

SIHFW Rajasthan

Electronic Newsletter

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From the Director's Desk

Dear Readers

Greetings from SIHFW, Rajasthan!

We are just through with the festival of lights and sparkles. Hope all of you enjoyed a safe festival with harmony. Safety is major concern on festival times, and so shall be for roads and traffic. This month we have the World Day of Remembrance for Road Traffic Victims on 18th. With our concern, we have included a Fact Sheet on road accidents.



Please find more information on ToTs and district level trainings being coordinated by SIHFW at State and District level.

We look forward to your feedback and suggestions.

Director

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Fact Sheet on Road Accident Scenario

The World Day of Remembrance for Road Traffic Victims was started by Road Peace in 1993. Since then it has been observed and promoted worldwide by several NGOs, including the European Federation of Road Traffic Victims (FEVR) and its associated organizations.



organizations.

On 26 October 2005, the United Nations endorsed it as a global day to be observed every third Sunday in November each year, making it a major advocacy day for road traffic injury prevention. WHO and the United Nations Road Safety Collaboration encourage governments and NGOs around the world to commemorate this day.

WHO, FEVR and Road Peace have jointly developed a book, *World Day of*



Remembrance for Road Traffic Victims: a guide for organizers, to provide practical guidance to people or groups on how to plan and organize events on this day. The book gives a brief history of the day, offers suggestions on how to plan the day and provides examples of specific activities that can be organized.

Facts: Globally

- About 1.24 million people die each year as a result of road traffic crashes. Between 20 to 50 million more people suffer non-fatal injuries, with many incurring a disability as a result of their injury.
- Road traffic injuries are the leading cause of death among young people, aged 15–29 years.
- 91% of the world's fatalities on the roads occur in low-income and middle-income countries, even though these countries have approximately half of the world's vehicles.
- Without action, road traffic crashes are predicted to result in the deaths of around 1.9 million people annually by 2020.
- Only 28 countries, representing 416 million people (7% of the world's population), have adequate laws that address all five risk factors (speed, drink-driving, helmets, seat-belts and child restraints).
- Eighty per cent of road traffic deaths occur in middle-income countries, which account for 72% of the world's population, but only 52% of the world's registered vehicles.
- Half of the world's road traffic deaths occur among pedestrians (22%), bicyclists (5%) and motorcyclists (23%) – i.e. “vulnerable road users”.
- New road safety laws have been passed in 35 countries – but only 7% of the world's population is covered by comprehensive legislation.
- Only 59 countries, covering just 39% of the world's population (2.67 billion people), have implemented an urban speed limit of 50 km/h or less and allow local authorities to reduce these limits. These countries represent 2.67 billion people, or just 39% of the world's population.
- Only 26 countries rate enforcement of their national speed limits as “good” (8 or above, on a scale of 0 to 10).
- 89 countries, covering 66% of the world's population (4.6 billion people), now have a comprehensive drink–driving law, defined as a blood alcohol concentration limit of 0.05 g/dl or less.
- 90 countries, representing 77% of the world's population, have a comprehensive helmet law covering all riders, all roads and all engine types, and apply a helmet standard.
- Wearing a seat-belt reduces the risk of a fatal injury by 40–50% for drivers and front seat occupants, and between 25–75% for rear seat occupants.
- Comprehensive seat-belt laws covering all occupants are in place in 111 countries, covering 69% of the world's population.



Scenario: India and Rajasthan

- Estimated road traffic death rate is 18.9 per 100 000 population for 2011.
- In India, there is a death every four minutes, disabling four citizens every minute, a loss of 3% GDP every year, a loss of Rs. 7 lakh crore in primary treatment and an unspecified amount lost in physical disability.”(TOI, August 23, 2013)
- Number of registered vehicles per 1000 population in India is 93.9 (2013), Seat-belt wearing rate 27% Drivers and Helmet wearing rate 50% Drivers, ≤10% Passengers.
- The proportion of deaths among this motorized two- and three-wheelers as road users in India is second highest (32%), after highest in Indonesia (36%), 21% of road deaths in India are pedestrians. (source: <http://www.searo.who.int>)
- Number of accidental deaths in India in year 2012=1,39,091 with no of total un-natural deaths 3,72,022 (Percentage share ‘Road accident’ deaths in un-natural total deaths= 37.4%).
- A total of 32,318 persons (23.2%) were died due to accidents of ‘two-wheelers’, ‘truck/lorry’ accounted for 19.2% (26,678 persons), ‘cars’ accounted for 10.1% (14,110 persons) and ‘buses’ accounted for 9.4% (13,076 persons) of accidental deaths during the year 2012.
- A total of 1,18,533 males and 20,205 females totaling 1,39,091 persons were killed during the year 2012.



Source: <http://www.who.int>, Multisectoral consensus meeting, Ministry of Health, 2009-10

Post crash Scenario

Sno	Area		
1	Universal access telephone number	Multiple	
2	Estimated % seriously injured patients transported by ambulance	11-49	
3	Training in emergency medicine available	For Doctors	Yes
		For Nursing Staff	Yes
4	Emergency-room based injury surveillance system exists	No	
5	Vital registration system exists	Yes	
6	Estimated % road traffic crash victims with permanent disability	2.0	

Source: <http://www.who.int>

Road Accidents Clock

- 461 Deaths and 1301 injuries per day due to Traffic Accidents
- 381 Deaths per day and 1287 injuries per day due to Road Accidents
- 73 Deaths per day by Truck/Lorry and 89 deaths by Two-wheeler



Growth in number of vehicles and road accidents in India (2008-2012)

Sno	Year	Road accidents (in thousand)	Persons injured (in thousand)	Persons killed (in nos.)	No. of vehicles (in thousand)	Rate of deaths per thousand vehicles (Col.5/ Col.6)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	2008	415.8	469.1	1, 18,239	89,618	1.3
2	2009	421.6	466.6	1,26,896	89,618	1.4
3	2010	430.6	470.6	1,33,938	1,14,953	1.2
4	2011	440.1	468.8	1,36,834	1,14,953	1.2
5	2012	440.0	469.9	1,39,091	1,41,867	1.0

source: <http://ncrb.gov.in/2013>

Rajasthan and India: 2012

Incidence and rate of deaths due to road accidents

	No. of cases of road accidents	Total registered motor vehicles as on 31.03.2011 (in 000')	No. of deaths due to road accidents in 2012	Rate of accidental deaths per 000' vehicles (Col.5 / Col.4)	Rate of deaths (Col.3/Col.1) ×100
	(1)	(2)	(3)	(4)	(5)
Raj	22969	7986	9528	1.2	41.5
India	440042	141867	139091	1.0	31.6

Number and share of road accidental deaths by various mode of transport

	Truck/Lorry	Bus	Tempo/Van	Jeep	Car	Three wheeler	Two wheeler	Bicycle	Pedestrian
Raj	1516	825	190	1351	791	182	2196	119	1082
India	26678	13076	7885	9273	14110	6737	32318	3069	11571

source: <http://ncrb.gov.in/2013>

How to Prevent Accidents on Roads: It is better to be safe than to be sorry. Prevent accidents by taking all the precautions you can.

1. As they say speed thrills and also kills. Keep a rein on your speed
2. Obey traffic rules.
3. Wear seat belts.
4. Pedestrians and children come first – give preference to them for crossing the road.
5. Read caution signs.
6. Adopt antiskid break systems in the cars.
7. Air bags in vehicles.
8. Reflectors.
9. Vehicle must be in good working condition.
10. Roads should be in good condition (with proper signage).
11. Avoid drugs and alcohol while driving.
12. Never Fall asleep behind the wheel.

The Road Ahead

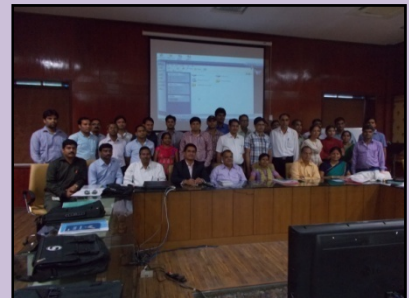
Road safety is a collective effort of the government and people. While the government administration must leave no stone unturned in ensuring proper condition of the roads and enforcing strict adherence to traffic rules, responsible driving and the right attitude of people with respect to traffic rules is perhaps the first step on the long road to 100% safety on the roads.

At SIHFW

ToT Training on NSSK

There were two batches of ToTs organised at SIHFW during 10-11 and 25-26 October, 2013. Totally, 61 participants were trained in these trainings. There were demonstrations on neonatal resuscitation, given by experts from 108 Emergency management system of Rajasthan.

There were hands-on sessions on components of NSSK. The trained personnel will now be giving trainings at districts.



HBNC + (Plus) Training

Training batches of HBNC + are in progress at SIHFW, with support from NIPI.

The batches are organised for all districts, with participation from SIHFW. The key elements of HBNC+ includes nutrition for neonate and infant, growth monitoring, IFA, ORS, strengthening relationship between child and the mother, prevention of childhood illnesses through handwashing, immunization and-drop out and counselling and recognizing signs of illness and helping mothers take their sick children to a health care facility. This is a 3 days training, including visits to health facilities, anganwadi centres and door to door visits.



During October, 2013, in different batches during Oct, Ms Aditi Sharma and Mr Ezaz Khan Anganwadi centre of Luniyawas and selected households for guiding the mother about the HBPNC + intervention and benefits of Mamta Card and follow up activities for the mother and the child.



In another batch, Mr Aseem and Ms Parika participated in a batch and visited Anganwadi centre Paapad and CHC Naila.

Training coordination

Trainings on Routine Immunization

Trainings on Routine Immunization are being organised at District level for Health workers.

It is a two-day training programme. It is being implemented in all districts of state. Demonstrations and hands-on sessions with lecture method and discussions is the key methodology for these training.



Training on EmOC

The overall objective of the project is to develop capacity of doctors (General practitioners Medical Officers- Non specialists) working in Government Sector in India to provide high Quality emergency Obstetric care services in underserved areas to prevent maternal mortality and morbidity.

The first 06 weeks include class room training, Hands on Anatomical Models and hospital rounds. During the training programme, the trainee has to undertake the pre course, mid course and Post course test.

After the 6 week of training at the tertiary training Centre, the MOs are sent to various district Hospitals, where their 09 weeks comprehensive, hands-on training will be practiced under the supervision of the District hospital Master Trainers. During this training, the MO is required to maintain his logbook given at the tertiary training centre.

The EmOC training program started at SIHFW, Jaipur in the year 2012-13, with the first batch at RNT Medical College, Udaipur. The EmOC training before that were coordinated by DMHS at Zanana Hospital, Jaipur. In 2012, a list of 42 doctors was received by SIHFW from Zanana Hospital to initiate the certification process of these MOs who were trained but not certified by FOGSI.

Subsequently, the Refresher EmOC training of 21 days was planned, One batch each at RNT, Medical College Udaipur and SMS Medical College, Zanana Hospital were conducted in which 14 MOs were trained out of 51 doctors

In continuation SIHFW has been able to conduct the trainings at both the EmOC training Centres and has trained 11 MOs in Non-Integrated EmOC and 16 in Integrated EmOC training.

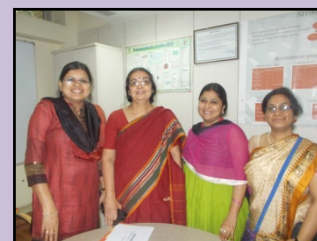
Presently 12 MOs are undergoing the Integrated EmOC Training at Jaipur and Udaipur).The batch at Udaipur is nearing completion in November while the Jaipur batch will be trained in January 2014.

Monitoring/ Visits

S.no	Name	Place	Date (October, 2013)	Activity
1	Dr Monisha Sahai	Tonk	1-2	RI Training for Health Workers
		Jodhpur	14-15	PPIUCD training (Foundation session)
2	Ms Parika Pahwa	ANMTC and Amrit Kaur Hospital Beawar, Ajmer	8-12	Integrated Health worker with SBA
3	Mr. Aseem Malawat	RNT Medical, Udaipur	9-12	LSAS and FBNC
4	Dr Richa Chaturvedy	Udaipur	9, 11 and 12	Foundation training
		Banswara	10	Integrated EmoC Training

ASHA programme Orientation

A One-day orientation programme was organised by National Health Systems Resource System (NSHRC), New Delhi on October 25, 2013. Sharing of ASHA status update and brushing up of knowledge of professionals associated with ASHA intervention in the state was the objective of this orientation. The purpose also included identifying the bottlenecks, implementation gaps and possible solutions to overcome the same, to ensure smooth operation of ASHA programme in the state.



Dr Mamta Chauhan, Faculty SIHFW, Ms. Archana Saxena, SIHFW, Ms Priyanka Kapoor, Co-ASHA and Ms Archana Sharma, Consultant VHSNC participated at the orientation.

There were briefing sessions on Community processes, guidelines for ASHA and VHSNC, Trainings, Certification of ASHA training by subject matter specialists of NHSRC including Dr Rajni Baid, Advisor, Sh Arun Srivastava, Ms Garima, Ms Shivani, Mr Manoj Sharma and Ms Abha.

PDC Visit to Panchkula

Professional Development Course (VIII batch) is in progress at SIHFW. The team with Visit Coordinators Dr Vishal Singh and Mr Ravi Garg, visited Panchkula, Haryana during 21-26 October, 2013.



During the visit, team visited General Hospital Panchkula, District hospital, DTC and DPMU of Kurukshetra, CHC Kala and PHC Pinjaur. There were observations on innovative interventions and sessions on Pre-school Health education, Cure of club foot, NABH, Supportive supervision, Referral transport, Training Management Information System and Organogram of Haryana Health Systems.



राष्ट्रीय वेक्टर जनित रोग निवृत्तन कार्यक्रम Age-wise dosage schedule for treatment of <i>Plasmodium</i> cases				
Age (in Years)	Tablet Chloroquine (150 mg base)			Tablet Primaquine (2.5 mg base)
	Day-1	Day-2	Day-3	Day-1 to Day-14
< 1	½	½	½	0
1-4	1	1	1	1
5-8	2	2	2	2
9-14	3	3	3	3
15 & above	4	4	4	4

Age-wise dosage schedule for treatment of <i>P.falciparum</i> cases					
Age (in years)	1 st Day		2 nd Day		3 rd Day
	Artesunate (60 mg)	SP (100mg +25 mg)	Artesunate (60 mg)	Primaquine (15 mg)	Artesunate (60 mg)
< 1	½	½	½	½	½
1-4	1	1	1	1	1
5-8	2	2	2	2	2
9-14	3	3	3	3	3
15 & above	4	4	4	4	4

Treatment should be given under medical supervision.



Workshop on Competency Assessment for strengthening competencies of Health Care Providers

Ms Parika and Mr Aseem participated at workshop on Competency Assessment for strengthening competencies of Health Care Providers on RMNCH+A Service, during Octobers, 28 to 29, 2013. The workshop was organised by NIHFW.



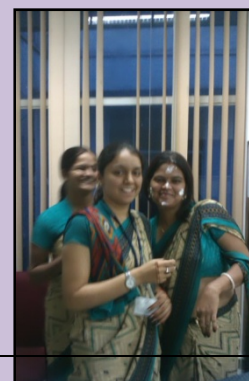
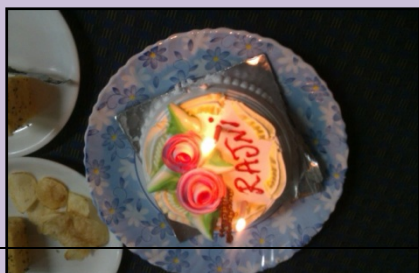
Training Feedbacks

1. Timings of sessions is proper and faculty members are co-operative.
2. Queries are cleared carefully.
3. Hostel facilities are excellent and very neat.
4. Teaching pattern and knowledge of trainers is excellent.
5. Sessions and guidelines on contents are very good.

Source: Participants

Celebration

Birthday of Dr Rajni Singh was celebrated on 23 October 2013 at SIHFW.



Health News

Global

Maternal smoking linked to poor infant immunity

A new study has revealed that smoking during pregnancy is associated with both respiratory and non-respiratory infections in infants, resulting in increased risk for hospitalization and death.

"We've known for a long time that babies born to mothers who smoke during pregnancy are at high risk for serious medical problems relating to low birth weight, premature delivery and poor lung development," lead study author Abigail Halperin, MD, MPH said.

Halperin said that while respiratory infections have been recognized as a common cause of these sometimes life-threatening illnesses, this study shows that babies exposed to smoke in utero also have increased risk for hospitalization and death from a much broader range of infections- both respiratory and non-respiratory- than we knew before.

The researcher said that the findings were largely independent of birth weight and gestational age, thus even full-term babies with normal weight are at increased risk for hospitalization or death from multiple types of infections if their mother smoked.

The results suggest that exposure to smoke during pregnancy harms infants' immune responses more generally, not just within the respiratory system, she said.

The study also found that when mothers cut back on their cigarette smoking or quit part way through their pregnancy, it seems to lower their child's risk of infection, Halperin said.

Source: ANI, Oct 27, 2013

New tuberculosis vaccine developed

Researchers have developed a new vaccine that could help ward off tuberculosis.

The vaccine, based on a genetically modified cold virus, was developed in the lab of Zhou Xing, professor of pathology and molecular medicine and the McMaster Immunology Research Centre, who co-led the phase one study with Dr. Fiona Smail, professor and chair of the Department of Pathology and Molecular Medicine of the Michael G. DeGroote School of Medicine at McMaster.

The new vaccine was developed to act as a booster to Bacille Calmette Guerin (BCG), currently the only TB vaccine available.

BCG was developed in the 1920s and has been used worldwide. The new "booster" would reactivate immune elements that over time diminish following BCG vaccination.

Source: ANI, Oct 3, 2013

India

Air pollution leading cause of lung cancer

World Health Organization has declared pollutants in the air as leading environmental cause of lung cancer.

The pollutants in the air we breathe has been officially classified as carcinogenic to humans with sources of pollution being car exhausts, power stations, emissions from agriculture and industry, the *BBC* reported.

According to the International Agency for Research on Cancer (IARC), which has now classed air pollution in the same category as tobacco smoke, UV radiation and plutonium, air pollution had been know to cause heart and lung diseases, but evidence had now emerged that it was also causing cancer.

The agency said that the most recent data suggested 223,000 deaths from lung cancer around the world were caused by air pollution. The data also suggested that there may also be a link with bladder cancer.

Dr Kurt Straif, from IARC, said that the air we breathe has become polluted with a mixture of cancer-causing substances.

He said that the results suggested that outdoor air pollution is not only a major risk to health in general, but also a leading environmental cause of cancer deaths.

Source: TOI, 18 Oct 2013

Rajasthan

Rajasthan among major states with lowest death rate

Rajasthan is among the states with lowest death rates among major states. A decent place to live in, the state's death rate (6.6) is not as high as in 11 other major states- Odisha 8.5, Madhya Pradesh 8.1, Assam 7.9, Chattisgarh 7.9, Uttar Pradesh 7.7, Andhra Pradesh 7.4, Tamil Nadu 7.4, Karnataka 7.1, Kerala 6.9, Jharkhand 6.8, and Punjab 6.8. The data has been shown by the Sample Registration System, registrar general, India shows which was released last month.

Rajasthan is continuously witnessing a dip in birth rate every year. The birth rate in Rajasthan is 25.9, while Bihar has the highest birth rate (27.7), Uttar Pradesh (27.4) and Madhya Pradesh has 26.6.

Birth rate means total number of births per 1,000 each year. From 2011 to 2012, birth rate in Rajasthan was on the decline. In 2011, the birth rate in the state was 26.2 but it came down to 25.9 in 2012 with a decline of 0.3 points. It was 26.7 in 2010.

The health department has put in a lot of effort to bring down the total fertility rate (TFR) which would eventually bring down the birth rate in the state. The TFR in the state is 3.2, which means that an average woman in Rajasthan is giving birth to around three children.

Now, the Centre has set the target for state's health department to bring down the TFR to 2.5 by the end of 2015-16. The birth rate in rural areas is much higher in comparison to urban areas. The birth rate in urban areas is 22.1 while in rural areas it is 27. However, in rural and urban areas, the birth rate has taken a dip of 0.4 points in the state. In 2011, the birth rate in rural area was 27.4 while it was 22.5 in urban areas Uttar Pradesh (23.5) is at the top place with highest birth rate in urban areas.

Frederika Meijer, India representative for United Nations Population Fund (UNFPA), last year, had already pointed out that there was a need to fulfill unmet need of contraceptives, especially in the rural areas to bring down the TFR further. She pointed out that unintended pregnancies would drop by two-third and that would save lives of thousands of women and newborns. The district level household and facility survey III shows that the unmet need is 17.9.

Source: SRS, September 2013, NFHS-III and TOI, October 9, 2013

We solicit your feedback:

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