SIHFW Rajasthan

Electronic Newsletter

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From the Director's Desk

Dear Readers,

Greetings from SIHFW!

Health is important for all, specially for the younger age group. Youth and adolescents have special health needs. In a period of storm and stress, they need counselling with love and affection.

Health care in the adolescent age group requires special attention. Mood swings and heightened emotions makes them vulnerable and they may get inclined towards addictive habits such as fast food consumption, smoking, alcohol, drugs and tobacco. Most of the time un-attending behaviour of parents and other family members lead to find solace in the company of peer and sometimes in bad company, which affects youth and adolescents. A lead article in this issue of newsletter shares the status of youth and health.

We would solicit your feedback and suggestions.

Director

Inside:

Health and Social Days in January '14

World Braille Day Jan 4
World Laughter Day Jan 10
National Youth Day-India Jan 12
World Leprosy Day Jan 27

Youth and Health

Adolescents – young people between the ages of 10 and 19 years – are often thought of as a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, pregnancy related complications and other illnesses that are either preventable or treatable. Many more suffer chronic ill-health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. For example, tobacco use, sexually transmitted infections including HIV, poor eating and exercise habits, lead to illness or premature death later in life.

Age:10 to 19 years
Early Adolescence : 10 –13 years
Middle adolescence : 14 – 16 years
Late adolescence : 17 –19 years

Characteristics

• Transitional period between Childhood and Adulthood and Adulthood
• No longer a Child not yet an Adult
•Marked with physical and psychological Marked with physical and psychological changes
•Not Homogenous group Not Homogenous group

Changes

•Physical– Appearance of secondary sexual characteristics
• Psychological–Internalized sense of identity Internalized sense of identity.
– Drawing apart from old members of family.
–Intense relationship with peers. Intense relationship with peers.
– Strong emotions. Gradual move from involvement with same sex to mixed group.
–Greater creativity. Energy, new ideas and skills

Adolescent Scenario

World Adolescent Population: 1950-2050

	Rajasthan	India
Population	6,86,21,012 *	1,210,193,422 *
Adolescent population	15.23 million	243 million**
Adolescent population percentage	22.0	20**
Sex ratio M/F	926 / 1000*	940 / 1000*
Literacy rate	67.06%*	74.04%*
Source: Census 2011, UNICEF ** UNICEF: Report of State of the World' Child 2012		

Key facts

- More than 2.6 million young people aged 10 to 24 die each year, mostly due to preventable causes.
- About 16 million girls aged 15 to 19 give birth every year.
- Young people, 15 to 24 years old, accounted for 40% of all new HIV infections among adults in 2009.
- In any given year, about 20% of adolescents will experience a mental health problem, most commonly depression or anxiety.
- An estimated 150 million young people use tobacco.
- Approximately 430 young people aged 10 to 24 die every day through interpersonal violence.
- Road traffic injuries cause an estimated 700 young people to die every day.

Overview

Most young people are healthy. However, more that 2.6 million young people aged 10 to 24 die each year. A much greater number of young people suffer from illnesses which hinder their ability to grow and develop to their full potential. A greater number still engage in behaviours that jeopardize not only their current state of health, but often their health for years to come.

Nearly two-thirds of premature deaths and one-third of the total disease burden in adults are associated with conditions or behaviours that began in their youth, including: tobacco use, a lack of physical activity, unprotected sex or exposure to violence.

Promoting healthy practices during adolescence, and taking steps to better protect young people from health risks is critical to the future of countries' health and social infrastructure and to the prevention of health problems in adulthood.

In 2002, the UN General Assembly Special Session on Children recognized the need for the "development and implementation of national health policies and programmes for adolescents, including goals and indicators, to promote their physical and mental health".

An important framework for young people's health are the Millennium Development Goals (MDGs). Two of the MDGs are particularly relevant to young people's health.

- MDG 5 aims to achieve universal access to reproductive health, for which one of the indicators is the pregnancy rate among 15 to 19 year old girls.
- MDG 6 to halt the spread of HIV/AIDS has indicators like a 25% reduction among young people, and also measures the proportion of 15 to 24 year olds with comprehensive and correct knowledge of HIV/AIDS.

The right of all young people to health is also enshrined in international legal instruments. In 2003, the Committee of the Convention on the Rights of the Child (CRC) issued a General Comment in which the special health and development needs and rights of adolescents and young people were recognized. These are further supported by the Convention on the Elimination of Discrimination Against Women (CEDAW) and the Right to Health.

Health issues affecting young people

Some of the main health issues affecting young people are described below.

Early pregnancy and childbirth

About 16 million girls aged 15 to 19 years give birth every year - roughly 11% of all births worldwide. The vast majority of adolescents' births occur in developing countries. The risk of dying from pregnancy-related causes is much higher for adolescents than for older women. The younger the adolescent, the greater the risk.

The formulation and enforcement of laws that specify a minimum age of marriage, community mobilization to support these laws, and better access to contraceptive information and services can decrease too-early pregnancies. Those adolescents who do become pregnant should be provided with quality antenatal care and skilled birth attendance. Where permitted by law, those adolescents who opt to terminate their pregnancies should have access to safe abortion.

HIV

Fifteen to 24 year olds accounted for an estimated 40% of all new HIV infections among adults worldwide in 2009. Every day, 2400 more young people get infected and globally there are more than 5 million young people living with HIV/AIDS. Young people need to know how to protect themselves and have the means to do so. This includes condoms to prevent sexual transmission of the virus and clean needles and syringes for those who inject drugs.

Currently, only 36% of young men and 24% of young women have the comprehensive and correct knowledge they need to protect themselves from acquiring the virus. Better access to HIV testing and counselling will inform young people about their status, help them to get the care they need, and avoid further spread of the virus. Where social, cultural and economic conditions increase the vulnerability of young people to HIV infection, an effective HIV prevention strategy should aim to address these factors as well.

Malnutrition

Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. Conversely, overweight and obesity (another form of malnutrition with serious health consequences and important longer term financial implications for health systems) are increasing among young people in both low- and high-income countries.

Adequate nutrition and healthy eating and physical exercise habits at this age are foundations for good health in adulthood. In addition, it is important to prevent nutritional problems by providing advice, food and micronutrient supplementation (e.g. to pregnant adolescents), as well as detecting and managing problems (such as anaemia) promptly and effectively when they occur.

Mental health
In any given year, about 20% of adolescents will experience a mental health problem, most commonly depression or anxiety. The risk is increased by experiences of violence, humiliation, devaluation and poverty, and suicide is one of the leading causes of death in young people. Building life skills in children and adolescents, and providing them with psychosocial support in schools and other community settings can help promote mental health. If problems arise, they should be detected and managed by competent and caring health workers.

Tobacco use
The vast majority of tobacco users worldwide began when they were adolescents. Today an estimated 150 million young people use tobacco. This number is increasing globally, particularly among young women. Half of those users will die prematurely as a result of tobacco use. Banning tobacco advertising, raising the prices of tobacco products and laws prohibiting smoking in public places reduce the number of people who start using tobacco products. They also lower the amount of tobacco consumed by smokers and increase the numbers of young people who quit smoking.

Harmful use of alcohol
Harmful drinking among young people is an increasing concern in many countries. Alcohol use starts at a young age: 14% of adolescent girls and 18% of boys aged 13–15 years in low- and middle-income countries are reported to use alcohol. It reduces self-control and increases risky behaviours. It is a primary cause of injuries (including those due to road traffic accidents), violence (especially domestic violence) and premature deaths.
Banning alcohol advertising and regulating access to it are effective strategies to reduce alcohol use by young people. Brief interventions of advice and counselling when alcohol use is detected can contribute to reducing harmful use.

Violence
Violence is one of the leading causes of death among young people, particularly males: an estimated 430 young people aged 10 to 24 years die every day through interpersonal violence. For each death, an estimated 20 to 40 youths require hospital treatment for a violence-related injury.
Promoting nurturing relationships between parents and children early in life, providing training in life skills, and reducing access to alcohol and lethal means such as firearms help prevent violence. Effective and empathetic care for adolescent victims of violence and ongoing support can help deal with both the physical and the psychological consequences of violence.

Injuries
Unintentional injuries are a leading cause of death and disability among young people. Road traffic injuries take the lives of a staggering 700 young people every day. Advising young people on driving safely, strictly enforcing laws that prohibit driving under the influence of alcohol and drugs and increasing access to reliable and safe public transportation can reduce road traffic accidents in young people. If road traffic crashes occur, prompt access to effective trauma care can be life saving.

Road traffic injuries are the leading cause of death worldwide among young people aged 10-24 years. Each year nearly 400 000 people under 25 die on the world's roads – on average more than 1000 a day.
Most of these deaths occur in low- and middle-income countries and among vulnerable road users – pedestrians, cyclists, motorcyclists and those using public transport.
This fact file looks at the factors that contribute to road traffic injuries among young people and what measures can be taken to prevent these injuries.

- More than 1000 children and young adults under the age of 25 years are killed in road traffic crashes every day.
- Road traffic injuries are the leading cause of death for 10-24 year olds. (source: WHO/factsheets)

Adolescent health epidemiology

Mortality

In 2004, 2.6 million young people died (10-24 years) and most of these deaths were preventable. Ninety-seven percent of these deaths (2.56 million) occurred in low- and middle-income countries. Death rates rose sharply from early adolescence (10-14 years) to young adulthood (20-24 years), the causes varied by region and sex. Over the last 50 years, mortality rates in all age groups from children to adolescents and young adults, have declined. However, mortality among young people (15-24 years) has decreased less than for these other age groups, overtaking childhood mortality in high income countries.

Where mortality occurs

Almost two thirds of the 2.6 million deaths among young people were in sub-Saharan Africa and southeast Asia, (1.67 million). Pronounced rises in mortality rates were recorded from early adolescence (10–14 years) to young adulthood (20–24 years), but reasons varied by region and sex.

Causes of adolescent mortality

- 15% of female deaths were caused by maternal conditions
- 11% of deaths were due to HIV/AIDS and tuberculosis
- 14% of male and 5% of female deaths resulted from traffic accidents
- 12% of male deaths resulted from violence
- 6% of all deaths resulted from suicide.

Disability adjusted life years (DALY)

The total number of incident DALYs in those aged 10–24 years was about 236 million, representing 15.5% of total DALYs for all age groups. Africa had the highest rate of DALYs for this age group, which was 2.5 times greater than in high-income countries (208 vs 82 DALYs per 1000 population). Across regions, DALY rates were 12% higher in girls than in boys between 15 and 19 years (153 vs. 137). Worldwide, the three main causes of YLDs for 10–24-year-olds were neuropsychiatric disorders (45%), unintentional injuries (12%), and infectious and parasitic diseases (10%).

Risk factors

The main risk factors for DALYs in 10–24-year-olds were:

- alcohol (7% of DALYs)
- unsafe sex (4%)
- iron deficiency (3%)
- lack of contraception (2%)
- illicit drug use (2%)

In younger adolescents, the more typical risk factors for children continued to be more prevalent, in addition to iron deficiency, namely unsafe water, sanitation and hygiene.

The epidemiological analyses presented here now have an improved empirical base for assessing the disease burden. However, there are still substantial data gaps and uncertainties particularly for causes of death and levels of adolescent and adult mortality in Africa and parts of Asia. Thus improvements in population-level information about causes of death and the incidence, prevalence, and health states that are associated with causes of major disease and injury are still a main priority for national and international health and statistical agencies.

Better information on young people than is currently available will require improved health-information systems, notably in efforts towards improving death registration data as well as that obtained through household surveys and research studies. Such data systems and surveys should report results for more detailed age categories that are relevant to young people, rather than broad age-classifications as is currently the case. (source: WHO/factsheets)

Policy and Programs Addressing: Adolescent Reproductive and Sexual Health (ARSH)

- 10 th plan: Identified adolescent as distinct group for: Identified adolescent as distinct group for policy and program attention
- NHP 2002 NHP 2002: Identified adolescent as underserved: Identified adolescent as underserved group
- National Youth policy 2003: Identified 13 to 19 yrs to be covered in program of all sector including health
- National curriculum framework, 2005: High need for integrating age appropriate sexual health messages in school curriculum

- Rajasthan envisages formation of Kishori Shakti Sangathan at every Anganwari Centre. This will be a group of all adolescent girls of the catchment area of the AWC. The group will function as an activists group under guidance of the ASHA sahyogini and will focus on stopping child-marriage in the state and other adolescent's health issues.

Trainings, Workshops and Meetings at SIHFW

Professional Development Course (PDC):

The IX batch of PDC is in going on at SIHFW since December 18, 2014. The course will complete on February 25 with Valedictory and Prize distribution for best performing participants of the course. 14 participants are undergoing this course at SIHFW.

The team of PDC participants visited National Institute of Health and Family Welfare (NIHFW), New Delhi under guidance of tour Coordinators from SIHFW-Mr Ravi Garg and Mr Aseem Malawat. The participants visited Jai Prakash Narayan Trauma Centre based at AIIMS, NGO-NAAG Foundation and attended sessions at NIHFW training hall.

Meeting on Communication Strategy for Strengthening RMNCH+A and Partnership collaboration between SIHFW and Unicef

A Meeting was held under chairmanship of Dr. M.L.Jain, Director-SIHFW to discuss the possibilities of partnership with development agencies for strengthening the RMNCH+A program components through implementing an integrated communication strategy in the state.

Ms. Girija Devi, Communication Specialist of UNICEF and Mr Sunil Thomas of UNFPA with Dr. Vishal Singh, Faculty SIHFW were present at the meeting.

This was followed by another meeting on January 31, 2014 for the Partnership Collaboration between SIHFW and UNICEF under chairmanship of Mr. Samuel Mawunganizde, Unicef- Chief held at UNICEF Jaipur office.

Foundation Training for Newly Recruited Medical Officers

The Foundation training started on January 23, 2014 till February 23, 2013.
26 participants are getting trained in this training. The Hands-on sessions for BEmOC and PPIUCD are being organised during February 9-18 at Medical Colleges of Jodhpur, Bikaner and Udaipur.

Training Staff of Blood Storage Units

The training for BSU staff are being coordinated by SIHFW with support of NRHM, FRU cell. The training is given to Medical Officers and Laboratory Technicians posted at CHCs for capacity building thereby making the Blood Storage Units functional at the CHC level. Batches are being conducted at Bundi, Jhalawar, Bhilwara, Jaipur and Pali. These training are organised at District Hospitals.

Monitoring of SNCU Online

Zone –wise visits were made by SIHFW monitoring officers to check validity and utilization status of SNCU software at District Hospital level.

The soft ware maintains a database of SNCU functionality in terms of accounts checklist, status of Human resource and Equipment, OPD data and post discharge follow-up. The monitoring also included availability of Computer system, Internet, data card, telephone or mobile services. This monitoring was supported by Unicef.

Monitoring/ Visits done by SIHFW personnel

Sno	Name	Place	Activity
1	Dr M.L. Jain, Director-SIHFW	Udaipur, Dungarpur and Banswara	Monitoring and supervision of all training coordinated by SIHFW
2	Dr. Sanjaya Saxena	Dausa	Training hand-holding and monitoring
		Alwar	
3	Dr Mamta Chauhan	Bharatpur, Karauli and Dholpur	Training hand-holding and monitoring
4	Dr Vishal Singh	Tonk and Sawaimadhopur	Training hand holding and monitoring
5	Ms Richa Chabra	Nagaur and Jodhpur	ASHA training hand holding and monitoring
		Ajmer, Chittorgarh and Bhilwara	
6	Dr Ajapa Chomal and Ms Archana Saxena	Sikar and Jhunjunu	ASHA training hand holding and monitoring
7	Dr. Bhumika Talwar	Bundi, Kota, Baran and Jhalawar	Training Coordination
8	Mr Hemant Kumar	Bansur	HBNC+ monitoring
9	Mr.Vikas Bharadwaj	Sikrai	HBNC+ monitoring
10	Ms Poonam Yadav	Sikrai	HBNC+ monitoring
11	Dr Rajni Singh	Mahua	HBNC+ monitoring
12	Mr. Ezaz Khan	Sirohi, Udaipur and Mundawar	HBNC+ monitoring and training coordination
13	Dr. Richa Chaturvedy	Ajmer	Monitoring of RI training
14	Mr Aseem Malawat	Zenana Hospital, Jaipur, Mahila Chikitsalaya and Gangori Hospital Jaipur	Monitoring of CAC training and LSAS Exam

Monitoring of Home Based Natal Care +

To achieve the goal of MDG 4 (regarding the IMR and MMR), NIPI has initiated the II phase of HBNC+ program in Dausa, Bharatpur and Alwar districts of Rajasthan. For achieving this, a 3-day training for ASHA is in process in blocks of Dausa and Alwar districts. SIHFW is doing monitoring of these trainings on first two days.

Checklists and monitoring formats based on criteria of assessment of trainer, field visit, training arrangements have been developed by NIPI and shared with SIHFW for purpose of training monitoring.

Capacity Building of ASHA-Sahyogini

Skill development of ASHA sahyogini is done through trainings and support from Trainers.

ASHA-Sahyogini with a family of pregnant woman, motivated for institutional delivery, later interviewed by development media correspondent –A Success Story Covered !

The trainings are being regularly monitored by SIHFW personnel and State Resource persons.

Celebrations!

Republic day-January-26, 2014 at SIHFW

It was a morning, other than the usual. All SIHFW staff was at office but not for work! Staff was present at SIHFW office for celebration of the National Day-Republic Day on January 26, 2014, early morning. Flag was hosted by Dr. M.L. Jain, Director-SIHFW. This was followed by refreshment. In a short key note address by the Director, staff was motivated to keep up the good work and commitment.

Participants of various trainings staying at SIHFW also joined the celebration!

Birthday celebrations

Birthdays of Ms Aditi, Mr. Aseem and Ms Babita were celebrated together in the lush green gardens of SIHFW premises.

Birthday of Mr Mohit Dhonkariya was also celebrated on December 9, 2013

Training Feedbacks

- Printed material and teaching sessions were excellent.
- Field visit and interactive teaching was liked the most by participants followed by Resource Persons.
- Sessions start on right time. SIHFW has good facilities for teaching and sitting.
- Method of teaching is good.
- Lot of confusion and doubt are resolved.
- Good hostel residential facility for the training.

Source: Participants of training held at SIHFW

Health News

Global

Quitting Smoking Improves Mental Health

Researchers at Washington University have found a strong link between quitting smoking and improved mental health. Health professionals who treat people with psychiatric problems often overlook their patients' smoking habits, assuming it's best to tackle depression, anxiety or substance abuse problems first.

However, researchers at Washington University School of Medicine in St. Louis showed that people who struggle with mood problems or addiction can safely quit smoking and that kicking the habit is associated with improved mental health. "Clinicians tend to treat the depression, alcohol dependence or drug problem first and allow patients to 'self-medicate' with cigarettes if necessary," lead investigator Patricia A. Cavazos-Rehg, PhD, said.

"The assumption is that psychiatric problems are more challenging to treat and that quitting smoking may interfere with treatment," she said. But in the study, Cavazos-Rehg, an assistant professor of psychiatry, found that quitting or significantly cutting back on cigarette smoking was linked to improved mental health outcomes.

Quitting altogether or reducing by half the number of cigarettes smoked daily was associated with lower risk for mood disorders like depression, as well as a lower likelihood of alcohol and drug problems. The study is published online in the journal Psychological Medicine. Source: TOI, February 12, 2014

India

Shri Ghulam Nabi Azad launches the Rashtriya Kishor Swasthya Karyakram (RKSK)

Shri Ghualm Nabi Azad, Union Minister for Health and Family Welfare launched the Rashtriya Kishor Swasthya Karyakram (RKSK), here today. He also inaugurated the three-day National Adolescent Health Consultation.

The Union Health Minister, Shri Ghulam Nabi Azad while addressing the gathering stated that the programme will comprehensively address the health needs of the 243 million adolescents, who account for over 21% of the country's population. He said that so far the efforts have been partial, confined to sexual and reproductive health, that too at select government facilities. The Rashtriya Kishor Swasthya Karyakram (RKSK) will bring in several new dimensions, which he listed as- mental health, nutrition, substance misuse, gender based violence and non-communicable diseases. The programme introduces community based interventions through peer educators, and is underpinned by collaborations with other Ministries and State governments, knowledge partners and more research. Referring to the strategic

approach to RMNCH+A (Reproductive, Maternal, New born, Child Health + Adolescent) in which 'A' denotes adolescents, unveiled last year at Mahabalipuram, the Health Minister said that new focus on adolescents is in recognition of the fact that without adolescent health, maternal and child health outcomes may continue to elude us.
Shri Ghulam Nabi Azad said that the 5 by 5 RMNCH+A matrix has been developed which lists out the 5 high impact interventions under each of the 5 pillars, all of which need to be implemented together, at the same time, with high coverage and quality.

Speaking at the occasion, Sh K Desiraju, Health Secretary said that the programme is an effort to move away from a 'doctor-driven' effort towards a holistic and participative programme. The RKSK recognizes that all adolescents need attention even before the occurrence of any disease or problem, and in order to make informed decisions and choices.

Highlighting the salient features of the programme and the need for an enhanced and sharper focus on adolescents, Smt Anuradha Gupta, Addl. Secretary and Mission Director, NRHM stated that adolescents present a unique opportunity to reap the country's demographic dividends. This, she pointed out, will not be possible without investing in their health needs. She explained that lifestyle and behavior related diseases such as substance abuse, inflicting self harm, tendency towards gender-based violence, low nutrition and physical inactivity, which begin and occur more during this phase, are fast becoming the causes for the highest mortality in this age group. She stated that in the coming years in the developing countries, seven out of ten deaths will be due to non-communicable diseases.

The RKSK programme defines an adolescent as a person within 10-19 years of age, in urban and rural areas, includes both girls and boys, married and unmarried, poor and affluent, whether they are in school or out of school. This broad definition helps to address the myriad problems of adolescents across various groups and categories, she stated. The programme emphasis seven 'Cs"- coverage, content, communication, counselling, clinics and convergence. She stated that active use of new technologies and social media platforms will form an integral part of the programme to reach the adolescents in their own spaces, with strategic partnerships with communities and peers.

The Health Minister also launched the handbooks on strategy frameworks which includes the framework for monitoring, supervision and evaluation of the programme once it is rolled out; the handbook on operational framework which will help to translate the programme into action; and the resource pack for the ANMs, ASHAs, medical officers, LHVs and peer educators.

Also present at the launch function were Ms. Kate Gilmore, Deputy Executive Director, UNFPA, Ms. Fredika Meijer, UNFPA representative for Bhutan and India, senior officers from the Ministry of Health and Family Welfare, Health Secretaries from different States, and representatives from UNICEF.

Source- Press Information Bureau, January 7, 2014

India in midst of stroke epidemic

Changing habits and sedentary lifestyles have made the incidence of strokes more prevalent among South Asians, notably *Indians*, and can induce permanent disability or prove fatal, even as preventive measures are at hand, doctors maintain.

According to them, an aggravation of intracranial atherosclerosis (ICAD), the hardening of the arteries that supply oxygen to the brain, can impede blood flow by narrowing and obstruction of blood vessels and result in strokes.

"While ICAD in Western population could range from 8-10 percent of the stroke patients, it could be as high as 35-40 percent for South Asians," says Shakir Husain, chief of interventional neurology at New Delhi's Saket City Hospital.

Alarmingly, the prevalence is more pronounced among the country's youth because of a lifestyle where smoking is fashionable and alcohol consumption is trendy. "There is this urge for wanting more and stopping at nothing, along with stress," Hussain noted.

According to a recent study published in the Journal of Stroke by two experts, Jeyaraj Durai Pandian and Paulin Sudhan, the prevalence rate of strokes is 84-262 per 100,000 population in rural India and 334-424 out of 100,000 population in cities.

"India, like other developing countries, is in the midst of a stroke epidemic. There is a huge burden of strokes with significant regional variations," they said in their paper, adding this called for an organised effort by both the government and private sector.

"It's assumed the average age of patients with strokes in developing countries is usually 15 years younger than those in the developed countries. In India, nearly one-fifth of the patients with first-ever stroke admitted to hospitals is estimated at 40 years or less."

According to the Stroke and Neurointervention Foundation, an Indian non-profit that spreads awareness on this ailment, a stroke is a localised damage to brain tissues, caused by loss of oxygen or internal bleeding. In many cases, a stroke can be fatal.

Doctors explain that the risk factors include, hypertension, diabetes, obesity, smoking, nutritional deficiency, high cholesterol, Type-A personalities like high achievers under constant stress and lack of information about its early symptoms and intensity.

"From the preventive healthcare point of view, our country needs to be educated. Doctors will be of little help in this sphere. The government would have to take initiatives to facilitate awareness among both rural and urban populations," said Husain.

In a study published last October in leading health journal The Lancet, titled "Global and Regional Burden of Stroke" - which looked at its incidence between 1990 and 2010 - a third of all strokes globally now occur in the 20-64-year age group.

Even as the overall deaths rates due to strokes were down globally, the number of people who succumbed to it was 10 times higher in the lower and middle-income countries, said the study, predicting the numbers to double worldwide by 2030. Source: TOI, February 2, 2014

Rajasthan

SMS hospital to hold blood camp all round the year

On the occassion of death anniversary of Mahatma Gandhi, Rajasthan's major hospital Sawai Man Singh announced to hold blood camps daily.

So far the SMS hospital was holding 200 blood donation camps in a year to replenish the bank by 50,000 units, and now 100 more blood units would be collected in the new programme, SMS Superintendent Dr Virendra Singh said, adding it would also check illegal private blood donors, if any.

Source: PTI, January 30, 2014

Rajasthan to have drug testing labs in Udaipur, Jodhpur and Bikaner

Rajasthan state government allot Rs 18 crore in order to enhance sampling and testing of medicines in the state. Rajasthan will have three more drug testing laboratories opening at Udaipur, Jodhpur and Bikaner by June this year. An amount of Rs. 18 crore has been allocated by the state government for this purpose. Currently, there is only one drug testing laboratory in the state which is located at Jaipur.

At present, the drug testing lab at Jaipur gets around 500 samples and testing of samples takes one month to three months time. Says Ajay Jain, assistant drug controller, Rajasthan Drug Control Department, "Around 60, 000 brands of drugs are available in the market and drug samples are collected based on the random survey. With the coming up of three state drug testing labs in Rajasthan, testing would be done in a mere 15 days time and the capacity would gradually increase over a period of time. The enhancement in the capacities will reduce the downtime significantly."

A team of drug control officials from the Drug Controller General of India (DCGI) office along with the Rajasthan drug control officials had also done random sampling of medicines recently with the aim of ensuring patient safety through supply of efficacious medicines.

“Around 60 drug samples had been collected during the random sampling in December 2013 which is a part of the exercise meant to keep a stringent check on the quality of medicines through surveillance by the DCGI officials. As per the exercise, every month a state will be chosen and will be put under surveillance,” informs Jain.

There are around 20,000 retail establishments and 16,000 drug distribution counters in government hospitals across the state which are closely monitored by the state drug regulators.

“Besides checking the quality of drugs, we are planning to appoint 20 drug control officers to enhance the existing manpower which currently stands at 84 for the entire state,” Jain adds.

Source: Rajasthan News, January 31, 2014

Unsafe abortions a cause of concern for health department

Since as many as 8% of total maternal deaths are reported due to unsafe abortions (SRS 2001-03-causes of maternal death in India), the health department has expressed major concern over the thriving unsafe abortion practices across the state, severely affecting the maternal mortality ratio in Rajasthan.

The other reasons for maternal deaths are haemorrhage, sepsis, hypertensive disorder and obstructed labour.

The annual health survey 2011-12 also pointed out that since only 60.5% of abortions in the state are performed by skilled health personnel, it is also one of the challenge of the health department, which is encouraging abortions only by skilled health personnel. Moreover, only 57.8% of total abortions are taking place in institution.

An NGO, IPAS’s (working to promote safe abortion) state programme manager Karuna Singh said, "To reduce maternal deaths due to unsafe abortions, it is necessary to make people aware about MTP Act and the provisions in it which allows abortions. Abortion is a reproduction right of a woman. The abortions should be done by trained doctors and it should be safe." Singh said it is a difficult task to bring down the maternal deaths due to unsafe abortion to zero as it requires infrastructure, equipment, trained doctors and also awareness among women on safe abortions. She added that since a lot of taboo is associated with abortion, it is also a hindrance in conducting safe abortions.

A health department official said increase of maternal deaths due to unsafe abortion is one of the factors responsible that accounts for the high maternal mortality ratio (MMR). However, the health department has achieved a success in the country to register highest decline in MMR in terms of percentage in the entire country. The state has registered a significant MMR from 318 per 100,000 live births (2007-2009) to 255 per 100,000 live births (2010-2012) as per latest Sample Registration System (SRS) released by Registrar General, India. This shows a 63 point decline in MMR, which is much higher than the national average.

The health department official further said they are running a comprehensive abortion care programme in the state, which encourages safe abortions by trained doctors.

Moreover, they claimed that the MMR has decreased in the state due to increase in institutional deliveries, which now stands at 80% in the state, as one of the key factors.

Source: TNN, January 11, 2014

We solicit your feedback:

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