

SIHFW Rajasthan

Electronic Newsletter

Vol. 2/Issue 8/August 2013



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From the Director's Desk

Dear Readers

Greetings from SIHFW, Rajasthan!



The first week of this month is recognized as World Breastfeeding Week. The Week is celebrated in more than 170 countries from 1 to 7 August. This is celebrated to give importance to breastfeed and specially exclusive breastfeeding for the first 6 months of life. Also, this is being communicated to the community to start breastfeed as early as possible after the birth i.e. within an hour after the birth. There are field level health functionaries such as ASHA and Yashoda to create awareness and give assistance for this, along with counseling and information of various health care services available at the nearest health care centre. However, with reference to continuum of care, medical diagnostic services are an important component.

The lead article in this newsletter is on Mukhyamantri Nishulk Janch Yojana (MNJY) which is being implemented in the state. The scheme provides free of cost diagnostic services at all government hospitals and dispensaries.

The scheme helps in cutting down the out of pocket expenditure on diagnostics, by common man, thereby reducing the financial burden on patient and his/her family. Which otherwise be contributing to the vicious cycle of poverty by un-necessary loans and borrowings.

Best wishes for success of interventions in State's health systems.



Director

Inside:

- Mukhyamantri Nishulk Janch Yojana (MNJY)
- SIHFW in Action
- Feedbacks
- Health News

Health Days in August '13

World Breastfeeding Week 1–7
International Youth Day 12
World Humanitarian Day 19



Mukhya Mantri Janch Yojana (MNJY)

'Medical Diagnostic Services' is an important component in provision of continuum of care. In order to ensure provision of quality diagnostic services, a scheme has been launched in the state. Under the scheme, basic investigation and diagnostic services will be provided free of cost at all government hospitals. The scheme will help in reduction of expenditure of patients on treatment resulting in less financial burden on patients.

Goal:

To provide comprehensive health care another important component of treatment i.e. basic diagnostic services is required. Thus scheme for providing "Basic Investigation Services" is being planned. These services will be made available free of cost at all government institutions. This will help reduce the treatment cost to patients & decrease the out of pocket expenditure to the extent possible.

Vision:

To provide quality essential diagnostic services in all the government health care institutions and contribute to fundamental right to health.

Mission:

To strengthen the existing laboratories and other diagnostic facilities (and to create additional facilities if required) in all the public health institutions so as to provide the essential diagnostic services free of cost to all patients visiting government hospitals.

The following advantages of scheme are envisaged:-

1. Essential diagnostic services will be available to the patients.
2. Patients who are not able to afford cost of diagnostic tests are able to undergo treatment.
3. Reducing out of pocket expenditure on investigations.
4. Making available holistic healthcare services under one roof.
5. Scheme will be helpful in early diagnosis and contribute to reduction in morbidity and mortality trends. IMR, Under 5 mortality rates and MMR are expected to come down.
6. Longevity is enhanced which is the ultimate aim of state's health services.
7. Increase in access to quality public health care services
8. Health seeking behavior is promoted.
9. Enhancing credibility of public health care institutions and health care providers.
10. The scheme will be a forbearer towards provision of "Right to Treatment" for the people of Rajasthan.

Benefits shall be given to:

1. BPL/State BPL
2. ASTHA card holders
3. HIV aids
4. Senior citizens
5. Handicap and Widow pensioners
6. Four Nat and Sansi communities of Jodhpur district
7. Antodaya Ann Yojana beneficiaries (APL Sahariya families of Baran district)
8. Annapurna Scheme
9. All families of Kathori tribe
10. Families of victims of Mehrangarh durg, Jodhpur mishap
11. Childless couples of BPL and State BPL families
12. Children of orphanages supported by department of Social Justice and Empowerment. Physically and Mentally challenged children (those studying in schools funded or approved by Department of Social Justice and Empowerment) and women residents of Hostels run/supported by Social Justice and Empowerment.

Benefits:

1. Cost effective quality based health care services will be provided
2. Reduction in expenditure by common man on treatment
3. There will no one be deprived of health care services due to unavailability of funds

Beneficiary:

1. All OPD patients in all Government hospitals
2. All IPD patients (admitted) in the government hospitals
3. Patients suffering from Thalesemia and Hemophilia
4. All Government Officials, staff and retired state employees (pensioners)
5. For retired state officials, diary maintenance shall continue as previous.

Drug Distribution Centre:

Distribution and supply of medicine and drugs across the state has been planned to be operational from 34 Drug Stores at the district level and 15000 Drug distribution centres of the state.

Other benefits:

1. For OPD patients, drug distribution centres shall remain open during OPD timings.
2. For Indoor patients, drug distribution centres will remain open 24x7
3. Medicine will be provided to patients only after prescription from Medical officers. Patients will be given two slips, one of which will be retained at the drug distribution centre after providing medicine and taking receipt of the patient. The other will be given to the patient.

Sno	Free of Cost Drug Distribution Centre (located at)	Numbers
1	Hospitals associated with medical Colleges	26
2	District Level Hospital	34
3	Satellite hospital	05
4	Sub-divisional hospital	12
5	Other hospitals	51
6	Dispensary	198
7	Community Health Centres (CHC)	376
8	Primary Health Centres (PHC)	1517
9	Sub-Centre (SC)	11487
10	Maternal and Child Welfare Centre	118
11	Primary Health Centre (Urban PHC)	37
12	Aid post (Urban)	13

List of essential investigations at Primary Health Centres (PHC) and Community health centres (CHC)

Type of Investigation	PHC	CHC
Clinical Pathology		
	Hemoglobin Estimation (Hb)	Hemoglobin Estimation (Hb)
	Total Leukocyte Count (TLC)	Total Leukocyte Count (TLC)
	Differential Leukocyte Count (DLC)	Differential Leukocyte Count (DLC)
	MP (Slide Method)	MP (Slide Method)
	ESR	ESR
	Bleeding Time (BT & CT)	Bleeding Time (BT)
	Blood Group (ABO-RH typing)	Clotting Time (CT)
	-	CBC
	-	Blood Group (ABO-RH typing)

Bio Chemistry		
	Blood Sugar	Blood sugar
	-	Blood Urea
	-	S. Creatinine
	-	S. Bilirubin (T)
	-	S. Bilirubin (D)
	-	SGOT
	-	SGPT
	-	S. Alk. Phos
	-	S. Total Protein
	-	S. Albumin
Micro Biology		
	Widal Slide Test	VDRL Rapid Test
	VDRL rapid test	VDRL rapid test
	HIV rapid test	HIV Rapid Test
	Sputum for AFB	Sputum for AFB
Urine Analysis		
	Urine for Albumin and Sugar	Urine Sugar/ Albumin
	Urine Pregnancy Test (UPT)	Urine Pregnancy test (UPT)
Stool Analysis		
	Stool for Ova and Cyst	Stool for OVA and cyst
Radiology	-	X-Ray
Cardiology	-	ECG

The Third Phase of MNJY in the State (at PHC level) will be launched on August 15, 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>

SIHFW in Action**Trainings/workshops organized:**

S. No.	Date	Title	Total Participants (Cadre)	Sponsoring Agency
	Trainings at SIHFW			
1.	July 8-Aug 6	Integrated Foundation Training for Newly Recruited Medical Officers	30 (MOs)	DM&HS
2.	July 19-20, July 22-23 & July 29-30, 2013 (3 batches)	Training of Block Level Accounts Personnel	82 (Block Level Accounts Personnel)	
3.	July 3 and July 4, 2013 (2 batches)	TOT on HCWM	135 (NT, DPM, NS, Dy.CMHO)	DM&HS
4.	July 2-4, July 9-11, July 16-18, July 23-25, July 30-August 2, 2013 (5 batches)	Routine Immunization	53 (MOs/SMOs)	RCH
5.	July 5 & July 11, 2013 (2 batches)	Training in Essentials of Palliative Care of Cancer Patients	51 (MOs and MO/ICs)	DM&HS
6.	July 16-17, 2013	Workshop on India New Born Action Plan	45	UNICEF
7.	July 20, 2013	One Day Review Meeting on Flagship Scheme	65	RMSCL
	Trainings at Districts			
8.	July 12-13 & July 26-27, 2013 (2 batches)	RI for Health Worker at Jhunjunu	43 (Health workers)	
9.	July 23-24, 2013	RI for Health Worker at Tonk	25 (Health workers)	
10.	July 8-August 6, 2013	Health worker with SBA at Pali	16 (Health workers)	
11.	July 19-August 17, 2013	Health worker with SBA at Jaipur	16 (Health workers)	
12.	July 29-August 30, 2013	Health worker with SBA at Shri Ganganagar	15 (Health workers)	
13.	July 8- November10, 2013	Medical officers with EmoC Refresher at Udaipur	8 (MOs/SMOs)	
14.	July 29- August 1, 2013	FBNC for Nursing staff at Ajmer	22 (Nursing staff)	

Monitoring/Field Visits

S.no	Name	Place	Date	Activity
1	Mr Vikas	Udaipur	July 15-16	Integrated Foundation Training-PPIUCD and BemOC hands-on
2	Mr Ravi Garg	Jodhpur		
3	Mr Hemant	Bikaner		

Talk on Health Information Management

Dr Richa Chaturvedy delivered talks on 'In-service training course on Health Information Management for Non-medical personnel' during 22 to 26 July 2013 at CBHI, Jaipur.

The sessions were on Major public Health problems, National Health programmes and Visions & Goals of NRHM in India, Health Care Delivery and Health Information System from Peripheral to National levels in India and its management and Concept of Monitoring & Evaluation of Health Programme and Health Sector Related Millennium Development Goals.

Dr Chaturvedy also did monitoring of Integrated Foundation training of Newly Recruited Medical Officers at Zanana Hospital, Jaipur during July 29-02 Aug, 2013.

National Level Review Workshop

Ms Richa Chabra participated at Review Workshop of State Nodal Officers, organised at NIHFW Auditorium, New Delhi during 30 July to August 1, 2013. The workshop was organised with purpose of reviewing, updating and experience sharing on ASHA, VHSC and other community processes intervention.

HSR Workshop Second Meet

Dr Bhumika Talwar participated at the Workshop to finalize the HSR Proposals at NIHFW, New Delhi during 8-9 July 2013. The workshop was held at NIHFW, New Delhi.

Celebration

Birthday of Dr Mamta Chauhan, Faculty, SIHFW was celebrated on July 6, 2013.



Birthday of Mr Ezaz Khan was celebrated on 20 July 2013.



The Forthcoming

1. Professional Development Course VIII Batch, in August, 2013 at SIHFW
2. Integrated Foundation Training of Newly Recruited MOs in September, 2013 at SIHFW
3. Routine Immunization on 30 July to 1 Aug, 6-8 Aug at SIHFW, Jaipur
4. Integrated training for Health workers at Tonk Aug 12-Sept 13, Jhunjunu, Aug 1-30, Sri Ganganagar July 29-30 Aug 2013
5. Training of Block level accountants, Aug 1-2, 2013 at SIHFW
6. Workshop on ISO and NABL Aug 13-14
7. One day Online training for District data entry operators, 16-17 July 2013
8. Tot on Handbook of ASHA facilitators, 5-6 Aug and 7-8 Aug, HFWTC, Heerabagh, Jaipur
9. FBNC for Nursing Staff-Udaipur, Aug7-11, 2013

Feedback

- Method of presentation is excellent in RI training
- Topics of GF& AR , Pension scheme ,Leave rule are very good
- Teaching Manner was very good

(Source: feedbacks from participants)

Global

WHO highlights pharmaceutical issues for ageing conditions

For the first time, EU countries have more people over 65 years of age than under 15 years of age. Echoing the trend seen in Europe, much of the rest of the world, including low-and middle-income countries, is moving in a similar direction. A new WHO report calls for pharmaceutical researchers to adjust their research and development efforts to account for this shifting demographic.

"Despite an over three-fold rise in spending on pharmaceutical research and development in Europe since 1990, there is an increasing mismatch between people's real needs and pharmaceutical innovation." The report, *Priority medicines for Europe and the world 2013 update*, emphasizes that this shift in EU countries is 'bell weather' for the rest of the world as globally more people will be ageing and face similar health challenges in the future.

The report focuses on pharmaceutical 'gaps', where treatments for a disease or condition may soon become ineffective, are not appropriate for the target patient group, does not exist, or are not sufficiently effective.

"Despite an over three-fold rise in spending on pharmaceutical research and development in Europe since 1990, there is an increasing mismatch between people's real needs and pharmaceutical innovation. We must ensure that industry develops safe, effective, affordable and appropriate medicines to meet future health needs," says Nina Sautenkova, Health Technologies and Pharmaceuticals, WHO/Europe. From a public health view, the trend of an increasing population over 65 leads to greater prevalence of diseases and conditions associated with ageing, such as heart disease, stroke, cancer, diabetes, osteoarthritis, low-back pain, hearing loss, and Alzheimer disease. In combination with health promotion and disease prevention initiatives, these conditions also require more investment in research and innovation to bridge the pharmaceutical gaps.

Source: Who/media centre/news, 16, July 2013

WHO urges governments to act on hepatitis threat

On World Hepatitis Day (28 July), WHO is urging governments to act against the five hepatitis viruses that can cause severe liver infections and lead to 1.4 million deaths every year. Some of these hepatitis viruses, most notably types B and C, can also lead to chronic and debilitating illnesses such as liver cancer and cirrhosis, and in addition to, loss of income and high medical expenses for hundreds of millions of people worldwide.

Viral hepatitis is referred to as a 'silent epidemic' because most persons do not realize that they are infected and, over decades, slowly progress to liver disease. Many countries are only now realizing the magnitude of the disease burden and devising ways to address it.

"The fact that many hepatitis B and C infections are silent, causing no symptoms until there is severe damage to the liver, points to the urgent need for universal access to immunization, screening, diagnosis and antiviral therapy," says Dr Keiji Fukuda, WHO Assistant Director-General for Health Security and the Environment.

"Many of the measures needed to prevent the spread of viral hepatitis disease can be put in place right now, and doing so will offset the heavy economic costs of treating and hospitalizing patients in future."

This year, in the run up to World Hepatitis Day, the Organization is releasing its first-ever country hepatitis survey, covering 126 countries. The WHO "Global policy report on the prevention and control of viral hepatitis in WHO Member States" identifies successes as well as gaps at country level in the implementation of four priority areas. The priority areas are raising awareness, evidence-based data for action, prevention of transmission, and screening, care and treatment.

The findings show that 37% of the countries have national strategies for viral hepatitis, and more work is needed in treating hepatitis. It also highlights that while most of the countries (82%) have established hepatitis surveillance programmes, only half of them include the monitoring of chronic hepatitis B and C, which are responsible for most severe illnesses and deaths.

"Many of the measures needed to prevent the spread of viral hepatitis disease can be put in place right now, and doing so will offset the heavy economic costs of treating and hospitalizing patients in future,"

says Dr Sylvie Briand, Director, Pandemic and Epidemic Diseases at WHO. "The findings underline the important work that is being done by governments to halt hepatitis through the implementation of WHO recommended policies and actions."

The challenges posed by hepatitis were formally acknowledged by the World Health Assembly in 2010 when it adopted its first resolution on viral hepatitis, and called for a comprehensive approach to prevention and control. This has promoted a new era of awareness with more governments proactively working to address the disease. Reinforcing that call for action, WHO has been collaborating closely with countries and partners to build a strong global response. As a result, the new report notes, 38% of countries observe World Hepatitis Day (an annual event that began in 2010) with even more countries expected to mark the day this year.

In addition to collaborating closely with countries, WHO has been working on developing networks and mechanisms that can deliver results. The Organization is exploring with international funding agencies avenues that could allow hepatitis to be included in their current programme of activities. In June 2013, WHO launched the Global Hepatitis Network. One of its aims is to support countries with planning and implementation of viral hepatitis plans and programmes.

WHO is currently developing new hepatitis C screening, care and treatment guidelines, which will provide recommendations on seven key areas such as testing approaches; behavioural interventions (alcohol reduction); non-invasive assessment of liver fibrosis; and the selection of hepatitis C drug combinations.

"New, more effective medicines to prevent the progression of chronic hepatitis B and C are in the pipeline. However, these will be expensive and therapy will require monitoring with sophisticated laboratory tests. To cure and reduce the spread of these viruses, medicines must become more accessible," says Dr Stefan Wiktor, Team lead of WHO's Global Hepatitis Programme.

Source: 24, July 2013, WHO/media centre/news

India

Launch of National Tobacco Control Campaign 'Tears You Apart'

Ministry of Health & Family Welfare, Government of India has launched a nation-wide National Tobacco Control Campaign called "Tears you apart". The Campaign aims to raise public awareness about the dangers of smokeless tobacco consumed by tens of millions of Indian every day.

Smokeless tobacco is the most-used form of tobacco in India among lower socioeconomic groups and women in particular preferring smokeless tobacco over smoking forms. Global Adult Tobacco Survey (GATS) found that 21 crore Indian use smokeless tobacco. 26% of adults consume smokeless tobacco in India – 33% of adult males and 18.4% of adult females. Smokeless tobacco includes: gutkha, zarda, paan masala, zarda, paan with tobacco, and khaini.

The Campaign has been developed with technical support from world Lung Foundation. The campaign public service announcement (PSA) was filmed in B. Barooah Cancer Institute in Guwahati, Assam and at the Tata Memorial Hospital in Mumbai, Maharashtra. The PSA features real victims who are suffering from horrific cancers and disfigurements as a result of their chewing addiction. It also includes comments from relatives of victims, who describe how tobacco-related illnesses have destroyed careers, family life, and added to financial burdens. The PSA graphically warns the public that tobacco can literally tear lives and families apart, and urges smokeless tobacco users to quit and habit.

The Campaign PSA is being released in 16 languages in a national campaign for Pan-India coverage. The Campaign will make use of all national and regional Doordarshan channels and All India Radio. The Campaign is expected to run for a period of 5-6 weeks.

Tobacco is the most preventable cause of death and disease in the world today. Tobacco is a risk factor for 6 out of the 8 leading causes of death. Globally approximately 6 million people die each year as result of diseases caused by tobacco consumption. If urgent action is not taken, the death toll could rise to more than eight million by 2030. It is estimated that nearly 8-9 lakh people die every year due to diseases related to tobacco use in India with 5500 new youth starting tobacco use every day. About 50% of all cancers in males and 25% of all cancers in females can be attributed to tobacco use. It is estimated that about 90% of all the oral cancers are caused due to smokeless tobacco use.

As per the Global Adult Tobacco Survey – India (GATS) conducted by Ministry of Health & Family Welfare, 35% of the adults in the age group of 15 years and above consume tobacco in some form or the other with 48% males and 20% females consuming tobacco. Nearly, two in five (38%) adults in rural areas and one in four (25%) adults in urban areas use tobacco in some form or the other.

Implementation of the Food Safety and Standard Authority (FSSAI) regulation 2.3.4 which inter alia prohibit use of tobacco or nicotine in any food product. About 33 states/UTs have issued instructions for implementation of the said regulation which prohibit production, storage and sale of gutkha and pas masala containing tobacco.

Source: Press Information Bureau, Government of India, July 17, 2013

World Population Day: National Dialogue for Population Stabilization for Better Tomorrow

The National Day was Organized on 11 July 2013, as part of observation of World Population Day, Jansankhya Sthirata Kosh (JSK), an autonomous body under the Ministry of Health & Family Welfare organised a "National Dialogue for Population Stabilization for Better Tomorrow" in New Delhi today. Shri Ghulam Nabi Azad, Union Minister of Health & Family Welfare and Smt. Santosh Chowdhary, MoS for Health & Family Welfare participated in the inaugural programme. In his address, Shri Azad said as per 2011 Census, India's total population is now 1.21 billion. As per population projection, India's population would be 1.40 billion by 2026. In the next 15 years India's population will exceed China, making the most populous country in the world. With only 2.4% of the entire world's landmass to support 17% of the world population, the need for population stabilization can hardly be overemphasized. For this reason, the focus of the government has been on efforts to create awareness and persuade people to have small family sizes for the betterment of the health of the mother, the child and the whole family. He hoped Parliamentarians and Media would play a proactive role to create awareness about population explosion and need for population stabilization.

Addressing the National Dialogue, Smt. Chowdhary said the UPA Government has made 'Health' as most important sector to be focused during 12th Five Year Plan. This shows the commitment of UPA Government in building healthy, nourished and stronger India. This effort would go a long way to make our population healthy, strong and vibrant. To keep this promise, we have miles to go before we sleep, Smt. Chowdhary added. The inaugural session was followed by a panel discussion under the chairmanship of Shri Keshav Desiraju, Secretary, Health and Family Welfare.

Around three hundred delegates from central governments, Principal Secretaries of Health and Mission Directors of NRHM of different states, District Magistrates of selected districts civil society, private and corporate sectors, development partners, International agencies, researchers, clinicians, participated in the National Dialogue.

Source: Press Information Bureau, Government of India, 11 July 2013

Rajasthan

WIFS Programme launched in Rajasthan

The Weekly Iron Folic Acid Supplementation Programme for the State of Rajasthan was launched by Shri Ghulam Nabi Azad, Union Minister of Health & Family Welfare at Jaipur on 26 July 2013. Addressing the programme, Shri Azad said adolescents form 22 % of India's total population who are the future of the country. But half of the adolescent population, both girls and boys, suffers from anaemia. Anaemia results in poor physical growth, poor school performance and reduced concentration in daily tasks. It has a negative impact on the working capacity and development of children, adolescents and adults. Anaemia contributes to poor maternal and child health, resulting in increased morbidity and mortality. For this reason, the Ministry of Health & Family Welfare has taken up "Weekly Iron and Folic Acid Supplementation (WIFS)" programme to prevent and control the anaemia situation in adolescents.

The programme will reach out to 13 crore boys and girls of the country enrolled in government, government aided and municipal schools as well as out-of-school girls. Under this programme, along with IFA tablets, adolescents and their families will be given information and counselling on nutrition and health education. The Government of India has provided Rs. 135 crores in 2012-13 and Rs. 750 crores in 2013-14 for implementation of the programme. During his daylong programme, he laid the foundation stone of MCH Wing at Mahila Chikitsalaya, Sanganeri Gate, Jaipur. He also visited AIIMS, Jodhpur.

Source: Press Information Bureau, Government of India, July 26, 2013

159 Maternal, Child Healthcare Units

With the increase in institutional deliveries of babies to 80% in the state, the medical health and family welfare department has decided to set up 159 maternal and child health care (MCH) units in different hospitals to expand its maternal and child health care services. The department has identified district hospitals, satellite hospitals and community health centres with high footfall of pregnant women for treatment for the expansion plan.

Hon Health Minister, Shri A.A Khan said 'With the help of central funding, we are expanding the health care facilities for maternal and child health to cater to the increasing number of women for institutional deliveries. So, we are establishing maternal and child health units in various hospitals.' Shri Khan made the announcement during a function to lay the foundation of an MCH centre at Mahila Chikitsalaya in

Sanganer Gate attended by Union health minister Ghulam Nabi Azad, Chief Minister, Sri Ashok Gehlot and other health department officials.

As per the expansion plan, two medical college attached hospitals and 20 district hospitals in the state will get 100-bedded MCH units. The cost of each MCH unit would be Rs 16 crore. Moreover, 14 district hospitals which will get 50-bedded MCH centres each at a cost Rs 2.5 crore. Altogether 18 Janani Suraksha wards will also come up with 50-bedded facilities at satellite hospitals and sub-divisional hospitals, each consisting Rs 70 lakh. Another 105 CHCs have been identified where 20-bedded Janani Suraksha wards will be set up at a cost of Rs 40 lakh each.

Under the project, 5,900 beds for MCHs will be introduced in 159 hospitals. The total expenditure would be Rs 442 crore.

Source: TOI, 26.7.13

First crisis centre to open for women

The first One Stop Crisis Centre (OSCC), to provide support, care, treatment, security and legal advice to women who have faced atrocities, will soon come up at Jaipuria Hospital. Rajasthan is among the states which reported highest cases of rape in 2012 in the country, while large numbers of cases of kidnapping, dowry harassment, domestic violence and other kinds of cruelty were also reported. Now, this centre will be one of its kind in the state to provide all kinds of relief to victims of rape, domestic violence and other kinds of atrocities, under one roof.

Jaipuria Hospital deputy controller and nodal officer (OSCC) Dr Rambabu Jaiswal said, "The mental condition of women is affected after any kind of violence or act of cruelty and also she needs treatment for injuries. So, there will be doctors and counsellors who will remain present at the OSCC to treat her for physical as well as psychological trauma."

Recently, officials of medical health and family welfare department and women empowerment department inspected Jaipuria Hospital and identified a building in the hospital which will be developed as OSCC.

Initially, the OSCC will be set up at a three-room quarter of a doctor in the hospital. The officials have decided to develop the centre as soon as possible.

For the purpose, the health department has already created posts for counsellors in the hospital.

Women rights activist Rakhi Badhwar said, "The step to set up OSCC is a unique initiative at a time when crimes against women is a serious issue. But, it should function properly so that its purpose is served. I also think that first more efforts should be made so that crimes against women decrease significantly."

The officials said that the centre will help the victims in a big way as they will not have to move from one hospital to another for treatment. They will also get legal advice and police protection in the hospital.

Source: TOI, July 23, 2013

Government Release Rs 37cr for clean look of hospitals

The health department has directed all government hospitals to constitute committees, which will be responsible for ensuring the hospitals do not stink and no garbage on the premises. Health department officials said the move is to keep hospitals free from infection and give a clean look.

Each committee will comprise deputy controller, district hospital health manager and nursing superintendent of the hospital concerned. The new arrangement will not only be for district hospitals but also for community health centers (CHC), primary health centers (PHC) which will be monitored by district level committee on cleaning.

The state government has released funds amounting to Rs 37.59 crore for all government hospitals and CHC and PHCs for the purpose.

Of the total amount, Rs 6.24 crore has been kept for district hospitals, sub district hospitals and satellite hospitals. For CHCs, Rs 12.34 crore has been released for one year. A CHC will get Rs 30,000 per month for keeping it neat and clean, a health department official said. A fund of Rs 17.10 crore for PHCs and Rs 1.9 crore for sub centres has been earmarked for one year.

While releasing the funds, the health department has issued strict directions to the hospitals to ensure that cleaning of hospitals should be done round the clock and seven days a week. All galleries, door, windows, corridors, wards, stairs and ramps must be cleaned properly, the health department directed the officials.

Moreover, units of maternal and child health (MCH) care would also be paid attention. The department has handed over the responsibility of monitoring of cleaning of MCH units to principal in-charge of the hospitals.

Source: TOI, July 14, 2013

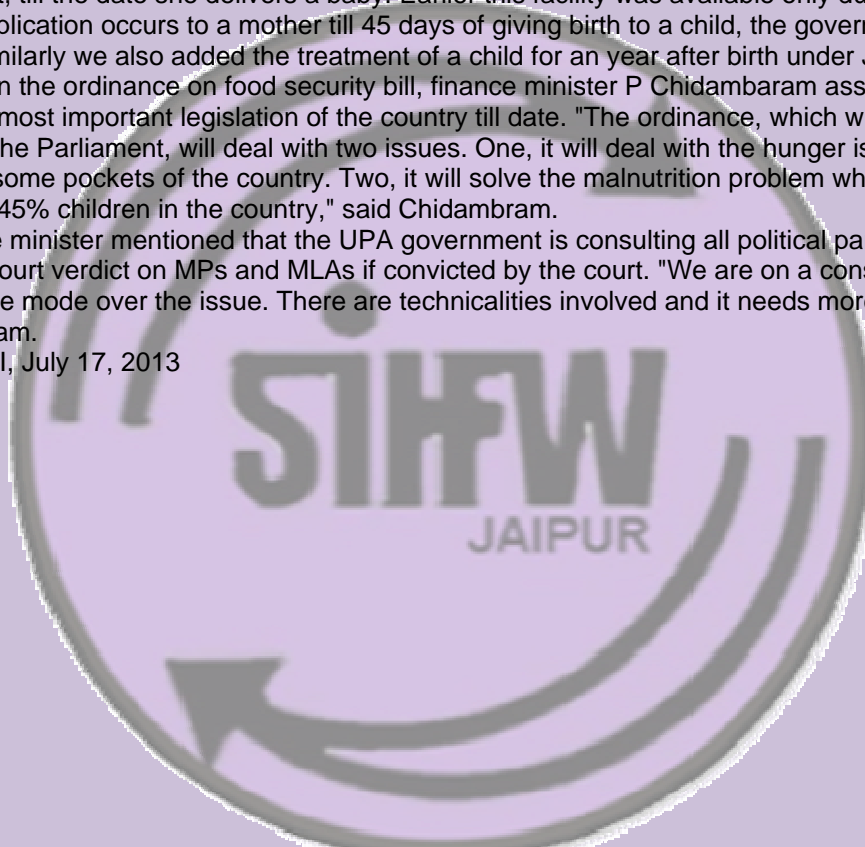
Rajasthan effectively utilized funds for healthcare: Union minister

Union health minister Ghulam Nabi Azad praised Gehlot government for proper utilization of money in healthcare services. Interacting with media persons here, he also announced the expansion of Janani Shishu Suraksha Karyakram (JSSK) which now covers maternal healthcare for 45 days and child healthcare for an year, post delivery. "Rajasthan is among the few states which has done exceptionally good work. It has utilized the funds effectively given from Centre for healthcare," said Azad. The minister also applauded the efforts made by the state government for implementing the free medicine scheme. "The state government has used its own resources with very little help from the Centre. It has been executed well," said Azad.

The Union health minister and finance minister visited Jaipur as part of the 'group of ministers on media interaction.' The aim of the visit is to publicize the programmes of the Union government. Announcing the decision of the Union government on increasing the ambit of JSKK, Azad said that under the scheme, transportation and treatment cost of pregnant women will now be covered from the day she is identified as pregnant, till the date she delivers a baby. Earlier this facility was available only during the delivery. "If any complication occurs to a mother till 45 days of giving birth to a child, the government will take care of it too. Similarly we also added the treatment of a child for an year after birth under JSSK," said Azad. Speaking on the ordinance on food security bill, finance minister P Chidambaram asserted that it is among the most important legislation of the country till date. "The ordinance, which will become law when passed by the Parliament, will deal with two issues. One, it will deal with the hunger issue which still prevails in some pockets of the country. Two, it will solve the malnutrition problem which is there in roughly 40-45% children in the country," said Chidambaram.

The finance minister mentioned that the UPA government is consulting all political parties over the Supreme Court verdict on MPs and MLAs if convicted by the court. "We are on a consulting mode and not on defensive mode over the issue. There are technicalities involved and it needs more clarity," added Chidambaram.

Source: TOI, July 17, 2013



We solicit your feedback:

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