

SIHFW Rajasthan

Electronic Newsletter

Ed. 2021-22 E-4 (October to December 2021 Issue)



SIHFW: an ISO 9001:2015 certified Institution



From the Director's desk...

Dear Friends...

Greetings from SIHFW!!

The last quarter of the year 2021, started with not only chilly waves but also spurt in Covid cases. Anticipated third wave has struck humanity. Trainings gave medical and health functionaries required confidence, knowledge and skill to treat covid patients. Human race is ready to face the challenge with raised immunity because of Covid-vaccine. November 12, is recognized as World Pneumonia Day, every year. This newsletter contains an article on 'Pneumonia in Children'. It provides information on status of pneumonia in Rajasthan and information on SAANS campaign to protect children from Pneumonia.

Trainings for Covid Preparedness are being organized by SIHFW with different methodologies, through Video Conferencing, classroom teaching and hands-on sessions in hospital set up.

We would solicit your feedback and suggestions.

Best Wishes!!

Dr. R.P. Doria

Director-SIHFW

Inside:

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

Some important health and social days

October 1-31: Breast Cancer Awareness Month	November 12: World Pneumonia Day
October 1: World Vegetarian Day/International Day Of Older Persons	November 13-19: World Antibiotic Awareness Week
October 10: World Mental Health Day	November 14: World Diabetes Day /World COPD Day
October 11: World Anti-Obesity Day	November 17: World Prematurity Day
October 12: World Arthritis Day/World Sight Day	November 20: World Children's Day
October 13: International Day Of Disaster Reduction	November 27: National Organ Donation day
October 15: Global Handwashing Day	December 1: World Aids Day
October 16: World Food Day/World Anesthesia Day	December 2: World Pollution Prevention Day
October 20: World Osteoporosis Day	December 3: International Day For Disabled Persons
October 24: World Polio Day	December 10: Human Right Day
November 1-30: Lung Cancer Awareness Month	

Pneumonia in Children

What is Pneumonia?

Pneumonia is an acute respiratory infection affecting the lungs. Normally the alveoli (small sacs in the lungs) are filled with air during breathing, however, in pneumonia, the alveoli are filled with pus and fluid which makes breathing painful and reduces oxygen intake. Pneumonia is caused by several infectious agents, including viruses, bacteria and fungi.

Presenting features of pneumonia in children under 5 years of age:

- Cough and/or difficult breathing, with or without fever,
- Fast breathing or lower chest wall indrawing (chest moves in or retracts during inhalation; while in a healthy person, the chest expands during inhalation).
- Very severely ill infants may be unable to feed or drink and may also experience unconsciousness, hypothermia and convulsions.

Risk factors:

- A child with a weak immune system such as undernourished or pre-existing illnesses (HIV, measles)
- Environmental factors:
 - indoor air pollution(houses using wood or dung as a fuel)
 - living in crowded homes
 - exposure to second-hand smoke by parental smoking

Transmission of pneumonia

Pneumonia can be transmitted in the following ways-

- The viruses and bacteria that are commonly found in a child's nose or throat can infect the lungs if they are inhaled.
- The organism may also spread via air-borne droplets from a cough or sneeze.
- Pneumonia may spread through blood, especially during and shortly after birth.

With reference to India, poor coverage of protective and preventive Pneumonia kills 1.4 lakh children every year in India. There are about 30 million episodes of ARI/ Pneumonia annually.

Government of India is functioning with other ministries through various national programme (such as MAA, UIP, ICDS) with the involvement of ASHA/ANM/Anganwadi worker at the community level to protect, prevent and treat pneumonia. Various activities to control pneumonia under child health programme.

Social Awareness and Action Plan to Neutralise Pneumonia Successfully (SAANS) Campaign:

The Ministry of Health and Family Welfare under Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCHA+N) program of National Health Mission has formulated SAANS (Social Awareness and Actions to Neutralize Pneumonia Successfully) Initiative to reduce deaths due to Childhood Pneumonia for villages as well as urban areas.

World Pneumonia Day –November 12, 2021

World Pneumonia Day is celebrated to highlight the seriousness of pneumonia as a public health problem and to encourage more organizations/nations to look at ways of combating the disease. The day was first hosted in 2009 by the Global Coalition against Child Pneumonia (GCCP) that was formed to help build public and political support to address this problem. It's marked every year on 12 November to:

- Raise awareness about pneumonia, the world's leading killer of children under the age of five;
- Promote interventions to protect against, prevent and treat pneumonia; and
- Generate action to combat pneumonia.

The Need:

As per National Family Health Survey -4 (2015-16), the prevalence of Acute Respiratory Infection (ARI) including Pneumonia in under 5 children is more in rural areas i.e 2.9 % than in urban areas i.e 2.3 %

Implementation

The SAANS initiative encompasses a three tiered strategy:

- National Childhood Pneumonia Management Guidelines on treatment and management of Childhood Pneumonia;
- Skill building and training of service providers for identification and standardized management of Pneumonia; and
- a 360° communication SAANS Campaign to ensure greater awareness on childhood Pneumonia among families and parents in order to trigger behaviour change and improve care seeking.

Under SAANS initiative a comprehensive communication campaign has been developed to trigger behaviour change for protection and prevention from Childhood Pneumonia and to improve care seeking. The campaign includes use of mass media such as television, radio, community radio, social media, banners and posters in community and facilities to create awareness.

The States /UTs are being supported through their Annual Programme Implementation Plan (PIP) for undertaking capacity building and orientation of grassroot level workers including ASHAs and anganwadi workers on interpersonal communication, identification and appropriate referral of Childhood Pneumonia cases under SAANS initiative.

(a)Protect children from pneumonia by promoting good health practices from birth by:

- Exclusive breastfeeding for 6 months
- Adequate complementary feeding
- Vitamin A supplementation

(b)Prevent children from becoming ill from pneumonia and diarrhoea by:

- Providing vaccination against diseases such as pertussis (whooping cough), measles, haemophilus influenza type B infections (Hib), pneumococcal (PCV) and rotavirus infections (Universal Immunisation Programme)
- Encouraging handwashing with soap and water
- Provision of safe drinking water and sanitation
- Reduction in household air pollution (use of safe fuel for cooking in the household)
- HIV prevention and antibiotic prophylaxis for HIV-infected and exposed children
- Use of mask and social distancing

(c)Treat children with appropriate treatment with timely access to trained health care providers either from a community-based health worker, or in a health facility if the disease is severe and can get the antibiotics and oxygen they need to get well.

There are **three essential steps** to reduce deaths among children under five with pneumonia:

1. **Recognize** a child is sick: Caregivers may play an important role in recognizing pneumonia's symptoms and for that, all caregivers should know danger signs of pneumonia in children: cough and fast or difficult breathing.

2. **Seek** appropriate care: The second step is for caregivers to seek appropriate medical care for a child with suspected pneumonia. (Appropriate care includes providers that can correctly diagnose and treat pneumonia, such as hospitals, health centres, dispensaries, community health workers, maternal and child health clinics, outreach clinics).

3. **Treat** appropriately with antibiotics: Health personnel, including community health worker, should treat children with pneumonia with appropriate antibiotics and refer severe cases to health facilities. Inappropriate antibiotic use will waste resources and it will also increase antibiotic resistance.

Objectives of the SAANS campaign

- **Target:** Under SAANS, the government is targeting a **reduction in pneumonia-caused deaths by 2025 to less than 3 deaths out of 1000 live births.**
- **Mobilize people:** The health campaign will **mobilise people to protect children from pneumonia and train health personnel** and other stakeholders to provide prioritised treatment to control the disease.
- Dispel myths & notions and trigger behaviour change to take pneumonia seriously and seek care early
- **Key features**
- **Pre-referral dose:** A child suffering from pneumonia can be treated with a **pre-referral dose of antibiotic amoxicillin** by Accredited Social Health Activist (ASHA) workers.
- Under SAANS, health and wellness centres can use **pulse oximeter** (device to monitor oxygen saturation) to identify low oxygen levels in the blood of a child, and if required, treat him by the use of oxygen cylinders.
- **A mass awareness campaign** will also be launched about effective solutions for pneumonia prevention such as breastfeeding, and age-appropriate complementary feeding, immunization, good quality air, etc.
- **Target beneficiaries**
- **Primary:** All caregivers/mothers/fathers having under 5 children(for community mobilization)
- **Secondary:** Key opinion leaders such as Gram Panchayat Leaders, Religious Leaders, Local Administration, VHSNC members, Health & ICDS functionaries, Private practitioners etc.

Under SAANS initiative a comprehensive communication campaign has been developed to trigger behaviour change for protection and prevention from Childhood Pneumonia and to improve care seeking. The campaign includes use of mass media such as television, radio, community radio, social media, banners and posters in community and facilities to create awareness.

The States /UTs are being supported through their Annual Programme Implementation Plan (PIP) for undertaking capacity building and orientation of grassroot level workers including ASHAs and anganwadi workers on interpersonal communication, identification and appropriate referral of Childhood Pneumonia cases under SAANS initiative.

In addition to SAANS initiative, following interventions are also being implemented to address Childhood Pneumonia:

- Universal Immunization Programme (UIP) focuses on Measles, Haemophilus Influenzae (B) and Pneumococcal Vaccine for prevention of pneumonia
- Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA) initiative
- Facility based-Integrated Management of Neonatal and Childhood Illness (F-IMNCI) training to build capacity of Medical Officer and Nurses in Primary Health Centres, First Referral Unit, Community Health Centres, and District Hospital on Acute Respiratory Infection (ARI) Management.

Criteria of Breath Counts under SAANS Campaign:

Age	Breath Counts
0-2 months	More than 60 breath per minute
2 months to 1 year	More than 50 breath per minute
1 year to 5 years	More than 40 breath per minute

Source: IEC poster SAANS campaign

Rajasthan scenario:

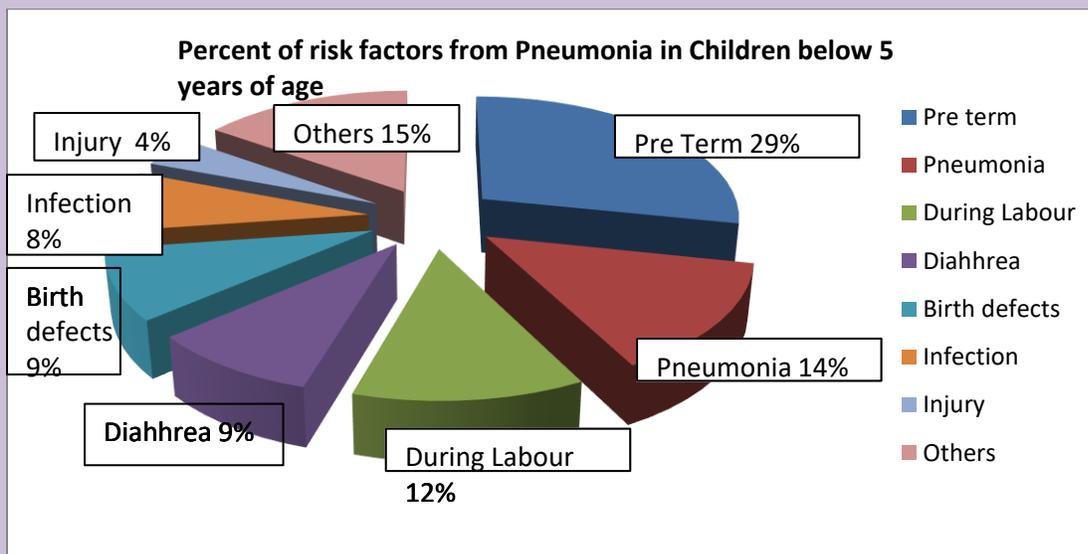
Status of Children getting infected from Pneumonia (ARI) in Rajasthan	
Annual estimated cases of Pneumonia/ ARI	18, 26,000 case every year
Incedence rate Per Child/ Per year	0.22
Serious case from the above (10% of total infected cases)	1,82,000 case every year
Per day estimated pneumonia/ ARI number of cases	About 50,000 cases every day
Estimated number of child deaths from Pneumonia/ ARI every year	9200 children (below 5 years) every year
Estimated number of child deaths from Pneumonia/ ARI every day	25 children (below 5 years) every day

Source: WHO and MCEE

Number of deaths in Under 5 Children due to Pneumonia as reported by States/UTs in HMIS from 2017-2019

	2016-17	2017-18	2018-19
All India	10015	16282	14949
Rajasthan	1482	1676	1198

Source:No. 2561 Lok sabha, 6. 3. 2020



Source: WHO and MCEE

Key IEC /Social Media Messages for Pneumonia

1. Do not ignore rapid breathing or chest in-drawing of a child with cold/cough and fever – *this could be pneumonia*- take immediate action.
2. Timely vaccination can prevent Pneumonia in your child. Take your child to your nearest Public Health Facility today.
3. Indoor Air Pollution is a risk factor for Pneumonia in Children. Pledge to stop using chulhas and stop exposing children to harmful smoke.
4. Be alert for symptoms that can help identify Pneumonia. Diagnosis and Treatment are available free at Public Health Facilities.
5. If your child has fast breathing with cold/cough and fever, take your child to nearest health facility.
6. Malnourished children are 5 times more likely to die from Pneumonia. Early and exclusive breastfeeding and nutritious diet can protect a child from Pneumonia.
7. A simple cough and cold could also be Pneumonia. Protect your child from this deadly infection.
8. Contact your Community Health Worker for more information on prevention and treatment of Pneumonia

References:

1. World Pneumonia Day 2020 | National Health Portal Of India (nhp.gov.in)
2. <https://stopppneumonia.org/latest/world-pneumonia-day/>
3. www.who.int/life-course/news/events/2017-world-pneumonia-day/en/
4. www.jhsph.edu/research/centers-and-institutes/ivac/resources/isppd8/
5. * nhm.gov.in/nrhm-components/rmnch-a/child-health-immunization.html
6. apps.who.int/iris/bitstream/10665/43640/1/9280640489_eng.pdf
7. Unstarred Question No. 2561 Lok sabha, 6. 3. 2020
8. IEC material of SAANS Campaign

Trainings by SIHFV

Online Trainings on Covid Management

Training on ICU and Ventilator Management for Covid-19

Video Conferencing Session on ICU and Ventilator Management for Covid-19, Bipap and CPAP was organized at SIHFV on October 18, 2022. Specialists in this training included Dr. Tarun Lal, Senior Professor SMS, Nodal Officer Incharge, Trauma Centre, MO Incharge all ICU, RUHS and Dr Manish Sharma, Additional Superintendent, JK Loan Hospital, Jaipur, Incharge Accidents and Emergency Registrar, Rajasthan Medical Council.



Rapid Antigen Test

Orientation on Rapid Antigen Test was organized by SIHFW through VC on October 29, 2021. Specialists from SMS and DMHS participated in this training.

Tele Consultations for HWC

During November, 2021, 8 batches of Tele consultations were organized by SIHFW. 4 of these sessions were for all MOs working at PHCs from various zones, 2 sessions each day on Nov 2 and 9, 2021 were also organised. On November 10, 2021, district and block level program managers were trained. Another session was organised on E Sanjeevani Health Portal and development of Hub site. Specialists at DH, SDH and satellite hospitals were participants of this training session. Super specialists of SMS Medical College were trained for Strengthening HWC tele consultation services on November 12, 2021. For development of spokes, all MOs working at PHCs of all zones were also trained in another session.



Offline trainings for Capacity enhancement of Health Human Resources for effective management of Covid-19

Offline (classroom and hands-on) training were organized by SIHFW for Capacity enhancement of Health Human Resources for effective management of Covid-19, during December 2021:

Training of Trainers : These training were organized for ICU, Ventilator management, BiPAP, C-PAP and Oxygen therapy. These trainings are of 3 days, wherein on first day theory classroom sessions are organized at SIHFW, while on other two days practical sessions are organized at ICUs of SMS Medical College, with hands-on practice. 3 batches of these ToT were organized in December 2021. Specialists from Anesthesia department of SMS Medical College were Resource Persons for these trainings. Specialists from Medicine and Anesthesia departments, SMO, MO, Nursing staff from DH, SDH participated in these trainings. These ToT trained manpower further gives training on Oxygen Therapy to Doctors and Nursing staff HDU, CHC and PHCs.

Handbook training for ASHA Facilitation

Objective of this training is orientation for supportive supervision and support to ASHA sahyogini of the state. This is 2 day training and it is given to Block Health Supervisors (BHS) and PHC health supervisors (PHS). SIHFW has implemented this training under PIP of 2021 and batches remained in completed because of second wave of covid, therefore again remaining batches were planned as committed expenditure. During October to December 2021, 12 training batches were organized at SIHFW.

Participants were trained on ASHA programme, roles and responsibilities of ASHA supervisors, Target calculation, RMNCH+A, reporting and record keeping, MCHN days and sector meeting. In participative activities (during time of safe period from pandemic) Social and Exclusion exercise was conducted for explaining community participation and un-reached sections of community. Trainers in these training include SIHFW faculty and mentors, UNICEF specialists and DMHS representatives.



SBA ToT

One batch of State ToT on Skilled Birth Attendant was organized at SIHFW during November 17-18, 2021. ToT trained participants will further give training to Nursing staff on SBA. 26 participants were trained in this ToT including Medical Officers, Nursing Tutors. Faculties from Medical Colleges are master Trainers in this ToT.



IMEP ToT

ToT on IMEP (Infection management and Environment Plan) was organized at SIHFW with a focus on Gestational Diabetes Mellitus (GDM). The training was organized with support from Jhpiego on November 26, 2021. Participants in this training included MOs, Nursing Tutors, RCHOs, DACs. 75 participants were trained in this ToT batch. National Experts, Director RCH, PD MH and Consultant MH, other officials from DMHS were present at this ToT as Master Trainers and mentors.



Training on Dengue

Training on Dengue under NVBDCP was organized for MOs. 2 batches were organised during November and December, 2021 at SIHFW.

Training on Mental Health



This training is based on National Mental Health Programme. It is organized for MOs and Nursing staff. During November and December 5 batches were organized and 125 participants were trained. Classroom sessions are organized at SIHFW and for practical hands-on sessions, participants go to Mental Hospital at Jaipur. Cases are studied and participants learn to do analysis and record keeping.

Training on Routine Immunization

Routine Immunization training of 3 days duration is organized for Medical Officers at SIHFW. During October to December 2021, 8 batches were organized at SIHFW. At district level ANM and Nursing staff are trained on Routine Immunization by SIHFW, for 2 days.

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 SIHFW. During October to December 2021, 2 batches were organised at SIHFW.



Trainings on PLA

Participatory Learning and Action (PLA) is a tool for community mapping which helps in identifying key distinguishable features of a community on a map. ToT batches are organized by SIHFW. 7 batches were organized at SIHFW in December 2021. This training is further organized in districts. Trainings are being organized in Baran, Banswara, Dungarpur, Pratapgarh and Udaipur. Training at SIHFW is organized in low floor sitting and practical participative exercise of map making is done on Dari. Participants are trained through case stories and discussions.



Field Trainings

District level Handbook training for LHV's

Handbook training is being organized by SIHFW at select districts for LHV's. Training objective is to orient LHV's about ASHA Facilitation. Training is based on Handbook module. For the first time, this training is being imparted to LHV's. 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. These trainings are being implemented at Alwar, Ajmer, Bikaner, Jodhpur, Kota and Rajsamand. This training has duration of 2 days. Trainings were monitored at Ajmer, HFWTC and Rajsamand during November 9 to 11, 2021 by Dr Vishal Singh, Faculty SIHFW.



Participation at VHSNC meeting

VHSNC training was attended in Bara PHC of Rajsamand district. It is one of the best panchayat of Rajsamand district. Dr Tara Chand, Deputy CMHO, Rajsamand also visited during this program. Total 30 participants from 9 VHSNCs were present. Overall arrangements were good but there was delay in starting the training. Preparations of venue arrangements were not appropriate for the activity, which were done after interventions of the monitoring officer from SIHFW.



Monitoring and hand holding support at Kota

CAC training was organized by SIHFW at Kota Medical College and Dr Swati Gupta, Faculty, SIHFW did monitoring and hand holding for this training during December 20 and 21, 2021. It was observed that PAIUCD was being practiced in hands on session and after the practice work, participants were able to demonstrate the skill without any support.



Monitoring at Chittorgarh and Udaipur

ToT on FIMNCI was monitored by Dr Neha Awasty, Consultant Management-RCH at SIHFW. Training was organized at Bal Chikitsalay, Udaipur. Case studies as given in module were being discussed on the day of visit. Resource person and all the participants were actively participating in the training. All the pediatricians were sharing their experiences of stabilizing critically sick new born at their respective SNCUs



Training of Comprehensive Abortion Care (CAC) was also monitored by Dr Neha at Pannadhay hospital, Udaipur. Hands-on session in the OT for practical training of Medical termination of pregnancy using the Manual Vacuum Aspiration technique.



Training of Skill Birth Attendants (SBA) monitoring was also done by Dr Neha at Chittorgarh on December 15, 2021. Participants mentioned that they have gained new knowledge about Malaria testing in PW.



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”. The tool is now being used and data collection has started. Mobile app tool is enabling GPRS location mapping of sonography centres. Factual status of functionality and non functionality is being assessed by SIHFW and investigators team, through the new app. Best part of this mapping study is that SIHFW is able to maintain confidentiality of the information collected, since the app is full proof for data pilferage and no information is available on open public domain.

Health News Briefs

Global individual patient data platform for drug-resistant tuberculosis treatment

In order to increase the knowledge base for normative guidance on optimal treatment modalities for drug-resistant tuberculosis (DR-TB), WHO is announcing a publicly accessible global individual patient data (IPD) platform for drug-resistant tuberculosis treatment (DR-TB-IPD). This will be a secure but accessible platform containing outcomes of over 10,000 drug-resistant TB patients as the starting point and expanding this with data received in response to a recent public call for data.

The data in the DR-TB-IPD can catalyze knowledge generation through research, and contributes to the basis for evidence-informed guideline development. Providing open and equitable access to the DR-TB-IPD offers the greatest opportunity for learning from this resource and is in the spirit of open data. Secure storage, quality control mechanisms, appropriate governance structures and acknowledgement of data owners are critical for success and these were key considerations for WHO during development of the concept and the selection of the data curator.

WHO selected a team from University College London (UCL) as the data curator, for the next 5 years based on their response to a call for expressions of interest. As data curator for the DR-TB-IPD their responsibilities will be to host, organize, update, maintain and manage the day-to-day functioning of the platform; to ensure the security and confidentiality of the data; facilitate any access to the data according to governance rules; and to provide training and input on statistical analyses planned by groups interested in accessing the data.

Over the coming months, data from the IPD currently housed at McGill University and data from the recent public call for data will be transferred to UCL where this is agreed upon by data owners. The UCL team will then make key documents available, including on the governance structure of the DR-TB-IPD, summary information about contents of the data base, terms of data submission, and the gaining access to data from the DR-TB-IPD. Future Public Calls for Data will follow to further enrich and keep the DR-TB-IPD up to date.

Drug-resistant tuberculosis continues to be a massive public health problem, taking a heavy toll on patients, communities and health care systems. The development of new TB drugs and the use of repurposed drugs has led to new guidance by WHO and improvements in patient outcomes. The use of individual participant data, shared by country programs and research groups, has been instrumental to support generation of knowledge and evidence-informed guidelines.

Source: <https://www.who.int/news/item/17-11-2021>

Changes in post mortem protocols

In response to the multiple references that have been received by the Union Health Ministry from various sources and in line with the Government's commitment to promote ease of living by reducing burden imposed due to compliance to government processes, changes have been made in the post-mortem protocols to allow for the procedure to be conducted after sunset. Apart from friends and relatives of the deceased, this new procedure also promotes organ donation and transplant as organs can be harvested in the stipulated time window after the procedure.

These aforementioned representations to the Ministry in this regard were examined by a technical committee in the Directorate General of Health Services, Union Ministry of Health & Family Welfare. It was ascertained that some institutes are already performing night-time post-mortem. In view of the rapid advancement and improvement in technology, especially availability of required lighting and infrastructure required for post-mortem, performing night time post-mortem in hospitals is now feasible. The protocol stipulates that post-mortem for organ donation be taken up on priority and be conducted even after sunset at the hospitals which have the infrastructure for conducting such post-mortem on a regular basis.

The fitness and adequacy of infrastructure etc., shall be assessed by the hospital-in-charge to ensure that there is no dilution of evidentiary value. It is also to be ensured by the facility that video recording of post-mortem shall be done for all post-mortem conducted in the night, to rule out any suspicion and preserved for future reference for Legal purposes. However, cases under categories such as homicide, suicide, rape, decomposed bodies, suspected foul play should not be subjected for post-mortem during night time unless there is a law and order situation.

Source: PIB Mohfw, 15.11.2021

Update on Child Sex Ratio

As per the fifth round of the National Family Health Survey (2019-21), the sex ratio of the population (females per 1000 males) for the country was estimated as 1020. The data on child sex ratio, is available in the State reports of NFHS-5.

Beti Bachao Beti Padhao (BBBP) Scheme aims to address declining Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. The primary objectives of the scheme are to prevent gender biased sex selective elimination, to ensure survival and protection of the girl child and to ensure education and participation of the girl child. The key elements of the scheme include nation-wide media and advocacy campaign and multi-sectoral interventions in some districts. Intermediary target i.e., Sex Ratio at Birth has been set as a monitoring parameter for the progress of the scheme. Following is the Sex ratio at Birth for Children Born in the last 5 years, India and Rajasthan, NFHS-4 &5:

Sr no.	Country Vs State	Sex ratio at birth for children born in the last five years (female per 1,000 male)	
		NFHS-4 (2015-16)	NFHS-5 (2019-21)
1	India	919	929
2	Rajasthan	887	891

Source: <http://rchiips.org/nfhs/index.shtml>, PIB, 17.12.2021

We solicit your feedback:

State Institute of Health & Family Welfare
 Jhalana Institutional Area, South of Doordarshan Kendra Jaipur (Raj)
 Phone-2706496, 2701938, Fax- 2706534
 E-mail:-sihfwraj@gmail.com; Website: www.sihfwrajasthan.com