

# SIHFW Rajasthan

**Electronic Newsletter**

**Vol. 4/Issue 1/New Year- Special Edition 2015**



SIHFW: an ISO 9001:2008 certified Institution

## From the Director's Desk

Dear Readers,

New Year Greetings from SIHFW!

Wishing all the readers, associates, partners, collaborators and contributors-a Very Happy New Year 2015.



The e-newsletter contains information on various health days during October to December, 2014 along with activities coordinated at SIHFW and by SIHFW team in Rajasthan, at district and block levels.

We would solicit your feedback and suggestions.

World Leprosy Day

Director



### Important Days Jan-March 2015

World Braille Day 4 Jan  
National Youth Day-India 12 Jan  
Girl Child Day -India 24 Jan  
World Leprosy Day 27 Jan  
World Cancer Day 6 Feb  
International Day of Zero Tolerance to  
Female Genital Mutilation 6 Feb  
World Day of the Sick 11 Feb  
World Rotaract Day 23 Feb  
National Science Day 28 Feb  
World Sustainable Energy Day 29 Feb  
International Day for Ear and Hearing 3  
March  
World Kidney Day 13 March  
World Consumer Day 15 March  
National Vaccination Day 16 March

### Important Days Oct-Dec 2014

International Day for the Elderly (UN) 1 Oct  
World Nature Day 3 Oct  
World Sight Day 9 Oct  
World Food Security Day 12 Oct  
Infant Protection day; World Cancer  
Awareness Day 7 Nov  
World Immunization Day 10 Nov  
World Pneumonia Day 12 Nov  
World Diabetes Day 14 Nov  
World Chronic Obstructive Pulmonary  
Disease Day 14 Nov  
World Chronic Obstructive Pulmonary  
Disease Day 18 Nov  
World AIDS Day 1 Dec  
World Disability Day 3 Dec  
Human Rights Day 10 Dec

### Inside:

- Visit by Director
- Activities at SIHFW
- Monitoring Visits
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  - Health News

## Visit by the Director

### Panel Discussion of WISH



Dr. M.L Jain, Director SIHFW shared a panel in the SCALE Healthcare Innovations Summit, organized by WISH Foundation (Wadhvani Initiative for Sustainable Healthcare) at Hotel Taj, New Delhi on November 19, 2014.



The Panel was an interactive discussion with international and national experts representing government officials, funders, innovators and facilitators. The intent of the panel was to bring out specific action points to address the challenges of scaling up healthcare innovations to revitalize primary healthcare delivery.

Dr Jain shared the Stakeholder's Group representing Government at the Panel discussion. There was a presentation on challenges of scaling up health care innovations, which was followed by the panel discussion, wherein Dr Jain shared thoughts and views.

## Trainings, Workshops and Meetings

### Governing Board Meeting

XV Meeting of the Governing Board of SIHFW was held on December 2, 2015 at SIHFW, under chairmanship of Hon'ble Minister of Medical, Health and Family Welfare, Rajasthan. All members of the Governing Board participated at the meeting including Sh Mukesh Sharma, Principal Secretary, Medical and Health, Sh Neeraj K Pawan, Director IEC, Dr. B.R. Meena, Director PH, Dr Hariom Narayan Sharma, Director RCH/FW, Dr Subhash Nepalia, Principal, SMS Medical College, Jaipur, Dr. S.D. Gupta, Director, IIHMR. Dr M.L.Jain, Director SIHFW in position of Member Secretary guided the discussions at the meeting. There were representations from MD-NHM, Finance department and HCM-RIPA. Dr Vinod Arora, OB expert and Dr. Narendra Gupta from Prayas organization also participated in the meeting.



Progress of SIHFW activities in financial and physical terms was presented at the meeting. Important decisions regarding progress and development of the organization were agreed upon by the members.

### UNICEF Review at SIHFW

A review of SIHFW-UNICEF partnership progress was held on December 1, 2014 at SIHFW. The review was done under Chairmanship of Mr. Samuel Mawunganidze, Chief, Unicef-Rajasthan and co-chairmanship of Dr M.L. Jain, Director SIHFW. Ms Girija Devi, C4D Specialist and Dr Apoorva Chaturvedi, Health Officer UNICEF and K.Vineetha, Nutrition Officer UNICEF and SIHFW Faculties -Dr Vishal Singh and Dr Mamta Chauhan and teams participated in the review. Presentations on Partnerships progress were done by Ms Poonam Yadav and Ms Archana Saxena, SIHFW, which was followed by discussions and way forward. Field monitoring and learning experiences were shared at the review meeting. It was planned at the meeting that now onwards, the activities shall be implemented on basis of needs and research outcomes of earlier studies, and should be monitored during and post process of implementation. The results and all the field experiences shall be documented as discussed at the meeting.

## Meeting on e-Janswasthya: An Innovation Hub

A meeting on "e-Janswasthya: An Innovation Hub" was organised at SIHFW on December 23, 2014 to share the concept of the innovation hub being developed at SIHFW to help DMHS, Rajasthan to address some critical bottlenecks for RMNCH+A services. This innovation hub would serve as a platform for exploring practical and technical solutions



using innovative applications and IT platform including android applications, sensor devices, real time monitoring, tracking and analysis cold chain innovations and improving interpersonal communication through video and audio advancement.



The innovation hub will be developed at SIHFW in partnership with UNICEF, under guidance of Dr M.L. Jain, Director SIHFW. Following components are being planned:

1. Cold Chain innovations: sensor devices and real time monitoring
2. Innovation for supportive supervisions: android based applications
3. Tracking of sick newborns and children through android application and SNCU online software.
4. Identification of Danger Signs and facilitation of decisions at family and community level through Android based application as well as for addressing Inter Personal Communication.



There were live demonstration of ILR sensors and temperature readings with wrist band BP monitoring and weight reading connected through Tab based software.

The meeting was held under chairmanship of Director SIHFW, Officials from DMHS and consultants from development partners and SIHFW staff participated at the meeting.

## Foundation Course for the Newly Recruited Medical Officers

The Foundation Course for the newly recruited Medical officers started at SIHFW on December 22, 2014 including 22 participants. The participants are under-going Hands-on sessions on PPIUCD and BEMOC at SP Medical College of Bikaner, Dr. S.N Medical College of Jodhpur and RNT Medical College of Udaipur during December 29, 2014 to January 7, 2015.

## Meeting for Mid-Media Plan-RI

A consultation on Mid-Media Plan was organised at SIHFW on December 5, 2014. District IEC coordinators of 6 districts participated and were oriented about development of Mid-Media Plans in coordination with RK Swamy foundation, for awareness on RI in these districts. Dr. R.P. Jain, PD Immunization, Ms Girija Devi, Communication for Development Specialist, UNICEF delivered were resource persons for the orientation.



## Workshop on Delivery Point



Under the RMNCH+A strategy only, Government of Rajasthan in collaboration with developmental partners is assigned to support 10 high priority districts in terms of infrastructure, manpower and assess the working of existing system and resources in Rajasthan to reduce high maternal and infant mortality.



To address these priorities only, workshops were being conducted in all the 10 HPD to train Delivery point Labor Room Doctor In charge and Labor Room Nursing In charge. Two workshops were held at Banswara (December 3-4, 2014) and Dungarpur (December 5-6, 2014).

At Banswara workshop, Dr. Sushila Saharan, Consultant – Maternal Health, UNFPA and Dr. Sanjeev Gupta, Consultant – Child Health, UNICEF were resource persons for the workshop while Ms Neha Awasthy of SIHFW coordinated the workshop and did monitoring also.

Dr. Nazima, JS – Gyn, DH - Udaipur and Dr. Sanjeev Gupta, Consultant – Child Health, UNICEF were the resource persons at Dungarpur workshop.



## Orientation of DACs and BAFs

All the District ASHA coordinators and Block ASHA facilitators working for guidance and supervision of ASHA of the State were oriented at SIHFW on October 7, 2014 and October 9 and 10, 2014. The format for Social Audit on Maternal Death was shared with the participants and they were oriented about its utilization and importance. Specialist, Nodal Offices and consultants from DMHS trained the participants. Participants were also oriented about ASHA software.

Capacity building of ASHA is a continuous process. Building ASHA's knowledge base and skills is critical in enhancing her effectiveness to achieve the desired healthcare outcomes. Under important component of Community processes of NRHM, capacity building of ASHA Sahyogini has been done by SIHFW, successfully. Before SIHFW started ASHA training coordination task, only 13% training were done for ASHA Sahyogini. Since ASHA trainings were coordinated by SIHFW, the achievement is now 75%. ASHA have been trained in Induction Training, Module 5, Module 6 & 7 (Round 1 and Round 2). SIHFW has also provided ASHA Newsletter, which is being used by ASHA as a feedback platform and many ASHA have started calling SIHFW to share their experiences, requirements and training feedbacks.

## Professional Development Course (PDC)-Batch XI

Eleventh batch of Professional development Course supported by SIHFW, New Delhi started at SIHFW on October 8, 2014. The training course is designed to develop the participants as public health experts. The course duration was October 8 to December 16, 2014. Valedictory was organised on December 16, wherein Dr M.L. Jain, Director SIHFW distributed Certificates to the participants and shared prizes with three best performing participants of the batch. During the course period, participants visited State Institute of Health Management and Communication-Gwalior, Madhya Pradesh and SIHFW, Pachkula – Haryana, under the cross-learning Inter-State Exposure Visit. Presentations were made by participants during the visit to other states, on learning experience after returning from exposure visits and on Portfolio (Course learning) and Problem Solving Action Plans during the course. Nodal Officer for the course was Dr Vishal Singh, Faculty and course was coordinated by Dr Ajapa A Chomal and Ms Nishanka Chauhan. 16 participants including MO, SMOs completed the course.

## Round-Table Discussion at SIHFW on Draft Guidelines for Social Audit of Maternal Death

SIHFW received draft guidelines for Social Audit of Maternal Death (for ASHAs) for sharing with members of Technical Working Group (TWG-under SBCC) and Specialists for giving the guidelines a final shape. With this objective, soft copy of the guidelines was shared with TWG members and Specialists. A meeting was held on September 24, 2014 at SIHFW, under chairmanship of Dr. M.L Jain, Director SIHFW.

Concerned nodal officers of NHM, Consultants and specialists of development partners and coordinators of NHM participated at the discussion. The draft of guidelines was also field tested at Barmer and Jalore at sector level. The feedbacks were compiled in tabular form and shared with MD, NHM for modifications in the Social Audit guidelines.

## Orientation of Faith Based Healers

Recognising the potential of community influencers and social mobilizers to bridge the gap between service utilisation by community and service provision, specially for routine immunization, a strategy component of SBCC partnership focuses on orienting Faith based healers. With this perspective, a one day Orientation workshop was organised at Banswara on September 9 and Dungarpur on September 10, 2014.



The community influencers were oriented about importance of immunization and key messages for convincing community to accept immunization as most essential part of care of children. Film show on Immunization, ANC and Importance of Institutional Delivery were organised at the workshop followed by open discussions.

The oriented participants shall be involved in awareness activities for spreading message in community for routine immunization and seeking timely health care at the nearest health care centre.



## ToT on IPC and Counseling Skills

Training of Trainers was organised for District trainers at SIHFW. The training focused on training skill development of trainers to further train field functionaries

- ANM, ASHA and Anganwari workers in improvement of Inter Personal Communication and Counseling skills. The second batch of this training was organised at SIHFW during September 11-13, 2014 for participants of Banswara and Dungarpur districts. Participants included District Asha Coordinators, District IEC Coordinators, PHN, NT, LHVs.

The activity was organised under SBCC partnership of SIHFW with UNICEF for strengthening SBCC strategy and roll out for RMNCH+A and Routine Immunization in Rajasthan.



## Monitoring/ Visits

### Health System Study Tour- Bangalore

A team of SIHFW faculties along with other state and district officials of Rajasthan visited Bangalore during December, 10-14, 2014. Rajasthan team visited Bangalore under guidance of team leader Dr Sushila Saharan, Consultant MH, SRMNCH+A Unit Rajasthan. Dr Vishal Singh and Dr Mamta Chauhan, Faculties, SIHFW facilitated the visit. Following members were in the team:

- Dr. Preeti Pareek, DFPM, Jaipur
- Mr. Rajesh Pachauri, DFPM, Bharatpur
- Mr. Mohamand Hussain Bohra, DFPM, Jodhpur
- Mr. Aditya Singh, DF, Bundi
- Mr. Paramsukh Saini, DF, Jaisalmer
- Mr. Aliakbar Ratlamwala, FDC, Banswara
- Mr. Indrapal Singh, FDC, Banswara





Visits were made to 5 Blocks in 5 Districts were visited, where 1 DH, 1 CHC, 1 PHC, 1 DTC and SIHFW, Bangalore. One SNCU, 1 SNUC, 1 MTC and 1 SHC was also visited by the Team.

key observations were done on various aspects of health system such as Infrastructure, services for Maternal health, family Planning, Child Health Immunization, infection prevention, Waste management, IEC, Recording and reporting system, ASHA and case studies were collected by direct feedback from community from beneficiaries.

### **Skill lab Assessment**

Mr Aseem Mohd. Malawat, Consultant Management (RCH), SIHFW visited Hyderabad for Skill Lab Assessment and study of skill lab at MyTri Skill Hall at ANSWER and at IIHFW, Hyderabad. The visit was done during December 11-12, 2014.

The purpose of this was to develop a state of art Skill lab which will not only for giving training but also do the capacity building of the ANMs/LHV with midwifery's skills which is very important for better delivery services and reducing the MMR of Rajasthan. Following work stations were observed at "MyTri Skill Hall" or skill lab which is at ANSWERS:

1. Registration cum Interaction station
2. Trays and Equipment for Physical Assessment station
3. Empathy Training station
4. Hand washing and Gloving
5. Antenatal Practice Station
6. PV examination Station
7. Mechanism of Labor
8. Perennial suturing and Care Station
9. New born Care
10. PNC Area

### **Block Monitoring**

Every month, SIHFW personnel visit Blocks of High Priority Districts with following objectives:

1. Monitor the functioning of selected health institution as per standard protocols and guidelines and find out the key findings for improvement and suggest onsite corrections.
2. Provide feedback to staff of the institution and Block Health Administration for Improvement and also District Administration
3. Provide recommendation and suggestions for improvement of functioning of particular institution



The following monitoring activities were done in the month of September, 2014 by SIHFW staff-

### **Block Monitoring in November Month**

#### **District Banswara**

#### **Block- Anandpuri**

Anandpuri block of Banswara district was monitored by Mr Hemant Kumar Yadav during November 25-26, 2014. Following facilities were visited for monitoring:

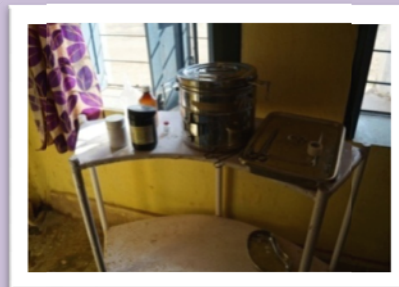
- o CHC -Anandpuri
- o PHC-Naharpura
- o SC- Tamatiaya
- o SC- Bhaler Bhoder



## Block – Kushalgarh

Kushalgarh block of Banswara was monitored by Mr. Ezaj Khan during November 25-27, 2014. Following facilities were visited:

- CHC - Kushalgarh
- PHC - Choti Sarva
- SC - Ukala
- SC - Loharia



## District Jaisalmer

### Block Pokharan and Jaisalmer

Monitoring in blocks of Jaisalmer and Pokharan was done by a team of SIHFW representatives including Dr Mamta Chauhan, Dr Richa Chaturvedy, Mr Aseem Mohd Malawat and Ms Aditi Sharma. The monitoring was done during November 11-15, 2014. Following facilities were visited in the district:

### Block Pokharan

- CHC Pokharan
- PHC Jhabara
- Sub Center Balar

### Block Jaisalmer

- CHC Nachna
- PHC Nokha
- Sub Center Tabriwala



## Block Monitoring in October Month

### District Jalore

### Block-Chitalwana

Mr Hemant Kumar Yadav did monitoring of Chitalwana Block during October 8-10, 2014. Following facilities were monitored during the visit:

- CHC - Hadecha
- PHC - Chitalwana
- Sub center - Siwada
- Sub center – Rampura

### District Karauli

### Block-Sapotra

Mr Hemant Kumar Yadav did monitoring of at Sapotra block of Karauli during October 27-30, 2014. Following health facilities were visited for monitoring:

- CHC - Haroti
- CHC – Mandrail
- CHC-Karanpur
- PHC-Kurgaon
- PHC- Naroli Dang



## Block Monitoring in September Month

### District Barmer

#### Block Sheo

Ms Nesha Awasthi did monitoring of Sheo block in Barmer District on September 17, 2014. In the monitoring activity, following facilities were monitored

- CHC - Sheo
- PHC - Bhiyad
- Sub Centre- Mukhab Kala
- Sub Centre-Nimbala

### District Banswara

#### Block-Bagidora

Mr. Ezaz Khan visited Bagidora block of Banswara during September 22-24, 2014 for monitoring. Following facilities were monitored:

- CHC - Bagidora
- PHC - Sallopat
- Sub center – Umedgarhi
- Sub center – Lankai



### District Jalore

#### Block- Ahore

Mr Vikas Bharadwaj visited Ahore block of Jalore district for monitoring of the block during September 23-24, 2014.

Following health centres were monitored:

- CHC - Ahore
- PHC - Bhorda
- Sub center - Bala
- Sub center – Neelkanth



### District Karauli

#### Block Karauli and Gudhacharan ji

Ms Richa Chabbra and Ms Aditi Sharma monitored block Gudhacharan ji and Karauli blocks of Karauli district during September 17-19, 2014. Following facilities were monitored during the visit:-

- Block Gudacharan ji :
  - CHC - Nadatai
  - CHC – Gudacharan ji
- Block Karauli :
  - CHC - Masalpur
  - PHC – Kaila Devi
  - District Hospital - Karauli





## District Dholpur

### Blocks Bari and Rajakhhera

Dr Rajni Singh and Mr Hemant Yadav did monitoring of selected blocks of Dholpur district during September 17-19, 2014. Following facilities were visited for monitoring in Blocks Bari and Rajakhhera.

- DH-Dholpur
- CHC - Rajakheda
- CHC - Bari



### Monitoring of Training on MTC

Training on Facility Based Care of Severely Acute Malnutrition (MTC/NRC) was monitored by Ms. Neha Awasthi Consultant- Management (RCH) on November 26th and 27th, 2014. The training was organised at JLN Medical College & Hospital, Ajmer from November 25 to 27, 2014. Dr. Anil Jain, Prof. Pediatrician and Dr. Kanwar Singh, Assistant Professor Pediatrics of JLN Medical College, Ajmer were the resource persons for the training. Six participants completed this training.



### Coordination and Monitoring Visit to Bikaner

Ms Poonam Yadav of SIHFW visited Bikaner district during September 22-23, 2014 to monitor and coordinate various capacity building activities being coordinated by SIHFW at the District. There were brief meetings with CMHO, RCHO, District Coordinators and other concerned staff of Bikaner to plan and discuss various issues and training progress in Bikaner district. Matters related to various trainings such as Plan 4 with SBA, RI training for MO, RI training of Health Workers, ASHA Training, BSU Training, Post training Assessment, MTC Training, F- IMNCI Training, LSAS Training were discussed.

During the visit, training session on PPIUCD of the Foundation Training of Newly recruited Medical Officers was also monitored. The training is coordinated by SIHFW. 8 MOs (participants) were attending this session at Medical College Bikaner.

### Monitoring and Hand-holding-IPC Trainings of AAAs

Under SBCC partnership with UNICEF, trainings of the three As are being organised at block level. Capacity of field workers for Interpersonal Communication and Counseling Skills are being improved. Participants are also provided Job aids- IPC tools (Flip book and Flash cards) on completion of the 2 days training. During September, training batches were organised at Baitu block of Barmer district which were hand-helded and monitored by Ms Archana and Ms Lovely during September 8-9, 2014. Other dates of batches in baitu were September 19-20 and 26-27, 2014. The batches were also held at Ahore block of Jalore district during September 19-20, 21-22 and 29-30, which were monitored by Mr Vikas and Ms Maneesha Kabra. Similar batches were also organised at Banswara, Dungarpur and Jalore during Oct to Nov, 2014. Almost all the training batches are being monitored.

These trainings are skill development trainings based on participative methodology including role plays, demonstration, games and group planning activities. Plans for utilizing the IPC tools were also developed by participants in group work. This was for the first time the 3 As working in public health sector received a combined training at a common platform. It became a remarkable learning experience for participants.

### Monitoring of Foundation training-BeMOC session

The BeMoc session of third batch of the Foundation training coordinated by SIHFW during 2014 were going on (hands-on session) at Umaid hospital, Jodhpur during 15-23 September, 2014. The session were monitored by Ms Neha Awasthi of SIHFW during September 22-23, 2014.

Dr. Uma Bissa, HOD – Obs & Gyn, Dr. Rekha Jakhar – Asso. Prof., Obs & Gyn, Dr. BS Jodha – Asso. Prof., Obs & Gyn and Dr. Suman Chaudhary – Asst. Prof., Obs&Gyn were the resource persons. Five foundation



participants were being trained on BeMoC. Key monitoring observations include following:

1. Proper Duty roster was prepared for the training by the hospital administration.
2. Proper theory and practical sessions were planned and carried out.
3. Participants were posted in shift duties. In the labor room for conducting Deliveries and PPIUCDs. As well as in the OPD for ANC and PNC Checkups.
4. All the participants were present on the day of visit and they attended all the theory and practical sessions.
5. During the hands on training, trainees had assisted in on average 15-18 normal/complicated deliveries and 5-6 PPIUCD.
6. Trainees were also trained in counseling skills.

### **RCH Monitoring**

Dr Richa Chaturvedy, Consultant RCH at SIHFW did monitoring of SBA training for health workers (Plan 4) on September 2, 2014 at Kota (J K Lon). MTC and SNCU of J K Lon hospital at Kota was monitored on September 3, 2014. SBA Plan 4 training was also monitored at Jaipur during December 11-13, 2014 at Jaipur. LSAS training was monitored by Dr Chaturvedy during September 15-17 and October 20-22, 2014 at Jaipur. Training of Comprehensive Abortion Care (CAC) during September 18-19, 2014 and October 29-30, 2014 at Jaipur and November 18-21, 2014 at Kota. During November 1-3, 2014, site assessment for CAC training was done at Umaid Hospital by Dr Richa with an objective to study feasibility and suitability of selecting Umaid hospital as a training site for conducting CAC trainings.

SBA for Ayush MOs training was monitored at Bassi and Chomu blocks of Jaipur district during October 20-22, 2014.

Mr Aseem Malawat did monitoring of SBA training at Ratangarh, Churu on September 3, 2014. At Udaipur, Mr Aseem did monitoring of training of Comprehensive Abortion Care (CAC) on September 8, 2014 and 20-21 November, 2014 and during October 20-22, 2014 at CAC training was monitored at Ajmer. MTC and SNCU was monitored on September 9, 2014 at Udaipur. During 16-17, September'2014 and 18-19, Septemeber'2014 CAC training was monitored by Mr Aseem at Jaipur. SBA training of Plan 4 was monitored by Mr Aseem during 39 September to October 1, 2014 at Churu.

Ms Neha Awasthi monitored training of Comprehensive Abortion Care (CAC) at Jaipur during September 1-3, 2014 at and 16-19 December, 2014 Jaipuria Hospital, Jaipur and LSAS training at Jodhpur during October 20-22, 2014.

### **Review Meeting at NRHM**

Dr. M. L. Jain, Director SIHFW with Dr Sanjaya Saxena, Registrar and Faculties Dr Vishal Singh and Dr Mamta Chauhan of SIHFW participated at the review meeting held at NHM. The meeting was held at NHM, Jaipur on September 16, 2014 under chairmanship of Special Secretary Medical, Health and FW and Mission Director NHM, Jaipur to review trainings which are being conducted through SIHFW.

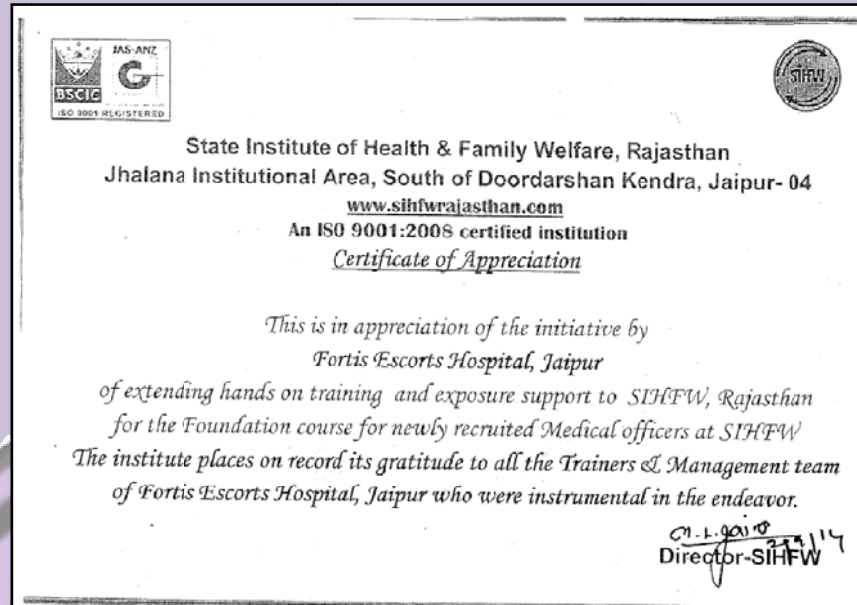
### **Feedbacks during trainings**

1. I learnt new information about Routine Immunization
2. Information about newly introduced vaccine Pentavalent was liked the most
3. Teachers are very good, cleared all doubts about RI, it will be most useful for my future life.
4. Teachers were excellent and interacting. They had good command on topic and great teaching manner.
5. All contents of training were well covered.
6. The Stress Management session was rated as Excellent by all participants.
7. The technical sessions on Epidemiology, Child health and Maternal health were very informative and useful.

Source: Training feedbacks

## Certificate of Appreciation

SIHFW gave a certificate of appreciation to Fortis Hospital, Jaipur for support to SIHFW for hands-on and exposure extended for participants of various batches of Foundation training course. The course is organised at SIHFW for the newly recruited medical officers. The certificate has also been printed in the brochure of Fortis Jaipur, under heading 'Achievements'. The certificate was acknowledged by a letter from Head, Sales and Marketing, Fortis Hospital, Jaipur.



Excerpts of letter from Fortis, addressed to -

**Dr. M.L Jain**  
Director  
SIHFW

### Greetings from Fortis Family!

On behalf of Team Fortis, I take this opportunity to convey our gratitude for your constant support in making our "Corporate Social Responsibility" (CSR) effective & fruitful, which addresses the health needs of different sections of society as well as bringing quality medical care to every household in the state.

It is your support and trust in us that makes us the most awarded hospital in Rajasthan, best known for its clinical excellence as well as efforts to benefit the community at large.

We have attempted to document the efforts made towards healthy community and acknowledging your support for reaching different parts of the state.

Looking forward to more strong association

Best Regards,

**Roopesh Mathur**

Head - Sales & Marketing



Global

**New data show child mortality rates falling faster than ever**

New data released today by the United Nations show that under-five mortality rates have dropped by 49% between 1990 and 2013. The average annual reduction has accelerated – in some countries it has even tripled – but overall progress is still short of meeting the global target of a two-thirds decrease in under-five mortality by 2015.

New estimates in "Levels and Trends in Child Mortality 2014" show that in 2013, 6.3 million children under five died from mostly preventable causes, around 200 000 fewer than in 2012, but still equal to nearly 17 000 child deaths each day.

"There has been dramatic and accelerating progress in reducing mortality among children, and the data prove that success is possible even for poorly resourced countries," said Mickey Chopra, head UNICEF's of global health programmes. "There is now a gathering momentum from countries in every part of the world to make sure proven, cost-effective interventions are applied where they will save the most lives."

In 2013, 2.8 million babies died within the first month of life, which represents about 44% of all under-five deaths. About two-thirds of these deaths occurred in just 10 countries. While the number of neonatal deaths have declined, progress has been slower than for the overall under-five mortality rate.

In June this year, WHO, UNICEF and partners issued the first-ever global plan to end preventable newborn deaths and stillbirths by 2035. The Every Newborn Action Plan calls for all countries to take steps to provide basic, cost-effective health services – in particular around the time of childbirth, as well as for small and sick babies – and to improve the quality of care.

*"The global community is poised to end preventable maternal, newborn and child deaths within a generation." Dr Flavia Bustreo, WHO Assistant Director-General*

"The global community is poised to end preventable maternal, newborn and child deaths within a generation," said Dr Flavia Bustreo, Assistant Director General at WHO. "We know what to do and we know how to do it. The challenge now is to move from plan to action – we are pleased to see countries like India beginning to lead the way."

Among the report's other major findings, progress in India is presented below:

<b>India: Under-five mortality rate (U5MR)</b> <b>(deaths per 1,000 live births)</b>				
<b>1999</b>	<b>2000</b>	<b>2013</b>	<b>MDG Target for 2015</b>	<b>Annual rate of reduction (ARR) (percent) 1990–2013</b>
126	91	53	42	3.8
<b>India: Indicators</b>			<b>1990</b>	<b>2013</b>
Number of under-five deaths (thousands)			3,333	1,340
Sex-specific under-five mortality rate (deaths per 1,000 live births)			Male: 122 Female: 130	Male: 51 Female: 55
Infant mortality rate (deaths per 1,000 live births)			88	41
Number of infant deaths (thousands)			2,339	1,053
Neonatal mortality rate (deaths per 1,000 live births)			51	29
Number of neonatal deaths (thousands)			1,362	748

Source: <http://www.childmortality.org>

- Eastern Asia, Latin America and the Caribbean and Northern Africa, have already reduced the under-five mortality rate by more than two-thirds since 1990.
- While Sub-Saharan Africa has cut under-five mortality rates by 48% since 1990, it still has the world's highest rate – 92 deaths per 1000 live births – nearly 15 times the average in high-income countries.
- Children born in Angola, which has the highest under-five mortality rate in the world (167 deaths per 1000 live births), are 84 times more likely to die before the age of five than children born in Luxembourg, with the lowest rate (2). Within countries, relative wealth, education, and location are key

– a child's risk of dying increases if she or he is born in a remote rural area, into a poor household or to a mother with no education.

"For continued progress, it is essential to invest more in health systems that deliver high-quality, affordable services to all women and children who need them," said Olusoji Adeyi, Director of Health, Nutrition and Population at the World Bank Group.

The report notes that major improvements in child survival are in part due to affordable, evidence-based interventions against the leading infectious diseases, such as immunization, insecticide-treated mosquito nets, rehydration treatment for diarrhoea, nutritional supplements and therapeutic foods. The major causes of neonatal mortality – pre-term birth complications (35%) or problems during delivery or birth (24%) – require health interventions closely linked with protecting maternal health.

Global estimates of child mortality are challenging to produce because many countries lack complete systems to track vital records. The estimates released today are largely based on statistical models and data from a variety of sources, including household surveys and censuses. All the numbers cited here fall within a statistical confidence range. For example, the estimated global number of 6.3 million deaths in 2013 falls within the statistical confidence range of 6.1 to 6.7.

Source: WHO/media center/Sept 16, 2014

### **India and Sweden celebrate 5 years of bilateral collaboration in healthcare**

Shri J P Nadda, Minister of Health & Family Welfare said that the Government of India is committed to providing quality healthcare to all, and to ensuring that all have equal access to necessary medicines, with particular focus on the underserved population and marginalised communities. He said this at the function to celebrate five years of Memorandum of Understanding between India and Sweden, here today. Also present at the function were Mr. Gabriel Wikstrom, Minister for Health Care, Public Care and Sport, Government of Sweden, Mr Lov Verma, Secretary (Health & Family Welfare), Government of India and Mr. Harald Sandberg, Ambassador of Sweden to India.

The cooperation in healthcare between India and Sweden will enable filling in gaps in research and innovative technology to aid provisioning of quality healthcare. The Minister stated that there have been appreciable achievements under the bilateral collaboration between the two countries in public health, R&D, adolescent, mental health and tertiary healthcare. With the thrust on the 'Make in India' brand, the Minister said that there are increasing opportunities for the Swedish companies to invest in R&D and innovative healthcare in India.

Source: PIB, Nov 24, 2014

### **Salt reduction saves lives**

On World Heart Day, 29 September, WHO is calling on countries to take action on the overuse of salt by implementing WHO's sodium reduction recommendations to cut the number of people experiencing heart disease and stroke, and, in turn, save lives.

Non communicable diseases, including heart disease and stroke, are the leading causes of premature death in the 21st century. WHO is supporting governments to implement the "Global action plan to reduce non communicable diseases" that comprises nine global targets, including one to reduce global salt intake by a relative 30% by 2025.

Consuming too much salt can lead (or contribute) to hypertension, or high blood pressure, and greatly increase the risk of heart disease and stroke.

On average, people consume around 10 grams of salt per day. This is around double WHO's recommended level from all sources, including processed foods, ready-made meals and food prepared at home (less than 5 grams or under one teaspoon per day). WHO recommends that children aged 2 to 15 years consume even less salt than this, adjusted to their energy requirements for growth.

Dr Chestnov said that reducing salt intake is one of the most effective ways for countries to improve population health, and urged the food industry to work closely with WHO and national governments to incrementally reduce the level of salt in food products. WHO has developed evidence-based strategies to reduce salt consumption. limiting frequent consumption of high salt products;

In countries where iodine deficiency needs to be addressed, all salts should be iodized. Even consuming small amounts of adequately iodized salt will still provide the additional health benefits associated with iodine, ensuring proper cognitive development in children.

Source: WHO /media centre/Sept 25, 2014

## India

### Scheme for Healthcare of Women and Children

The Government of India is aware of the health status of women and children in the country. However, since public health is a state subject, GOI has been providing financial and technical support to the States/UTs for implementing various targeted health interventions through the following Programmes:

1. Reproductive and Child Health Programme Phase I (RCH-I) during 1997 to 2005.
2. Reproductive and Child Health Programme Phase II (RCH-II) under National Rural Health Mission (NRHM) during 2005 to 2010.
3. Reproductive, Maternal, Neo-natal, Child Health + Adolescent Health (RMNCH+A) approach under National Health Mission from 2013 onwards.

Under the above programmes, assistance for various schemes/interventions viz., Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakaram (JSSK), Universal Immunization Programme, creation of state-of-the-art 100 /50 /30 bedded Maternal and Child Health Wings (MCH wings) in the district hospitals, Special Newborn Care Units (SNCUs), Newborn Stabilisation Units (NBSU) Newborn Care Corners (NBCCs), Home Based Newborn Care (HBNC), establishment of Nutritional Rehabilitation Centres (NRC) etc., are provided by the Government of India. Further, recent launching of India Newborn Action Plan in response to the Global Every Newborn Action Plan (ENAP) takes forward the Global Strategy for Women's and Children's Health. Source: December 23, 2014

### Depression increases dementia risk

*The secret of preventing memory loss in old age may lie in treating depression and causes of stress early as researchers have confirmed that depression indeed increases the risk of dementia.*

Having a higher level of depression symptoms was associated with a more rapid decline in thinking and memory skills, the findings showed. "These findings are exciting because they suggest depression truly is a risk factor for dementia," said Robert Wilson from Rush University Medical Centre in the US.

The study involved 1,764 people with an average age of 77 who had no thinking or memory problems at the start of the study. Participants were screened every year for symptoms of depression, such as loneliness and lack of appetite, and took tests on their thinking and memory skills for an average of eight years. During the study, 922 people, or 52 percent of the participants, developed mild cognitive impairment (MCI) and a total of 315 people, or 18 percent, developed dementia.

People who developed mild cognitive impairment and dementia were more likely to have a higher level of symptoms of depression before they were diagnosed. Source: September 30, 2014 IANS

### Secret to healthy ageing unlocked

*Ageing is inevitable, but the secret to why some people age more gracefully could lie in the functioning of a protein in our body.*

Sirtuin1 (SIRT1) protein could be the key to maintain the health of ageing blood stem cells as loss of this protein affects their ability to regenerate blood normally, a study indicates.

"Our data shows that SIRT1 is a protein that is required to maintain the health of blood stem cells and supports the possibility that reduced function of this protein with age may compromise healthy ageing," explained Saghi Ghaffari, an associate professor at Icahn School of Medicine at Mount Sinai Hospital in New York City.

Humans store stem cell pools in key tissues, including blood. These stem cells can become replacement cells for those lost to wear and tear. But as the blood stem cells age, their ability to regenerate blood declines, potentially contributing to anaemia and the risk of cancers like acute myeloid leukemia and immune deficiency.

The new study showed that young blood stem cells that lack SIRT1 behave like old ones. With use of advanced mouse models, the researchers found that blood stem cells without adequate SIRT1 resembled aged and defective stem cells, which are thought to be linked to development of malignancies.

"The notion that SIRT1 is a powerful regulator of ageing has been highly debated, but its connection to the health of blood stem cells is now clear," Ghaffari added. "Identifying regulators of stem cell ageing is of major significance for public health because of their potential power to promote healthy ageing and provide targets to combat diseases of ageing," she noted.

Source: September 30, 2014, IANS

## **Rajasthan**

### **Raj gets WHO award for steep VAT on tobacco products**

Rajasthan has received an award from the World Health Organization (WHO) for increasing the Value Added Tax (VAT) periodically on tobacco products. The winners of the award were announced in May.

The state's finance department won the World No-Tobacco Day 2014 award from the WHO South-East Asia Region and was by government officials on Monday during a function held in Mumbai. According to figures available on VAT (2013-14) in various states, Rajasthan has highest VAT, which is 65% on cigarettes, bidi and on smokeless tobacco products. In Punjab, VAT on cigarette is 55%. For buying cigarettes in Jammu and Kashmir and Himachal Pradesh, a consumer has to pay only 40% VAT. There is only 30% VAT in Gujarat on tobacco products.

"The award we received was for levying highest VAT on tobacco products in the country. The WHO advocates high taxes on tobacco products as a major tool for discouraging the use of tobacco products," the state's tobacco control nodal officer Dr Sunil Singh said.

Rajasthan has also the highest VAT on bidi which is 65% but in other states like West Bengal and Karnataka, there is no VAT on bidis. Besides, in Jharkhand, VAT on bidi is 5% and in Uttarakhand, it is 8%. For purchasing bidi in Odisha, a consumer has to pay 10% VAT. In Tamil Nadu and Maharashtra, the VAT on bidi is 12.5% each and in UP, it is 13.5%.

The WHO believes that government should raise taxes so that the prices of tobacco products increase and it become less affordable for the consumers.

Over the past five years, the state government has increased VAT quite frequently on tobacco products. Before 2010-11, the VAT on tobacco products was just 12.5% in the state. But in 2010-11, the government increased it to 20%. In 2011-12, the VAT almost doubled to 40%. It reached 50% in 2012-13 and in 2013-14, the VAT shot up to a steep rise at 65%. Source: TNN, December 20, 2014

### **Rajasthan government keen to upgrade quality of blood banks**

Blood banks in the government-run hospitals will apply for certification of National Accreditation Board for Hospitals and Healthcare Providers (NABH) by ensuring best quality services to patients. The state government has prepared a proposal to seek NABH certification for its blood banks.

According to health department officials, all blood banks would be accredited in phased manner. In the first phase, they will take up blood banks in medical colleges, to be accredited by March 2015. They are targeting to procure the certification for grade district hospitals by September 2015. Also, by March 2016, they are planning to procure the certification of NABH for satellite district hospitals.

Health department's joint director (blood safety) Dr Ashok Jain said, "As per initial plans, the accreditation will be done in phased manner." According to the health department officials, the blood banks will get the certification after they ensure that they have the quality of services as per NABH norms. Now, the health department has started strengthening blood banks in the state. There are 45 blood banks run by health department in various hospitals.

The NABH certification is awarded to blood banks which fulfill norms of NABH in quality of services delivered to the recipient and donors of blood. The behaviour of staff at blood banks is an important aspect as they need to understand the need of the recipient as well as the donor coming to blood banks. Also, equipments, facilities and service delivery are some of the key points on which the government is working to improve and strengthening the blood banks. The government is taking it on a priority basis and reviewing the progress of it every month. The government is also encouraging voluntary blood donations by organizing camps for it. Source: TOI, October 27, 2014

### **One year certificate course soon for MBBS doctors to become specialists**

For churning out "specialist" doctors, the Rajasthan University of Health Sciences (RUHS) has decided to start one year certificate course for MBBS doctors.

The state government, which is reeling under the shortage of specialist doctors, has devised a new shortcut formula to increase the number of specialists in the health department. According to health department figures, there is vacancy of 200 senior specialists and over 1,300 posts of junior specialists.

As many as 58 trauma centres were constructed in the state but majority of them are not functioning properly in the absence of specialists in orthopedics. Moreover, there are sonography centres in government hospitals which do not have radiologists. There is also a vacancy for gynecologists.

Rajasthan is not the only state facing the shortage of specialist doctors but the problem is the same for other states too and has affected healthcare facilities in the entire country. However, the problem is grave in the state. Recently, Union health minister Harsh Vardhan had informed Parliament about the shortage of specialist doctors in the country and he had pointed out that Rajasthan has highest vacancies of specialist doctors.

The health department now expects that the new course would bail them out from the shortage of specialist doctors. A senior health department official said RUHS will introduce the course soon. The department would send its MBBS doctors to RUHS to complete the course.

The official said such doctors, after completing the course, would be able to handle cases in rural and district level hospitals more efficiently.

Despite the department trying hard to find specialist doctors, it has not achieved much success. Hence, the decision to introduce the course of one year, where MBBS doctors will get proper training and they would be posted as orthopedics, radiologists, pediatricians and anesthesia specialists.

A senior doctor of a government hospital said an MBBS doctor needs to do a three-year PG for becoming a specialist doctor. A one-year course for the MBBS doctors may resolve the specialist doctors' crisis in the health department but such doctors will have less experience than postgraduate doctors.

Now, the MBBS doctors, with one year certificate course, would be posted to fill the vacant posts of specialist doctors (orthopedics) in trauma centres, radio-diagnosis specialists at sonography centres, gynecologists in maternal care centres, pediatricians at neo-natal care and posts for aestheticians which are lying vacant in the state.

Source: September 22, 2014, ToI

### **Rajasthan likely to implement compulsory toilet scheme**

It might sound "oppressive" but the Rajasthan government is contemplating an effective regulation to curb open defecation for people having no toilets in their households. If the government has its way, toilets might soon be made mandatory for eligibility in several processes, be it contesting local body polls, seeking jobs in the government sector or availing loans from a government enterprise.

According to the 2011 census, only 19.6% households have toilets. A baseline survey in 2012 in each district revealed that this figure rose to 27.19%. However in the same year, a survey by UNICEF in seven districts put that figure to 27.3% and in 2014 a survey by the panchayati raj department in other seven districts found toilets in 27.29% households but 72.71% households still do not have toilets.

In a bid to give adequate impetus to the Centre's Nirmal Bharat Abhiyan (NBA), all state government employees posted in rural areas would be required to get toilets constructed in their houses. The main goal of NBA is to eradicate the practice of open defecation by 2017. To achieve this target, it is proposed that provisions be made in the Rajasthan Panchayati Raj Act, 1994, Section (19) that among other necessary pre-requisites required for contesting panchayat elections to be a 'panch' or a member, the contestants should have toilets constructed in the house and members of the family should routinely use them.

"Panchayati Raj representatives in the rural areas can effectively motivate people to use toilets. A survey done among the panchayat raj representatives revealed that 30% of them do not use toilets. Under these circumstances, they cannot successfully convince others and there is a negative impact on the NBA," said Rajesh Yadav, secretary to the government and panchayati raj department commissioner.

Besides, functionaries working on fixed remuneration in the field of education, health, women and child development in the rural areas of the state do not use toilets. In the current circumstances,



implementation of this programme is therefore difficult as those who have to make the awareness do not use toilets themselves, hence motivating others becomes difficult. The number of such field functionaries is very high. Besides, there are farmers who are availing loans of over Rs 50,000 from co-operative societies, fair value shop keepers in the villages. For such farmers, it needs to be compulsory to have toilets in their house and use them regularly. According to a cabinet meeting note, within three months of the issue of the notice, they would get toilets constructed. In the absence of compliance of these orders, those holding any government posts would be deemed unfit.

In a survey by the panchayat raj department, it was also found that many government employees in the rural areas do not have toilets in their houses. This includes employees of education, health, revenue, agriculture and women and child development departments. About 10%-20% school teachers in rural areas still defecate in the open. "Hence it is proposed that provisions for a toilet in a house and its use by all the members be made mandatory. Compliance of these instructions would also reflect on the employee's forthcoming salary increments," Yadav said.

Source: September 22, 2014, ToI

*We solicit your feedback:*

State Institute of Health & Family Welfare, Rajasthan  
Jhalana Institutional Area, South of Doordarshan Kendra, Jaipur (Raj)  
Phone-0141 - 2706496, 2701938, Fax- 2706534  
E-mail:-directorsihfw-rj@nic.in; Website: [www.sihfwrajasthan.com](http://www.sihfwrajasthan.com)

