inevitable, Incomplete and Missed: None of these come under the purview of the MTP Act.

#### Documentation:

- Form I not required
- Consent as taken for any other procedure and not on Form C
- Procedure not recorded in Admission Register (Form III) but in (OT) Procedure

### Violation of the MTP Act

The following offences can be punished with rigorous imprisonment for two to seven years:-Any person terminating a pregnancy who is not a registered medical practitioner as under the MTP Act






- Terminating a pregnancy at a place which is not approved
- Mandatory documentation of consent, opinion, case recording and monthly reporting are not adhered to

### Rules for Medical Boards Under MTP (Amendment), Act 2021

| Powers of the Medical Boards   | Functions of the Medical Boards   |
|--|---|
| <ul style="list-style-type: none"><li>(i) <b>To allow or deny termination of pregnancy beyond twenty-four weeks of gestation period</b> only after due consideration and ensuring that the procedure would be safe for the woman at that gestation age and whether the foetal malformation has substantial risk of it being incompatible with life or if the child when born would suffer from such physical or mental abnormalities to be seriously handicapped</li><li>(ii) <b>Co-opt other specialists</b> in the Board and ask for any additional investigations if required, for deciding on the termination of pregnancy</li></ul> | <ul style="list-style-type: none"><li>(i) <b>To examine the woman and her reports</b>, who would approach for medical termination of pregnancy</li><li>(ii) <b>Provide the opinion of Medical Board in Form D</b> with regard to the termination of pregnancy or rejection of request for termination within three days of receiving the request for medical termination of pregnancy</li><li>(iii) <b>To ensure that the termination procedure</b>, when advised by the Medical Board, is carried out with all safety precautions along with appropriate counselling within five days of the receipt of the request for medical termination of pregnancy</li></ul> |



### Composition of the Medical Boards:

|   |   |   |  |   |
|---|---|---|--|---|
|    |  |  |  |  |
| <b>a Gynaecologist</b>  |   | <b>a Paediatrician</b>  |  | <b>a Radiologist or Sonologist</b>  |
| <p><b>Suggestive points for composition of the Medical Boards:</b></p> <ul style="list-style-type: none"> <li>• The head of the department of Obstetrics and Gynaecology of that institution will be the chair of the Board</li> <li>• It should have atleast one women member, and</li> <li>• One member from the Government Hospital</li> <li>• Specialists from any other department may be included in the Board as per the requirement of the case</li> <li>• Any Board Member, if not available at the point of time of discussion on a case, may be suitably substituted by another member by the Chair</li> </ul> |   |   |  |   |

### Other Related Amendments:

The gestation limit for DLC Approval for private facilities has been increased. With this change now we have following gestation limits for which DLC can give approval.

- Till 12 weeks
- Till 24 weeks
- Beyond 24 weeks

*Note: Private facilities can perform abortion beyond 24 weeks only after the Medical Board opinion to termination the pregnancy beyond 24 weeks at the designated private facility with DLC approval.*

**Now Medical Methods of abortion can be used till 9 weeks of gestation limit in both public and private facilities.**

### Frequently Asked Questions on Medical Termination of Pregnancy (Amendment) Bill, 2021

| Questions  | Answers   |
|--|---|
| What are the provisions under Medical Termination of Pregnancy (Amendment) Bill, 2021? | The Bill permits abortion to be allowed up to 20 weeks on the opinion of just one medical practitioner. In cases where abortions are desired to terminate pregnancies arising out of rape, where the gestation period exceeds 24 weeks, the only manner would be through a writ petition. |
| When was the Medical Termination of Pregnancy (Amendment) Bill, 2021 passed?           | The Medical Termination of Pregnancy (Amendment) Bill, 2021, was approved by the Rajya Sabha on March 16, 2021. The Bill was approved in Lok Sabha on March 17, 2021.   |

### References:

- 1) [www.mohfw.gov.in](http://www.mohfw.gov.in)
- 2) [www.legalservicesindia.com/articles/pregact.htm](http://www.legalservicesindia.com/articles/pregact.htm)
- 3) [www.mayoclinic.org](http://www.mayoclinic.org)
- 4) [www.medindia.net](http://www.medindia.net)
- 5) [www.who.int](http://www.who.int)
- 6) Indian J of Medicine, July-Sept 2021, Medical Termination of Pregnancy (Amendmet Bill, 2021), Sneha Kumari, Jugal Kishore
- 7) [www.ncbi.nlm.nih.gov/](http://www.ncbi.nlm.nih.gov/)
- 8) [Nhsrindia.org](http://Nhsrindia.org), The Medical Termination of Pregnancy Act, 1971
- 9) [www.gktoday.in/current-affairs](http://www.gktoday.in/current-affairs)
- 10) [nhsrindia.org](http://nhsrindia.org), The Medical Termination Of Pregnancy Act, 1971 (Act No. 34 of 1971)

## **Plantation at SIHFW-Towards a greener perspective...**

Tree plantation was done at SIHFW on July 26, 2021. Director SIHFW and all staff planted trees in SIHFW garden.



## **Trainings by SIHFW**

### **Online Trainings on Covid Management**

Continuing with the series of online trainings for anticipated Covid-3<sup>rd</sup> wave preparedness, more batches were organized during July to September 2021. Complete training material of these trainings has been up loaded on website of SIHFW and Rajswasthya (official website of Department of Medical Health and Family Welfare). August month onwards, refresher rounds were also organized for earlier topics of VCs, so that health functionaries, who were not able to participate because of other engagements, were able to participate in these refresher sessions. Following are the details of online VC sessions organized by SIHFW during July to September 2021.

### **Community Sensitisation and Community Action on Covid Appropriate Behaviour, Role of Multistakeholders**

This VC was organized on July 1, 2021 and a refresher round was organized on August 19, 2021. Resource persons for this VC included Dr Vishal Singh, Faculty SIHFW, Mr Nizamuddin Ahmed, Communication for Development Officer, UNICEF and Mr Zameer Anwar, Consultant from UNICEF.



Audio Visual Song on Vaccination, News clipping of success stories, video clip of ASHA worker sonki, and covid health assistant Anita, reach an island by boat for vaccination was shown. Participants from districts shared their experiences of success stories and good works done by field functionaries from various districts. Some of these success stories were from Jamli sub centre, CHC prathivipura, pipalkhunt block at Pratapgarh.

### **ICU and Ventilator Management**

Training on ICU and Ventilator Management was organized on July 2, 2021. Dr Siddhart Sharma and Dr Adhokshaj Joshi, specialists from SMS Medical College and Hospital, Jaipur, were resource persons in this VC. Demonstrations were done on use of Ventilator machine during this session.

### **Covid Basics, active and Passive Surveillance, Identification and Management of Post Covid Patients, Home Isolation and Infection Prevention**

This VC was organized on July 27, 2021. It was also a refresher VC in series of Online trainings organized by SIHFW for preparation of anticipated Covid-19 III wave. Major contents were Important measures for seasonal diseases, NCD data base and treatments before the onset of third wave (anticipated). Special focus in these sessions was for child patients. Clinical guidelines were presented. Post covid mental health challenges and management with help of first aid or primary health care for mental health was emphasized, with in-depth understanding of stress and stress mechanism in post covid patients. Also, home isolation guidelines for covid patients were shared with participants with clear decisions in which conditions it is appropriate for home isolation and cases where it should not be done. It was stressed during the session that there has to be a communication link between family members/caretaker or the patient and health functionaries so that follow up can be done and decision for immediate health care or referral may be taken in case of an emergency. Resource Persons of this VC included Dr Praveen Aswal, SNO IDSP and Dr Sunil Mahavar, Associate Professor, Medicine, SMS Medical College. Resource Persons from SIHFW included Faculties -Dr Swati Gupta and Dr Mamta Chauhan and Ms Nishanka Chauhan, SRO.

### **Operational Audit of Health facility for Management of Anticipated III wave of Covid -19**

This VC session was organized by SIHFW on August 13, 2021. The main component of this VC session was to check preparedness of Health facilities for handling anticipated third wave of Covid-19. Various Checklists for Assessments were shared by Resource Persons, developed for Audit of various critical and essential components of Covid care, such as Assessment of HR, Equipment and Resources, Assessment of Family Welfare services, Audit for Infrastructure of Hospital, Fire and Power Audit for Quality Assurance standards and Ambulance checklist. Vaccination checklist and Open data Kit –ODK formats were also shared with participants. Findings of Prescription Audit were also shared with participants, based on analysis of prescription slips which indicated that what should be kept in mind by Medical officers while writing the prescription such as Non relevant medicine, wrong dosages, not prescribing what was needed, misuse of drugs, etc. Importance of maintaining clinical record of patient was stressed in the session which is helpful in planning further course of treatment. Information such as Treating Medical officer's name, Name of the department, should be on the prescription slip. Format for Training Quality Audit at Facility level was also shared with participants to maintain record of trainings on Covid-19.

RP's included Dr Tarun Choudhary, PD, MH, Dr Girish Dwivedi, PD, FW, Dr Rakesh Vishwakarma, WHO, Dr Mahesh Sachdeva, SNO, QA, Dr Khushboo, Consultant, QA, Dr Anurag Joshi, UNICEF, Dr Mohammad Rafiq, NO, MNDY, Dr Rishi, WHO and Dr Pradeep Choudhary.

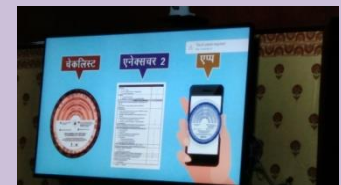
Other training VC sessions were organized on Rapid Antigen Test and RTPCR App on July 5, 2021, Clinical Management of Covid-19 in Adults and Management of Mucormycosis, on July 7, 2021, Maternal Health and Covid, August 10, 2021. Resource persons in these trainings sessions include Dr Rakesh Vishwakarma, Dr Parveen Aswal, Dr Tarun Choudhary, Dr Swati Gupta, Dr Shalini Rathore, Gynecologist and Nodal Officer, Covid, Mahilla Chikitsalaya, Jaipur.

**Photo documentation of online trainings for preparation of Covid III wave:**



**Consultation workshop on E-Module for Antara**

A Workshop on E module of Antara was organized on July 14, 2021 at SIHFW in coordination with IPE Global. An innovative E module has been developed by SIHFW and IPE Global on use of Antara contraceptives. The module is user friendly and will be used for capacity development of service providers. The module is digitally designed and can be used on mobiles also for ready recokner. The module contains narratives filmed by professional acting artists and animated characters. The workshop was organized to take feedback from various subject matter specialists and target users for content and usefulness of the module, before finalization. Participants included CMHOs, RCHOs, BCMOs, Medical officers, LHVs, ANMs and representatives from development partners.



## Launch of E training Module for Antara Injectable Contraceptives

After the outcome of Consultation workshop, the E module for capacity building for Antara Injectable Contraceptives was launched at SIHFW on September 9, 2021. Officials from the department of Medical Health and Family Welfare, State trainers, PHN, Nursing tutors from districts and representatives of development partners participated at the launch workshop. Workshop was organized in coordination with IPE Global.



## LHVs training on Handbook for ASHA Facilitation

Handbook training started for LHVs to orient them for ASHA Facilitation. Training is based on module titled 'Handbook'. The module contains guidelines for ASHA facilitators for facilitation of ASHA Sahyogini. For the first time, this training is being imparted to LHVs. As a routine, handbook training is provided to Block Health Supervisors and PHC Health Supervisors (BHS and PHS). During July to September, 2021, 5 batches of this training were completed by SIHFW. At this training, LHVs expressed a view that for the first time they have been trained on facilitation and community processes. Training covers many aspects of their routine works, such as Target calculation, reporting and recording, softwares –PCTS and ASHA soft, Target calculation, Sector meetings, MCHN day, RMNCH+A approach, etc.





### Online Consultation on Swasthya Mitra Pustika

Online discussion cum working group session was organised by SIHFW on August 11, 2021. It was organized with an objective to finalise Swasthya Mitra Pustika under Nirogi Rajasthan. Officials including Joint Director RH and Food Safety, Project Directors MH, CH, FW and Immunization and SNOs from DMHS and Director SIHFW, Dr Swati Gupta, Dr Mamta Chauhan, faculties from SIHFW facilitated the discussion. There were 15 participants in this meeting. The online meeting was organized through google meet.

### Training on Routine Immunization

Routine Immunization training of 3 days duration is organized for Medical Officers at SIHFW. During July to September 2021, 10 batches were organized at SIHFW. At district level ANM and Nursing staff are trained on Routine Immunization by SIHFW, for 2 days.

### Training on Rabies

This training was organized under National Rabies Control Programme (NRCP). 4 batches of one day training on Rabies were organized at SIHFW on July 27, 2021 August 3, 5 and 12, 2021. Deputy CMHOs (Health), BCMOs and other medical officers participated in these trainings. Participants were trained on Guidelines of NRCP, Prevention and treatment of Rabies, Surveillance and Reporting- IDSP Portal. Guidelines for Clinical Management, Follow-up, Inter-sectoral Convergence, Protocol for Anti Rabies Clinic, Methods of detecting Rabies: Observation and Laboratory methods, Control Measures and FAQs for community awareness. Resource persons in these trainings were Dr M.L. Salodia Sir, Nodal Officer, DMHS, Dr Pradeep Choudhary, SNO Child Health, DMHS, Dr Madhvi Vyas, Department of Microbiology, SMS, Dr Lenin, State Veterinary Officer, Animal Husbandry Department and Dr Jitendra, Senior Demonstrator, SMS Medical College.



### Training on HBYC (ToT)

Training of Trainers for Home Based Care for Young Child Programme (HBYC) is being implemented by SIHFW. The programme is an extension of the Home Based New Born Care Programme (HBNC) which is currently implemented across the country. Under HBNC, ASHA extends care for infants through homevisit. Through ToT, trainers are being developed who will further impart training to ASHA –shayogini. The ToT includes hands-on practical skill development sessions. Trainers enhanced skills and knowledge is evaluated by test, skill assessment demonstration and mock training session. Participants of this training are being guided by mentors throughout the training duration.



## Foundation training for MOs

This training is provided to newly recruited Medical Officers in Rajasthan. Training duration is 12 days and it is organised at SIHFV. During July to September month 2021, 3 batches were organised at SIHFV.



## Field Trainings

### District level training on Community Action for Health

This training is organized at various districts. During August, a batch was organized at Sawaimadhapur during August 24-25, 2021. This training batch was monitored by Dr Vishal Singh, Faculty, SIHFV. During same dates, another district training batch was monitored by Dr Rajni Singh, Training coordinator.

During September 23-24, 2021, a training batch was monitored at Jodhpur by Dr Vishal Singh, Faculty, SIHFV.



**कम्यूनिटी एक्शन फोर हेल्थ कार्यशाला संपन्न, हेल्थ सुपरवाइजर व एलएचवी को दिया प्रशिक्षण**  
कार्यक्रम में समय-समय पर सर्वेक्षण व अद्ययन तथा समुदाय आधारित निगरानी शामिल है।

स्वास्थ्य सेवाओं का प्रशिक्षण का शुभारंभ

झालावाड़ 25 अगस्त "घाटन एक्सप्रेस है."। मुख्य चिकित्सक एवं स्वास्थ्य अधिकारी डॉ. साविंद्र खान ने बताया कि झालावाड़ में समुदाय आधारित स्वास्थ्य सेवाओं का प्रशिक्षण आयोजित किया जा रहा है। प्रशिक्षण में जनसमुदाय को दो या दो से अधिक सेवाओं के प्रति जागरूकता लाने के उद्देश्य से डॉ. दमन आहुजा, एजीसीए, नई दिल्ली से प्रशिक्षण में प्रशिक्षक के रूप में अपनी भूमिका निभाई। उन्होंने समस्त एलएचवी, बीएचएस एवं पीएचसी हेल्थ सुपरवाइजर को समुदाय के साथ जनसंवाद स्थापित करने के गुर सिखाए। डॉ. आहुजा ने बताया कि स्वास्थ्य सेवाओं की प्रगति के बारे में जानकारी दी गई। प्रशिक्षण में राज्य स्तर से डॉ. अजय कुमार, सीएमए एवं डॉ. रजनी सिंह तथा जिला स्तर से जिला कार्यक्रम प्रबंधक प्रभु लोधा, जिला पोस्तोपोस्टल कोर्डिनेटर प्रभु एलएचवी, जिला आईसी कोर्डिनेटर धनवन्तरा प्रजापति, डीएसओ हेमराज तथा प्रशिक्षण में कुल 37 प्रतिभागी उपस्थित रहे।

**संभागीय आयुक्त आज झालावाड़ दौर पर**

### 34<sup>th</sup> Meeting of the Executive Committee of SIHFV

Meeting of the Executive Committee of SIHFV was organized at SIHFV on August 2, 2021.





## Covid-Vaccination camps at SIHFW

Vaccination camps are routinely being organized at SIHFW. Both type of vaccines Covishield and Covaxine are being provided to masses. Camps were organized at SIHFW on July 2, 2021, July 15, 2021, July 28, 2021, August 6, August 7, August 14 and August 17, 2021.

### Research Study

SIHFW is conducting a research study titled “GIS mapping of Ultrasound Clinics registered under PC & PNDT Act in Rajasthan and mapping of Districts, Blocks with low sex ratio and availability of diagnostic centers in their vicinity”. There has been progress in this direction. The tool developed for collecting data under “GIS mapping of Ultrasound Clinics registered under PC & PNDT ACT in Rajasthan and mapping of Districts, Blocks with low sex ratio and availability of diagnostic centers in their vicinity”, was shared with DoIT and is now being prepared on website and application based software.

### Health News Briefs

#### World failing to address dementia challenge

Only a quarter of countries worldwide have a national policy, strategy or plan for supporting people with dementia and their families, according to the WHO’s ‘Global status report on the public health response to dementia’. At the same time, the number of people living with dementia is growing according to the report: WHO estimates that more than 55 million people (8.1 % of women and 5.4% of men over 65 years) are living with dementia. This number is estimated to rise to 78 million by 2030 and to 139 million by 2050.

Dementia is caused by a variety of diseases and injuries that affect the brain, such as Alzheimer’s disease or stroke. It affects memory and other cognitive functions, as well as the ability to perform everyday tasks. Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization said that the world is failing people with dementia, and that hurts all of us. Four years ago, governments agreed a clear set of targets to improve dementia care. But targets alone are not enough. We need concerted action to ensure that all people with dementia are able to live with the support and dignity they deserve.” Care required for people with dementia includes primary health care, specialist care, community-based services, rehabilitation, long-term care, and palliative care. While most countries (89%) reporting to WHO’s Global Dementia Observatory say they provide some community-based services for dementia, provision is higher in high-income countries than in low- and middle-income countries. Medication for dementia, hygiene products, assistive technologies and household adjustments are also more accessible in high-income countries, with a greater level of reimbursement, than in lower-income countries.

Dr Tarun Dua, Head of the Brain Health Unit at WHO said. “WHO is developing the Dementia Research Blueprint, a global coordination mechanism to provide structure to research efforts and stimulate new initiatives.” The ‘Global status report on the public health response to dementia’ takes stock of progress made to date towards the 2025 global targets for dementia laid out in the WHO’s ‘Global Dementia Action Plan’ published in 2017. It uses data from WHO’s Global Health Estimates 2019 and the Global Burden of Disease study 2019 as well as from WHO’s Global Dementia Observatory (GDO). So far, 62 countries have submitted data to the GDO, 56% of which are high-income and 44% low- and middle-income. Together, these countries represent 76% of people aged 60 years or older. Data are included on issues ranging from national policies and diagnosis, treatment and care, to support for carers and research and innovation.

*Source: WHO Health news, September 2, 2021*

#### Rapid communication on updated guidance for TB management in children and adolescents by WHO

A rapid communication released by the World Health Organization (WHO) Global Tuberculosis Programme has announced important updates to guidance on the management of tuberculosis (TB) in children and adolescents. This includes new recommendations on diagnostic options, treatment regimens, as well as treatment decision algorithms and optimal models of care for the delivery of child and adolescent TB services.

“Tuberculosis in children and adolescents has been overlooked for many years, reflected in large gaps in access to TB prevention and care. Therefore it is encouraging to see that options for the diagnosis, treatment, prevention and care for children and adolescents with TB or at risk of TB, are expanding, thanks to the generation of new evidence” said Dr Tereza Kasaeva, Director of WHO’s Global Tuberculosis Programme. “We ask for ongoing commitment from country officials and stakeholders to prepare for and support the full implementation of new WHO recommendations

on the management of TB in children and adolescents, which will soon be outlined in updated guidelines.” The rapid communication aims to inform staff from ministries of health and care providers across public and private sectors, technical partners and other stakeholders about the key findings, considerations and changes related to the diagnosis, treatment and care of TB for children and adolescents, in order to allow for planning at the country level ahead of the release of updated guidelines and an associated operational handbook.

Source: WHO Health news, August 26, 2021

### **New recommendations for screening and treatment to prevent cervical cancer**

Last year, in 2020, more than half a million women contracted cervical cancer, and about 342 000 women died as a result – most in the poorest countries. Quick and accurate screening programmes are critical so that every woman with cervical disease gets the treatment she needs, and avoidable deaths are prevented.

WHO’s global strategy for cervical cancer elimination– endorsed by the World Health Assembly in 2020 – calls for 70% of women globally to be screened regularly for cervical disease with a high-performance test, and for 90% of those needing it to receive appropriate treatment. Alongside vaccination of girls against the human papillomavirus (HPV), implementing this global strategy could prevent more than 62 million deaths from cervical cancer in the next 100 years.

“This new WHO guideline will guide public health investment in better diagnostic tools, stronger implementation processes and more acceptable options for screening to reach more women – and save more lives.” says Dr Princess Nono Simelela, Assistant Director-General for Strategic Programmatic Priorities: Cervical Cancer Elimination. The new guideline include some important shifts in WHO’s recommended approaches to cervical screening. In particular, it recommends an HPV DNA based test as the preferred method, rather than visual inspection with acetic acid (VIA) or cytology (commonly known as a ‘Pap smear’), currently the most commonly used methods globally to detect pre-cancer lesions. The testing detects high-risk strains of HPV which cause almost all cervical cancers. Although the process for a healthcare provider obtaining a cervical sample is similar with both cytology or HPV DNA testing, HPV DNA testing is simpler, prevents more pre-cancers and cancer, and saves more lives than VIA or cytology. In addition, it is more cost-effective.

Women who are immunocompromised, such as those living with HIV, are particularly vulnerable to cervical disease; they are more likely to have persistent HPV infections and more rapid progression to pre-cancer and cancer. This results in a six-fold higher risk of cervical cancer among women living with HIV.

In recognition of this, the new guideline include recommendations which are specific for women living with HIV. This includes using an HPV DNA primary screening test followed by a triage test if results are positive for HPV, to evaluate the results for risk of cervical cancer and need for treatment. The global recommendations also advise that screening start at an earlier age (25 years of age) than for the general population of women (30 years of age). Women living with HIV also need to be retested after a shorter time interval following a positive test and following treatment than women without HIV. For a cervical cancer prevention and control programme to have impact, strengthening patient retention and ensuring rapid treatment of women who screen positive for HPV or cervical pre-cancer is a fundamental priority. WHO calls for all women to ensure they get regular cervical cancer screening tests in line with the recommendations of their local health authority.

Source: WHO Health news, July 6, 2021

### **Dengue DENV 2 Variant can Create a Havoc**

Healthcare experts find another challenge in the form of the new dengue variant which is pervading faster in more than eleven states of India. As the dengue outbreak in India was believed to be in control, the new dengue DENV 2 variant has made several people severely ill (high fever), in many parts of the country. Out of all the variants, the dengue DENV 2 is found to be the most lethal that can potentially cause devastating internal bleeds in patients. This strain is most virulent and has the potential to increase the mortality rates, says Dr. Balram Bhargava, Director-General of Indian Council of Medical Research. He added that people should be cautioned and **not to allow water to stagnate anywhere in and around the living spaces**. Wearing fully covered dresses can prevent the attack of the mosquitoes to a certain extent. Dengue causing mosquitoes attack mostly during the daytime and hence people should be careful in the daytime to avoid being bitten by mosquitoes. He also added that the regular prevention methods for preventing mosquitoes are good enough to follow for the new strain of Dengue DENV 2 variant as well. Experts told the media that, the dengue DENV 2 variant can cause high-grade fever, pain in the bone joints, vomiting, hemorrhages, and dengue shocks. If a person had a previous experience of dengue fever already then they are more susceptible to the risk of serious illness with a second infection. Paracetamol can help in managing fever, along with taking sufficient rest and staying hydrated. Avoiding aspirin and analgesics is recommended by healthcare professionals. Source: September 30, 2021 <https://www.medindia.net/news/>



## Global Youth Tobacco Survey (GYTS-4), India, 2019 National Fact Sheet released

Emphasizing role of teachers as most crucial in creating awareness among children and their parents about harm due to tobacco use and for shaping the attitude of children in this regard, Union Health Minister of India said, "The more and the sooner, we create awareness among children about harms due to tobacco use, the better will be the outcomes in terms of reduction in prevalence of tobacco use among children and consequently among adults." 'Harmful effects of tobacco use' should be incorporated in school curricula at various levels starting right from the primary school level, he added.

The fourth round of Global Youth Tobacco Survey (GYTS-4) was conducted in 2019 by the International Institute for Population Sciences (IIPS) under the Ministry of Health and Family Welfare (MoHFW). The survey was designed to produce national estimates of tobacco use among school going children aged 13-15 years at the state level and Union Territory (UT) by sex, location of school (rural-urban), and management of school (public-private). The first three rounds of GYTS were conducted in 2003, 2006 and 2009. A total of 97,302 students from 987 schools (Public-544; Private-443) participated in the survey. Of which, 80,772 students aged 13-15 years were considered for reporting. The objective of the survey was to provide information on tobacco use, cessation, second-hand smoke, access and availability, exposure to anti-tobacco information, awareness and receptivity to tobacco marketing, knowledge, and attitudes. Key findings of the Survey:

- Nearly one-fifth of the students aged 13-15 used any form of the tobacco product (smoking, smokeless, and any other form) in their life. However, the current use (during last 30 days) was 8.5%. Between the last two surveys, the current use declined by 42% (2009-2019).
- Prevalence of tobacco use among boys was 9.6% and among girls was 7.4%. The prevalence of smoking tobacco was 7.3%. In case of smokeless tobacco product, the prevalence was 4.1%.
- Use of any form of tobacco was higher among boys than girls. The current use of tobacco among students across the States/ UTs ranged from the highest in Arunachal Pradesh and Mizoram (58% each) to the lowest in Himachal Pradesh (1.1%) and Karnataka (1.2%).
- 38% of cigarette, 47% of bidi smokers and 52% of smokeless tobacco users initiated the use before their 10th birthday. The median age at initiation of cigarette and bidi smoking, and smokeless tobacco use were 11.5 years, 10.5 years and 9.9 years respectively.
- 2 in 10 current smokers tried to quit smoking in the past 12 months and another 2 in 10 students wanted to quit smoking now.
- 27% of current users of smokeless tobacco tried to quit using in past 12 months and another 25% wanted to quit now.
- 29.5% of the students were exposed to second-hand smoke (11.2% at home, 21.2% inside enclosed public places, 23.4 at outdoor public places).
- 69% of current cigarette smokers and 78% of current bidi smokers bought cigarettes/bidis from a store, paan shop, street vendor or vending machine.
- Among the current smokers who bought cigarette/bidi, 45% of cigarette smokers and 47% of bidi smokers were not refused because of their age.
- 52% of students noticed anti-tobacco messages in the mass media.
- 18% of students noticed tobacco advertisements or promotions when visiting points of sale. Knowledge & attitudes
- 71% of students thought other people's cigarette smoking is harmful to them.
- 58% of students favoured ban on smoking inside enclosed public places. School policy, 85% of school heads were aware of COTPA, 2003 and 83% of schools were aware of the policy to display 'tobacco-free school' board

Source: National healthportal, What's New | National Health Portal Of India (nhp.gov.in) 10 AUG 2021 7:16PM by PIB Delhi

*We solicit your feedback:*

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