

SIHFW Rajasthan

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From the Director's Desk

Dear Readers

Greetings from SIHFW, Rajasthan!

World Population day will be observed on July 11, 2013. Many organizations around the world celebrate this day by arranging special campaigns and programs to educate people about global population issues.



Though, not a campaign, our endeavor is to include a lead article on "World Population Day" to draw attention of readers towards the scenario.

India is the second highest populated country of the world, which is estimated (United States Census Bureau- International Data Base) to surpass the most populated country-China in 2025. In India, Rajasthan is the eighth most populated state of the country, with largest geographical area. The challenge remains with us.

Also, our deep condolence for victims of the Uttrakhand mishap.

Director

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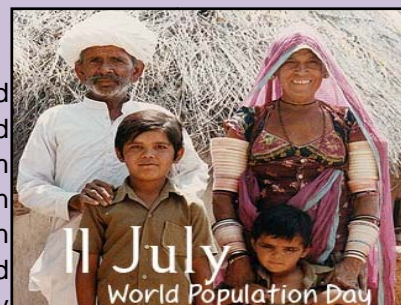
- World Population Day
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Health Days in July '13

Doctor's Day 1 July
World Population Day 11 July
World Hepatitis Day 28 July

World Population Day

World Population Day as the name suggests is an annual day observed around the world to bring awareness about Population growth and related issues. With a population of more than 7 billion as of March 2012, it is very important for people on earth to realize and act on healthier lives and importance of small families. World Population Day has gained much popularity with support from organizations and masses around the world. It also focuses on challenges presented by world of 7 billion people. Reproductive Health services are one of the main targets set by UNFPA (United Nations Population Fund) by 2015. Therefore, World Population Day is observed by more than 200



countries to bring awareness among the people about importance of small families and living healthy lives. On this day, several programs are initiated to educate people about family planning methods.

World Population Day was first started on 11 July in 1987, the day world population reached five billion people.

World Population may simply refer to total number of living humans on Earth. According to latest estimates of United States Census Bureau (USCB), World Population is estimated to be 7.023 billion. World Population has witnessed a rapid growth in the last 200 years. Countries like China and India together constitutes 37% of the total population of the world. In addition, Asia with 4.2 billion people has largest population continent wise. It accounts for over 60% of the world population as compared to other continents around the world.

Population Growth

Population Growth can be defined as the change in population over time and can be quantified as the change in the number of individuals of any species in a population using 'per unit time' for measurement. Four factors determine the growth of population in an area i.e. Births, Deaths, Immigration rate and Emigration Rate. The formula for calculating growth rate of population is:

$$\text{Growth Rate of Population} = (B-D) + (I-E)$$

Where, B- Births; D- Deaths; I- Immigration and E- Emigration

On 11 July, 2007, the 20 anniversary of World Population Day, the estimated World Population was 6,727,551,263. World Population Day or Five Billion Day is observed throughout the world in more than 200 countries.

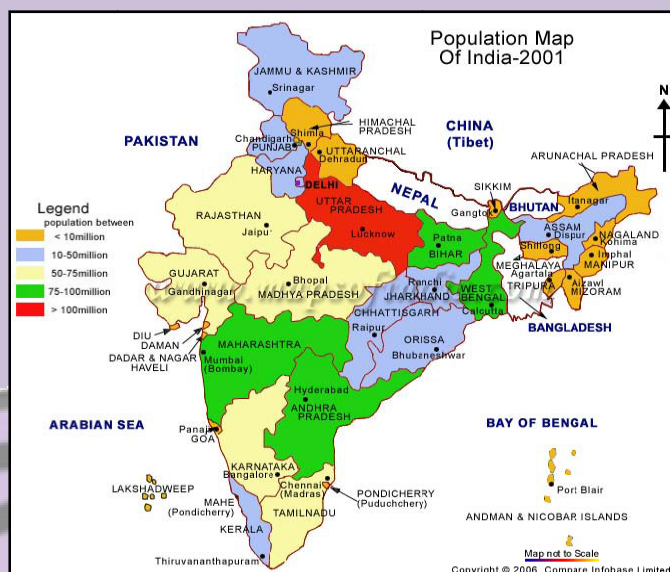
Population		
Year Passed	Year	Population (In Billion)
	1800	1
127	1927	2
33	1960	3
14	1974	4
13	1987	5
12	1999	6
12	2011	7
14	2025*	8
18	2043*	9
40	2083*	10

* UNFPA United Nations Population Fund

Population status in India:

India, being the second most populous country in the world, has a population of 1.21 billion people (*Census, 2011*) which is more than a sixth of the world's population. Already containing 17.5% of the world's population, India is projected to be the most populous country in the world by 2025, surpassing China and reaching 1.6 billion by 2050 (*United States Census Bureau-International Data Base*)

The demographics show that 2.4% of the world's land area and supports over 17.5% of the world's population. According to Census 2001, 72.2% of the India population lives in about 638,000 villages and the remaining 27.8% lives in more than 5,100 towns and over 380 urban agglomerations.



India's population exceeds that of the entire continent of Africa by 200 million people. The table below represents the comparative demographics of India showing where does India ranks as per the global status:

Category	Global Ranking
Area	7 th
Population	2 nd
Population Growth Rate	102 nd of 212
Population Density (people per square kilometer of land area)	24 th of 212
Male to Female Ratio at Birth	12 th of 214

Population status in Rajasthan:

Rajasthan, the largest state in India in terms of geography, has a total population of about 68 million (*Census 2011*) thereby being the eighth most populated state in India. The state makes about 5.6% of the country's population, a figure that was about 5.4% during the census 2001. The density of population per sq. Km. is about 200 and a lot below the national average. The state has a growth rate of about 21% percent, which is the 11th highest growth rate in the country. The population of the state is rising considerably due to rapid efforts towards development and progress. The literacy rate in the state is about 67%, which is a cause for concern and a statistic the authorities must take notice of and look to correct in the years to come. The sex ratio in Rajasthan also leaves a lot to be desired as it lags behind the national average by 10 points.

Some of the Demographic statistics of Rajasthan showing an increase from census 2001 to census 2011

Population Statistics	Census 2011	Census 2001
Total Population	6,86,21,012	5,65,07,188
Male Population	3,56,20,086	2,94,20,011
Female Population	3,30,00,926	2,70,87,177
Population Growth (In percent)	21.4%	28.3%
Sex Ratio	926	921
Density/ km ²	201	165
Literacy Rate (In percent)	67.06%	60.41%

are presented below:

Some of the interventions and initiatives taken by Government of Rajasthan for population control are:

- **Janmangal Program**- promote and meet the need for unmet need of spacing methods
- **Jyoti Scheme**- for females with no male child and 1-2 female child and have undergone sterilization
- **Parivar Kalyan Beema Yojana**
- **JSK Sanhusthi Yojna**- Private sector Gynaecologists and vasectomy surgeons get an opportunity to conduct operation under in PPP mode

Real Life Heroes:

Five Medical Officers shared their experience of volunteering at Uttarakhand. The Five MOs were deputed on volunteer basis for rescue and medical care services of victims of disastrous cloud burst followed by flash floods at pilgrim place of Uttarakhand. The team of volunteers went to Uttarakhand under leadership of Shri Deepak Upreti, Principal Secretary, Health. The volunteers were - Dr Sidarth Sharma, MO at PHC Jatavbehror, Alwar, Dr Mehendra Kumar Gocher, MO at PHC Dugari, Bundi, Dr Tushar kant, MO at PHC Pallu, Hanumangarh, Dr Ravi Chaudhary, MO at PHC Lathi, Jaisalmer and Dr Nirottam Singh, MO at PHC Kuharwas, Jhunjunu.

After returning, the volunteers expressed a feeling of immense satisfaction by extending assistance in helping the injured and rescued victims of the calamity. The Medical Officers were helping people in screening and medical care. Besides this, the volunteers played a major role in counselling and extending emotional support to rescued victims and family members of the deceased.

The volunteers facilitated financial and medical assistance which was being provided by the local administration. For them, it was a life-time experience of philanthropic service.

SIHFW in Action

Trainings/workshops organized:

S. No.	Date	Title	Total Participants (Cadre)	Sponsoring Agency
Trainings at SIHFW				
1.	June 3-4, 13	Work shop on E Module		UNFPA
2.	June 4-6, June 18-20, June 25-27 (3 batches)	Routine Immunization	63 (MO/MOIC)	RCH
3.	June 10-14, 13	Training Programme for Newly Recruited Drug Officers	60 (Drug Officers)	RMSC
4.	June 13-14, 13	State Partner Meet Through Force Network	17 (NGO representatives)	Seva Mandir
5.	June 17-16 July, 13	Foundation Course for Newly Recruited MOs	30 (MOs)	DMHS
6.	June 20-21, 13	Govt. Secondary Education Council	50 (Education officers and Teachers)	Education Dept.
7.	April 25 to July 3	Professional Development Course for Middle Level managers.	14 (MO,MO-IC, SMO, JS)	NIHFW
8.	June 23-July 6, 13	FBNC Observership at Kalawati Saran Hospital, New Delhi	6 (MOs and Nursing Staff)	RCH
9.	July 5, 2013	Training of Palliative Care	24 (MOs)	NCD Cell
10. Trainings at Districts				
11.	June 14-15, June 21-22 and June 28-29 (3 batches)	RI Training for Health workers at Jhunjunu	55 (Health workers)	RCH
12.	June 28-29, 13	RI Training for Health workers Jhalawar	28 (Health workers)	RCH

Monitoring/Field Visits

S.no	Name	Place	Date	Activity
1	Ms. Aditi Sharma	Bikaner	June 13-14, 2013	Integrated Foundation Training-PPIUCD and BemOC hands-on
2	Mr. Ankur Asudani	Jodhpur		
3	Ms Bhumika Talwar	Udaipur		

Hands-on session monitored at Bikaner



Training on Project Management

Dr Mamta Chauhan, Faculty and Dr Bhumika Talwar of SIHFW participated in national training programme on Project Management at Hyderabad during June 3-7, 2013. Training was organised by 'The Union'. The training programme was focused on Logical framework approach to Project Management.



Dr Mamta Chauhan (sitting front row, second from right) and Dr Bhumika Talwar (sitting front row, second from right) participated in the training.

Orientation of RCH Staff

Orientation of RCH Consultants working at SIHFW was organised at NIHFW, New Delhi during June 25-27, 2013. Mr Ankur, Ms Nirmala Peter & Ms Lovely participated in the orientation.

PDC Visit to Shimla, Himachal Pradesh

Participants of the VII batch of Professional Development course visited Shimla, Himachal Pradesh during June 10 to 14, 2013, with SIHFW facilitators Ms Archana and Mr Prathvi Singh.

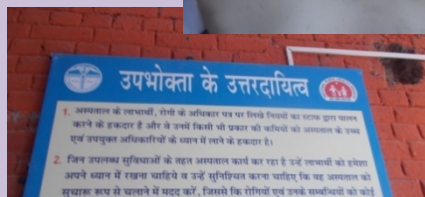
This was the second Inter-State exposure visit of the 70 days course, in process at SIHFW.

The visit was hosted by SHFWTC Parimahal Shimla, under leadership of Dr Santlal Sharma, Principal, SHFWTC and Dr Anjali Chauhan, Faculty, SHFWTC.

Participants visited IGMC, Kamla Nehru State Hospital, PHC Mashobra, Sub Centre Baldeyan and Anganwari Centre Saun of Himachal Pradesh.



Key observations at Himachal Pradesh—good arrangements for visitor's stuff, biometrics system of attendance for hospital staff, good HCWM practices, Health insurance for BPL, display of Citizens' Charter and Smoke compliance of COTPA (smoke free zone) at SHFWTC, Shimla.



Celebration

Birthday's of Mr Ankur, Ms Lovely Mr Hemant and Ms Divya were celebrated in the month of June 2013.



The Forthcoming

1. Professional Development Course VIII Batch, from July 24, 2013 at SIHFW
2. Integrated Foundation Training of Newly Recruited MOs from July 8, 2013 at SIHFW
3. One Day Review Meeting on flagship scheme (MNDY) of Government of Rajasthan on July 20, 2013 at SIHFW
4. RI training at District during July 12-13 and 26-27, 2013 at Jhalawar, July 12-13, 19-20, 26-27 at Jhunjunu.
5. EmOC training at RNT Medical College and Hospital, Udaipur, July 8, 2013.
6. Training on Palliative Care, July 11, 2013 at SIHFW
7. FBNC observership, July 8 to 20, 2013 at KEM Mumbai.
8. Training of LSAS.

Feedback

- Method of presentation is excellent in RI training
 - Way of explain any problem by the faculty is excellent
 - Good facilities in the hostel
 - Faculty is very good, supportive and also understands the basic problem of a doctor in community.
 - The way of teaching of Dr. Yadav and Dr. Rathore is excellent.
 - Environment of SIHFW is pleasant and Nature of staff is most liked.
- (Source: feedbacks from participants)

Health News

Global

WHO issues new HIV recommendations

New HIV treatment guidelines by WHO recommend offering antiretroviral therapy (ART) earlier. Recent evidence indicates that earlier ART will help people with HIV to live longer, healthier lives, and substantially reduce the risk of transmitting HIV to others. The move could avert an additional 3 million deaths and prevent 3.5 million more new HIV infections between now and 2025.

The new recommendations are presented in WHO's "Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection", as new data reveal a total of 9.7 million people were taking these lifesaving drugs at the end of 2012.

"These guidelines represent another leap ahead in a trend of ever-higher goals and ever-greater achievements," says WHO Director-General Dr Margaret Chan. "With nearly 10 million people now on antiretroviral therapy, we see that such prospects – unthinkable just a few years ago – can now fuel the momentum needed to push the HIV epidemic into irreversible decline."

The new recommendations encourage all countries to initiate treatment in adults living with HIV when their CD4 cell count falls to 500 cells/mm³ or less – when their immune systems are still strong. The previous WHO recommendation, set in 2010, was to offer treatment at 350 CD4 cells/mm³ or less. 90% of all countries have adopted the 2010 recommendation. A few, such as Algeria, Argentina and Brazil, are already offering treatment at 500 cells/mm³.

WHO has based its recommendation on evidence that treating people with HIV earlier, with safe, affordable, and easier-to-manage medicines can both keep them healthy and lower the amount of virus in the blood, which reduces the risk of passing it to someone else. If countries can integrate these changes within their national HIV policies, and back them up with the necessary resources, they will see significant health benefits at the public health and individual level, the report notes.

The new recommendations also include providing antiretroviral therapy - irrespective of their CD4 count - to all children with HIV under 5 years of age, all pregnant and breastfeeding women with HIV, and to all HIV-positive partners where one partner in the relationship is uninfected. The Organization continues to recommend that all people with HIV with active tuberculosis or with hepatitis B disease receive antiretroviral therapy.

Another new recommendation is to offer all adults starting to take ART the same daily single fixed-dose combination pill. This combination is easier to take and safer than alternative combinations previously recommended and can be used in adults, pregnant women, adolescents and older children.

"Advances like these allow children and pregnant women to access treatment earlier and more safely, and move us closer to our goal of an AIDS-free generation," said UNICEF Executive Director, Anthony Lake. "Now, we must accelerate our efforts, investing in innovations that allow us to test new born babies faster and giving them the appropriate treatment so that they enjoy the best possible start in life."

The Organization is further encouraging countries to enhance the ways they deliver HIV services, for example by linking them more closely with other health services, such as those for tuberculosis, maternal and child health, sexual and reproductive health, and treatment for drug dependence.

"The new WHO guidelines are very timely in view of the rapid progress we have made in expanding programmes for prevention and treatment," says Dr Mark Dybul, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. "This is an example of how the Global Fund and the WHO work together to support countries as we move towards removing HIV as a threat to public health." Since its creation in 2002, the Global Fund has supported more than 1,000 programmes in 151 countries, providing HIV treatment for 4.2 million people.

Challenges still remain. Alongside the new treatment guidelines, a treatment progress update by WHO, UNAIDS, UNICEF identified areas in need of attention.

While the number of all eligible children on ART has increased by 10% between 2011 and 2012, this is still too slow compared to the 20% increase in adults. A further complication is that many key populations such as people who inject drugs, men who have sex with men, transgender people and sex workers, continue to face legal and cultural barriers that prevent them getting treatment that otherwise would be more easily available. Another factor that needs to be addressed is the significant proportion of people who, for many reasons, 'drop out' of treatment.

Source: 30 June 2013, WHO media centre/news

India

Andhra Pradesh to give more space to male nurses

For decades, nursing has remained a profession reserved for women in India, especially in Andhra Pradesh where men are still strictly banned from the corridors of dozens of government hospitals. But the taboo on males seems to be changing as the government, in a major policy shift, has agreed to admission of men in MSc Nursing course from this year, which was otherwise reserved for women.

Buoyed at the recent development, the department of nursing studies has written to the government to permit male nurses in state-run hospitals too, officials said. "We have written to the state government to have a relook into the norm that bans recruitment of male nurses in government hospitals," said Rafath Razia, deputy director (Nursing).

Interestingly, Andhra Pradesh is among the few states that kept men away from the profession. Kerala has introduced male nurses along with Karnataka, Tamil Nadu, Rajasthan and some northern states which have male nurses in state-run hospitals.

Male nurses were not preferred because women were traditionally seen as care givers. Moreover objections from women patients after stray incidents of molestation in some private hospitals made the government wary. But with male nurses performing well in the private sector, the perception gradually changed across India.

In 2007, AP took the first step towards allowing male nurses in the 'forbidden zone' after the government allowed them entry into BSc nursing and general nursing diploma courses. Now, the state appears to be narrowing down the steep gender gap in the profession further. The two-year MSc course will be run under the aegis of NTR University of Health Sciences under whose supervision nursing colleges are run.

Officials of the AP Private Hospitals and Nursing Homes Association welcomed the move, with its president R S Saluja saying that the number of males nurses have increased 10-fold in the corporate sector in the last decade. "The trend has changed. Men are entering this field and are comfortable too. Given a choice, we will prefer a male nurse now since we have more female nurses," said Saluja, adding that the male-female ratio is currently pegged at 10:90 in favour of women.

Experts said that nursing today is not just restricted to patient care as there are nursing planners, administrators and faculty. "We take male nurses especially in the operation theatres where patients need to be shifted from one table to another," said Dr M Veera Prasad, executive director, Prime Hospitals. Dr A Lingaiah, director, medical services, Yashoda Hospital, also said that male nurses are being increasingly preferred in the emergency services, intensive care units as well as operation theatres, as they are known to cope better with very high stress levels.

Source: TOI, 18 June 2013

Rajasthan

Gambusia fish hatcheries to help prevent vector-borne diseases

Expressing concern over vector-borne diseases which could affect people due to early arrival of monsoon, the health department has directed its officials to take measures to prevent such diseases including creating gambusia fish hatcheries in large numbers in the state.

This year the health department has increased gambusia fish hatcheries in the state. The health department directed all chief medical health officers (CMHOs) of the district to keep sufficient amount of gambusia fish in the hatcheries and also to develop new hatcheries which are natural, such as ponds in villages.

A senior health department official said there are around 2,000 permanent gambusia fish hatcheries in the state, out of them around 600 are permanent hatcheries and the rest are natural hatcheries. The health department will breed gambusia fish in the hatcheries in natural as well as in the permanent hatcheries.

The official said that in case of waterlogging, the officials will shift gambusia fish from hatcheries to the waterlogged areas. The gambusia fish are very small and they eat larvae of the mosquitoes. "It takes around 15 days for larvae to develop into a full mosquito so we have maximum 15 days time to kill larvae by various options available to us and gambusia fish is one such option to kill larvae," the official said.

The health department is aiming to prevent even a single death due to vector-borne diseases. National Rural Health Mission director (Rajasthan) Gayatri Rathore said that in case malaria Plasmodium falciparum (pf) case is found, a health survey would be conducted in 50 houses in the neighbourhood and fogging will be done.

Moreover, the health department is taking help of different government departments including roadways, railways, panchayati raj and municipalities. The official said that all the departments were asked to identify the areas where waterlogging is a frequent problem. "We have asked the municipalities to clean the area which are dirty and they could develop into mosquito breeding ground. The municipalities have been asked to do fogging after rain," he said.

Also, the roadways department would give burnt engine oil to the health department, which the health department would use in the waterlogged areas or in ponds where the larvae could breed in large numbers. "When poured on stagnant water, the burnt oil prevents the mosquitoes from breeding," the official said.

Source: TOI, 16 June 2013

Guidelines to plug shortages during second phase

With an aim to plug the shortages of machine and manpower in implementing the second phase of chief minister's free diagnostic test scheme from July 1, the health department has prepared guidelines to deal with such a situation.

The health department, in case of shortage of para-medical staff, would engage lab technicians and radiographers on a visiting basis. A committee headed by principal secretary, medical education has recommended rates for hiring the para-medical staff on temporary basis. A lab technician will be paid Rs 400 per visit for eight hour per day and a radiographer will be given Rs 500 for the same period of visit.

A health department official said that these are indicative rates and may vary depending on the supply and demand in the district. In case of any variation within 10% of the visiting fees, the collectors are authorized to increase the rates of the manpower engaged to fill up the service gap.

The second phase of the free diagnostic scheme would be launched in all community health centres (CHCs) of the state.

Director, public health issued directions to health department officials that there are chances of increase in patient turnout. This increase may be well beyond the current capacity of the machines and manpower of the health institutions entrusted with the task of free diagnostic scheme. Therefore, the hospital administration and the Rajasthan Medical Relief Society are expected to carefully enlist the available resources and assess if there is any shortfall.

The proposed manpower at each CHC is one medical officer in-charge, two lab technicians, two lab attendants, one radiographer, one computer operator and one cleaner. The radiographer would perform X-rays, quality assurance, record keeping, equipment maintenance, proper storage and record of required material. Lab attendant will perform sample collection, testing, report generation, record keeping and other works. Moreover, electrocardiogram (ECG) would be conducted by technicians who have been trained in ECGs.

Source: TOI, 16 June 2013

MNJY launched at CHC level

Hon health Minister of Rajasthan, Shri A.A Khan launched Mukhya Mantri Nishulk Janch Yojana (MNJY) at CHC level in Rajasthan on July 1, 2013.

This is the prime scheme under flagship programs launched in the state. The scheme was launched at Kotkasim, Tijara and Topkada CHCs of Alwar district, under second phase of MNJY. The first phase was launched on April 7, 2013 (World Health Day).

In the second phase, the scheme will get implemented at 431 CHCs, where 28 types of important diagnostics services will be provided free of cost under the scheme.

The MNJY scheme envisions providing quality essential diagnostic services in all the government health care institutions and contributes to fundamental right to health.

Source: <http://dipr.rajasthan.gov.in/news>



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@ymail.com; Website: www.sihfwrajasthan.com