



SIHFW: an ISO 9001:2008 certified Institution

E-Newsletter
State Institute of Health and Family Welfare
(SIHFW), Jaipur, Rajasthan

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From the desk of the Director:-

Dear readers

Greetings from SIHFW, Rajasthan!



This is the second issue of our e-newsletter. We are overwhelmed by feedbacks extended on the first issue.

We are Thankful for your encouraging and critical comments, hope! It continues.

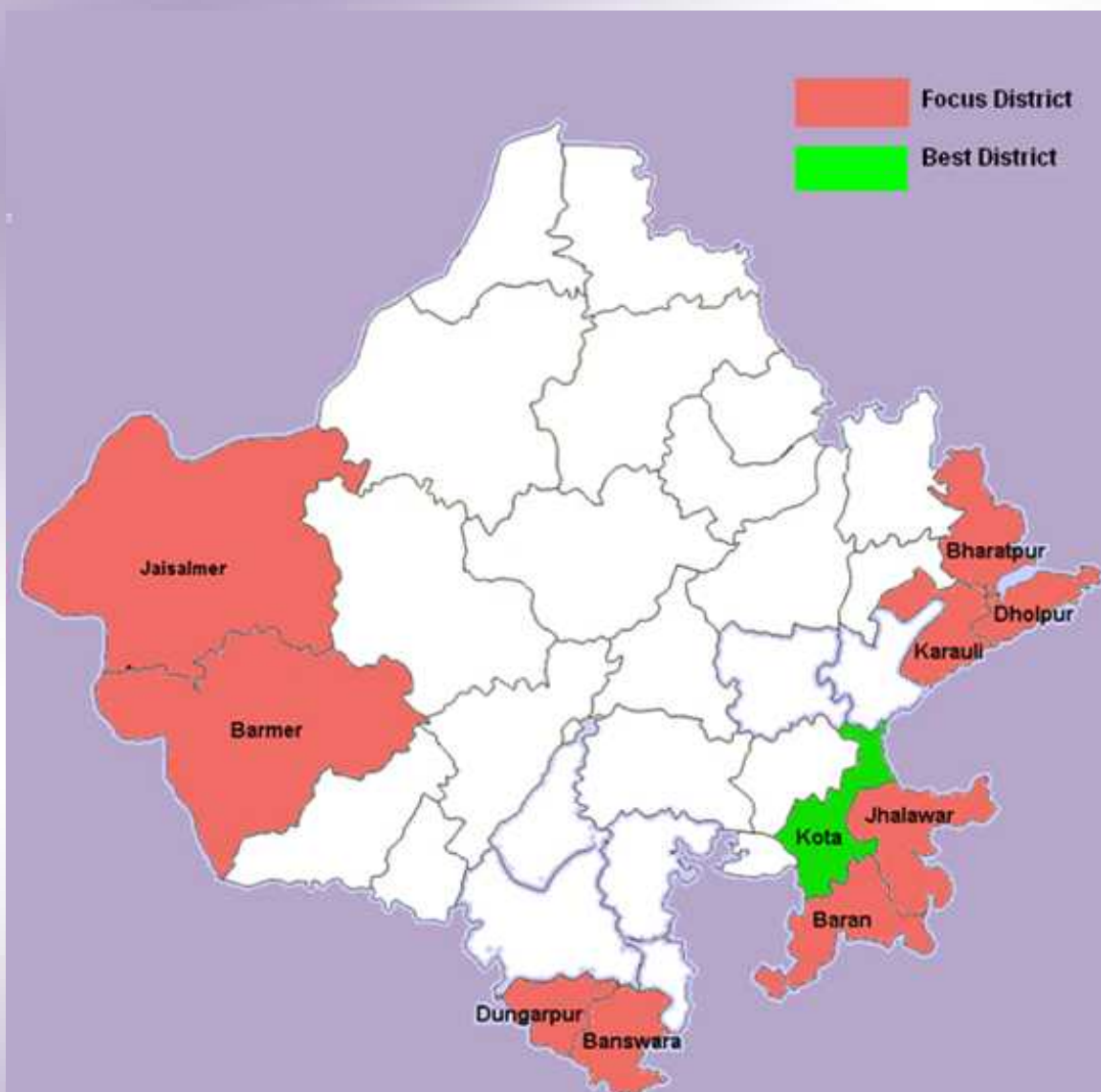
This issue is focused on Malnutrition along with HUNGaMA survey report.

Hope you will find it useful and informative. Your feedback on these e-newsletters are always welcomed.

Director

The HUNGaMA Survey Report 2011:

- Rajasthan specific -
 - Districts selected based on **Child Development District Index** (developed for UNICEF India) in 2009 and referred as Focus Districts.
 - Total Districts covered: 10
 - Focused Districts –Banswara, Baran, Barmer, Bharatpur, Dhaulpur, Dungarpur, Jaisalmer, Jhalawar, Karauli
 - Best Districts - Kota
 - Children (under 5 yrs): 11,319
 - Mothers: 7,683
 - Households: 7,674
 - Parameters: underweight, stunting and wasting data



District	% Wasting (Weight for Height)		% Underweight (Weight for Age)		% Stunting (Height for Age)		% MUAC (Mid Upper Arm Circumference)#	
	<-3SD (Severe)	<-2SD* (Moderate)	<-3SD (Severe)	<-2SD* (Moderate)	<-3SD (Severe)	<-2SD* (Moderate)	Severe	Moderate
Banswara	5.87	19.95	24.41	51.98	36.58	58.67	3.89	15.85
Baran	3.25	13.12	13.55	39.63	23.28	50.51	1.44	10.30
Barmer	3.95	12.70	17.54	39.33	33.01	54.83	2.52	14.94
Bharatpur	3.53	10.66	16.43	39.95	27.77	53.29	3.24	16.44
Dhaulpur	2.54	9.74	17.04	44.53	40.84	63.36	3.09	15.78
Dungarpur	7.36	19.16	21.03	41.65	31.49	53.42	2.93	17.19
Jaisalmer	2.86	10.22	12.18	35.01	26.23	51.14	3.01	10.97
Jhalawar	5.70	17.14	19.97	47.36	33.12	53.81	1.98	10.44
Karauli	3.11	12.24	16.79	42.01	29.00	50.24	1.86	7.62
Kota	4.59	15.17	13.86	36.70	18.76	44.20	2.90	15.69

As per The HUNGaMA Survey Report 2011

Each of the indices is expressed in standard deviation units (SD) from the median of the 2006 WHO International Reference Population.

* <-2SD = Malnourished i.e. children who are below -3 SD from the International Reference Population Median (<-3SD = Severe)

MUAC - Severe = <11.5 cm and Moderate = between 11.5 cm to 12.5 cm

Article on Malnutrition

Malnourished Population -213-230m

Under-weight Kids(under5)-44%

Under 5 mortality 6.6%

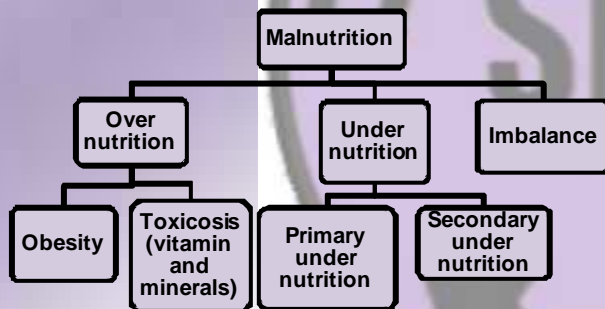
Anaemic infants 72%

Anaemic married women -52%

(Source: IFPRI;FAO;NFHS-3)

What is malnutrition?

Relative or absolute deficiency or excess of one or more essential nutrients, which can manifest into over nutrition or under nutrition, imbalance and specific deficiency.



Current scenario:

Prevalence of malnutrition	India	Rajasthan
Stunting (too short for age)	38	34
Wasted (too thin for height)	19	20
Underweight (too thin for age)	46	44
IMR	55	47

Source: NFHS III & SRS 2011

WHO Recommendations

Indicator	Measure	cut-off
Severe wasting	Weight-for-height (1)	< -3 SD
Severe wasting	MUAC	< 115 mm
Bilateral edema	Clinical sign	

Types of malnutrition

Protein energy Malnutrition

Severe forms of malnutrition: marasmus (chronic wasting muscle and other tissues); Kwashiorkor cretinism and irreversible brain damage due to iodine deficiency; blindness, increased risk of infection and death from vitamin A deficiency.

The four most commonly used and simple body measurements (which serve as good indicators of nutritional status), therefore, are:

- Weight for age
- Height for age
- Arm circumference for age
- Weight for height

Measures	Tools for measuring
Weight	Salter scale
Height	Length board, fiber glass tape.
Age	By records
MUAC	MUAC strips
Skin fold thickness	Calipers
Head circumference	Fiber glass tape
Chest circumference	Fiber glass tape

Classifications for assessing malnutrition:-

1. Gomej classification
2. Waterlows classification
3. NCHS Standarads
4. WHO Growth standards (Z score)

Causes of Malnutrition

- No breast feeding/inadequate breast feeding and/or use of diluted milk
- Delayed introduction of complementary feeding
- Providing wrong food and insufficient quantity
- Misconception ,Ignorance and poverty
- Infections e.g. measles ,diarrhea
- Psychological trauma

Management of PEM

- Mild to moderate PEM can be managed at home.
- Cases with following problems, hypothermia, hypoglycemia, dehydration and electrolyte imbalance, infection, convulsions ,xerophthalmia, bleeding tendencies ,severe anaemia, cardiac failure must be hospitalized

Preventive measures

- **Health promotion**
 - Educate pregnant and lactating mother
 - Promotion of breast feeding
 - Development of low cost weaning foods
 - Nutrition education
 - Home economics
 - Family planning and spacing
 - Family environment
- **Specific protection**
 - Diet should be protein and energy rich
 - Immunization
 - Food fortification
- Early diagnosis and treatment
 - Periodic surveillance
 - Early diagnosis and treatment of infection and diarrhea
 - Program for rehydration of children with diarrhea
- Rehabilitation

Steps for improvement of nutrition & health situation

- National Nutrition Policy (1993)
- National Plan Of Action On Nutrition (1995)
- National Nutrition Mission (2006)
- National Health Policy (2002)
- National Rural Health Mission (2005)
- Prime Minister's National Council on Nutritional Challenges Oct, 2008

Agencies involved in combating child malnutrition:

1. ICDS
2. UNICEF
3. WHO
4. NIP

Nutrition Program in Country

1. Integrated Child Development Services Scheme (ICDS)
2. Mid-day meal Programs (MDM)
3. Special Nutrition Programs (SNP)
4. Wheat Based Nutrition Programs (WNP);
5. Applied Nutrition Programs (ANP)
6. Balwadi Nutrition Programs (BNP)
7. National Nutritional Anaemia Prophylaxis Program (NNAPP)
8. National Program for Prevention of Blindness due to Vitamin A Deficiency
9. National Goiter Control Program (NGCP).

Role of ICDS

- Supplementary nutrition
- Non-formal pre-school education
- Immunization
- Health Check-up
- Referral services
- Nutrition and Health Education

Target group and service providers

Services	Target Group	Services Provider
Supplementary Nutrition	Children >6 years; pregnant & lactating mothers	AWW & AWH
Immunization	Children below 6 years; pregnant & lactating mothers	ANM/MO

Health Check-ups	Children > 6 years; pregnant & lactating mothers	ANM/MO/AWW
Referral	Children > 6 years; pregnant and lactating mothers	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
N&H Education	Women (15-44 years)	AWW/ANM/MO

Formula diets for severely malnourished children

Table 7. Preparation of F-75 and F-100 diets			
Ingredient		Amount	
	F-75a-d		F-100e,f
Dried skimmed milk	25 g		80 g
Sugar	70 g		50 g
Cereal flour	35 g		—
Vegetable oil	27 g		60 g
Mineral mixg	20 ml		20 ml
Vitamin mixg	140 mg		140 mg
Water to make	1000 ml		1000 ml

Diet plan:

Personal data:

Age: - 8 months

Sex: - Female

Physiological status: - Severely malnourished

Socioeconomic status: - Low Income Group

Weight -5 kg

Time	Food product	Quantity	Prepared quantity	Energy	Protein
6.00 am	F75	100 ml	1 bowl (medium sized)	75	1.2

			um sized)		
8.00 am	Potato (boiled mashed and added sugar and oil)	100g m+ sugar 10 gm+ 5 ml oil	1 bowl (medium sized)	183	1.67
10.00 am	Fruit (banana)	100 gm	1	100	1.2
12.00 noon	Boiled egg (1/2)	50 gm	1/2 boiled egg	85	6.65
2.00 pm	Khichri	100 ml	1 bowl (medium sized)	100	1.82
4.00 pm	Curd + sugar	125 ml + 10 gm	1/2 bowl (medium sized)	113	3.87
6.00 pm	Boiled egg (1/2)	50 gm	1/2 boiled egg	85	6.65
8.00 pm	Besan seera	100 ml	1 bowl (medium sized)	100	1.21
10.00 pm	F75	100 ml	1 bowl (medium sized)	75	1.2

			sized)		
12.00 pm	Milk + glucose biscuits(2)	50 ml+2 biscuits	½ bowl	119	2
4.00 am	F75	100 ml	1 bowl (medium sized)	75	1.2

Energy: 1105 kcal

Proteins: 28.67 gm

Recipes:

1.

Food product	Quantity	Quantity as per household measures.
Milk (cow's or toned daily milk)	25 ml	¼ bowl (medium sized)
Sugar	3 gm	½ tsp (leveled)
Murmura powder /wheat flour	5 gm	1 tsp
Vegetable oil	3 gm	¾ tsp
Water	To make volume up to 100 ml	

Energy: 75 kcal/100 ml

Proteins: 1.2 gm/100 ml

2. Besan seera

Food product	Quantity	Quantity as per household measures.
Milk (cow's or toned daily milk)	75 ml	1/2 bowl (medium sized)
Besan	5 gm	1 tsp
Vegetable oil	2.5 gm	½ tsp
Water	To make volume up to 100 ml	

Energy: 100 kcal/100 ml

Proteins: 3.25 grams/100 ml

3. Khichri

Food product	Quantity	Quantity as per household measures.
Rice	5 gm	1 tsp
Dhal	6 gm	1 tsp
Sugar	10 gm	2 tsp
Vegetable oil	2.5 gm	½ tsp
Water	As required	

Energy: 100 kcal/50 ml

Proteins: 1.82 gm /50ml

Health Days in February 2012

February 04- World Cancer day

SIHFW in Action

(1) Trainings:

S. No.	Date	Title	Cadre /Total Participants	For
1.	Jan 9-10	Training on PCTS/PCTS Plus /HMIS Software and Eligible Couple Survey 2012 -13	DNO/SA/BPM/ 91	DM&HS
2.	Jan19-21	Training on Result Based Management	CPO ,DF ,State Level Officials from DWCD and DoES /26	UNDP
3.	Jan 30-31	Orientation of ANMTC tutors on SBA training g Video	ANMTC tutors/47	UNICEF
4.	Jan 31-Feb 02	Training on IEC/BCC activities	IEC coordinators/26	DM&HS

(2) Monitoring/Field Visits:

- VHSC-
Monitoring of VHSC trainings at Chittorgarh block and Nagaur (blocks – Ladnu and Nagaur) from Jan 20-21, 2012.

Monitoring of VHSC trainings at Mertacity and Riyan-Badi from Jan 24-25, 2012



- HBPNC
HBPNC training at Alwar District was monitored by Ms.Rajani Singh from Jan 16 to 20, 2012.

(3) Other activities

SIHFW Publications/ Printing/Translation:

- Hindi Translation of Immunization guide for Block Program Managers for NIP1

- Guide for HBPNC Supervisors

Planned Training/Workshop/Meeting

- ICTC team training
- Professional development course for middle level managers
- Foundation course for newly recruited Medical officer
- Training on Routine immunization for medical officer
- HBPNC and RI supervisor's ToTs for NIPI

Visitor to the Institution

- Field visit of health promotion course for Bhutan Students /Officials

"Visit to SIHFW in Rajasthan, call on meeting with Pro. Akhilesh Bhargava, Director who is dynamic and excellent presented the uniqueness of this First ISO certified Institute in India. This institute catering training, research monitoring recruitments, consultancy and documentations, of all the Institute offer lodging and boarding, We really admire the simplicity and a good leadership quality of the director."

Excerpt from Training Report of Health Promotion Workshop from Dec 19th to Jan 12, 2012 at National Institute of family welfare services at New Delhi from participants from Bhutan.



Capacity Building of Staff

- RCH Consultants ,Ms. Nirmala Peter attended Training course on public health nutrition from Jan 09 to 13 ,2012 at NIHFW, New Delhi .
- Ms.Nirmala Peter and Dr.Richa Chaturvedy attended first contact program for certificate course on health promotion from Jan 16 to 20th at NIHFW new Delhi.
- Dr.Akhilesh Bhargava Director SIHFW was invited to Ahmadabad(by Swasti & PFHL)to address issues in capacity building in health sector
- SIHFW staff (Ms. Nishanka Chauhan, Ms.Richa Chabra, Dr.Bhumika Talwar and Mr.Ejaz Khan) participated in Training on Result Based Management at SIHFW organized by UNDP from January 19-21, 2012.

Other Highlights

- Celebration-
 - Birthday party
 - Mandana Making



"Motivation: actions speak louder"

The Guest reactions

- **I liked each and everything maintain by the staff. It is equivalent to 5 star hotel-** M.P Meshram ,RO-NIHFW accompanied students of Health promotion course –NIHFW .
- **I liked Peaceful and calm environment of your institute** –K.C.Meena ,CPO Bikaner, Participant of RBM training for UNDP from Jan 19-21,2012
- **I liked the room Facilities in Hostel rooms**-Dr.G.N..Gupta ,Participant of RBM training for UNDP from Jan 19-21,2012
- **There should be a information counter** - Participant of RBM training for UNDP from Jan 19-21,2012

Health in news

Global

India records one year without polio

12 January 2012 -- India was once recognized as the world's epicentre of polio. But it has now been a year since India recorded its last case in a 2-year-old girl. India's success provides a global opportunity to push for the end of polio. It is also proof that polio can be eradicated in even the most challenging environments

Induced abortion worldwide: long-term decline has stalled

19 January 2012 -After a period of substantial decline, the global abortion rate has stalled, according to new research from WHO and the Guttmacher Institute. The researchers also found that nearly half of all abortions worldwide are unsafe procedures and almost all unsafe abortions occur in the developing world...**Source** <http://www.who.int/en/>

India

'400% financial push to help war on TB'

Govt to allot Rs.5,825 Cr in 12th Five year plan. India which hold the unenviable record of being the world's tuberculosis capital, is set to increase financial allocation for its fight against the air-borne disease by 400%. **Source: Times of India ,Jaipur ,Jan 18 ,2012.**

'13 Lacs children die before first b'day'

Mortality rates Highest in the world .Over 55,000 women die due to child birth in India every year. Of the total children born in one year, a mind boggling 13 lakh die before they reach their first birthday, most of them within a few weeks of entering this world. In india every year over 16 lakh under -5 years children die. **Source : world development Indicators ,World Bank.**

Rajasthan

'At least one of a family in 10 dists consumes Tobacco'

In 10 districts of the State,tobacco/liquor are consumed by at least one person in majority of the houses. The survey was conducted by HUNGAMA in 10 District covering 11,319 children,7,683 mothers and 7,674 households.

During the survey it was found that at least on Member of a family consumes liquor or tobacco in 82% houses in Baran. In Kota ,the figure is as high as 88% .In Karauli it is 82%,61% Banswara and 545 in Barmer .In Bharatpur ,it is 65%,Dholpur 85%,Dungerpur 67%,Jaisalmer 71% and Jhalawar 76%.**Source : Times of India ,Jaipur ,Jan 22,2012**

'Combination drugs to be made available soon'

Combination drugs for diabetes and blood pressure would soon be made available at free drug distribution centers in Govt hospitals. Availability of combination drugs would help the patients to take less number of drugs. **Source: Times of India ,Jaipur ,Jan 21,2012**

'Health concerns from climate change to be integrated in policy response'

Worried over the increasing threat of climate change on health, the State government has decided to integrate climate concerns into policy responses and interventions in the health Sector. The state will send the plan of action to the Center for funding .In collaboration with the Energy and Resource Institute, the state government has prepared key strategies and mentioned that studies show that state comes in the area of greatest climate sensitivity, maximum vulnerability and lowest adaptive capacity. **Source : Times of India ,Jaipur ,Jan 19,2012**

'War Against Feticide '

State Govt has launched a new scheme Mukhbir Yozna ,under which a person providing confirmed information about the involvement of a doctor or a medical staff in sex determination will get a reward of 25000.

The information will be used to conduct raids at clinics, hospitals and sonography centers. **Source:**

Times of India, Jaipur, Jan 19, 2012

Govt. of Rajasthan to recruit 800 doctors in 2012

Govt. Intending to start 3 new medical colleges under PPP mode. Source: ETV Rajasthan (Jan 30, 2012)

“Amendments made in the Food Security and Standard Act 2006 and Regulations 2011”. The bill contains provisions like maintaining international standards of cleanliness. Food License ,earlier issued by City Council now shall be issued by Health Department ”. Source: Rajasthan Patrika, Jan 31, 2012

We solicit your feedback:

Write to us at-

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