

# SIHFW Rajasthan

## Electronic Newsletter



### From the Director's Desk

Dear Readers

Greetings from SIHFW, Rajasthan!



Every year, 10th September is observed as World Suicide Prevention Day (WSPD). It is organized by the International Association for Suicide Prevention (IASP). The purpose of this day is to raise awareness around the globe that suicide can be prevented.

Suicides can be prevented through interventions like banning the most toxic pesticides and teaching rural communities on safe storage of pesticides. Mental health promotion for young people through schools and colleges and introduce crisis counseling services and services for treatment of depression and alcohol addiction. This issue of our e-newsletter carries a relevant fact sheet.

This issue comes in a more crisp form, which is more readable and we expect your feedback for the same. From next Issue onwards we will introduce a new section based on writing contributions from participants undergoing training at SIHFW, under heading 'Trainee's Desk'.

We request all participants to share their training associated experiences, success stories and learning of field work for the section.



Director

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## **Suicide and Its Prevention: A Fact Sheet**

Suicide is a major public health problem in many developing countries. Suicide is a medical issue; but it also has economic, social, moral and political dimensions. Consequently, the prevention of suicide has medical, social, psychological, economic and political implications.

The International Association for Suicide Prevention (IASP) and the World Health Organization (WHO) are co-sponsoring World Suicide Prevention Day on September 10th. The theme of this 11th anniversary event is "Stigma: A Major Barrier for Suicide Prevention." According to the WHO and the latest Burden of Disease Estimation, suicide is a major public health problem in high-income countries and is an emerging problem in low- and middle-income countries.

Suicide is one of the leading causes of death in the world, especially among young people. Nearly one million people worldwide die by suicide each year. This corresponds to one death by suicide every 40 seconds. The number of lives lost each year through suicide exceeds the number of deaths due to homicide and war combined. These staggering figures do not include nonfatal suicide attempts which occur much more frequently than deaths by suicide.

### **The problem**

- Every year, almost one million people die from suicide; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds.
- In the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.
- Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020.
- Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries.
- Mental disorders (particularly depression and alcohol use disorders) are a major risk factor for suicide in Europe and North America; however, in Asian countries impulsiveness plays an important role. Suicide is complex with psychological, social, biological, cultural and environmental factors involved.

Suicide is among the top 20 leading causes of death globally for all ages. Every year, nearly one million people die from suicide.

### **India statistics:**

- Scrutiny reveals 242 men and 129 women commit suicide every day
- As many as 1,35,445 people committed suicide in the country last year. Statistics released by the National Crime Records Bureau (NCRB) show that excluding West Bengal, 79,773 men and

40,715 women had taken the extreme step. West Bengal, where 14,957 suicides were reported, did not provide classification statistics to the NCRB.

- The rate of suicide last year stands at 11.2 cases for a population of 1 lakh. As per rounded off figures provided by the NCRB, on an average, 15 suicides an hour or 371 suicides a day had taken place. When scrutinized further, it reveals 242 male and 129 female suicides a day.
- Tamil Nadu tops the list with 16,927 suicides, followed by Maharashtra with 16,112 suicides, West Bengal 3rd and Andhra Pradesh following it with 14,328 suicides. The 28 States together accounted for 1,32,667 cases and the seven Union Territories together for 2,778 suicides. In the administrative division of Lakshadweep, only one person committed suicide. In Delhi UT, it was 1,899. Among the cities of the country, Chennai topped with 2,183 cases.
- The rate of suicide at the administrative division of Puducherry was the highest in the country, 36.8 for every 1 lakh persons. With a population close to 15 lakh as per estimated mid-year population, 541 persons committed suicide in Puducherry in 2012. Sikkim follows with a rate of 29.1 per cent and Tamil Nadu 3rd with a rate of 24.9 closely followed by Kerala with 24.3. The national average stands at 11.2.
- Family problems accounted for 84 suicides a day on an average. The NCRB figures show that social and economic causes have led most of the men to commit suicides whereas emotional and personal causes have mainly driven women to end their lives. The percentage of suicides by married men was 71.6% and married women 67.9%.
- One suicide out of every six suicides was committed by a housewife. Andhra Pradesh, Karnataka, Kerala and Tamil Nadu plus Maharashtra have together accounted for 50.6% of the suicides reported in the country. The highest number of suicide pacts was reported from Rajasthan, 74, followed by Andhra Pradesh (18), Kerala (12), and Gujarat (3), out of 109 such cases reported.
- Thirty-seven per cent of the victims took the extreme step by hanging themselves, 29.1 per cent by consuming poison and 8.4 per cent by self-immolation. Last year, 50,062 persons hanged themselves in the country and the majority were men at 34,631. The highest number of such cases was reported from Maharashtra, 7,055 followed by Kerala with 5,629 cases and Tamil Nadu 3rd with 5393 cases.
- Nineteen thousand four hundred and forty five persons committed suicide by consuming poison and 12,286 of them were men. Tamil Nadu topped the list with 3,459 cases, followed by Karnataka with 3,173 cases. The number of self-immolation cases was 11,438, the majority being women — 7,326. In this category too, Tamil Nadu topped with 2,349 cases and 1,481 of them were women. Maharashtra followed with 1,674 such cases.

- From among the cities, the highest number of self immolation cases was reported from Kanpur (285), followed by Chennai (282). By jumping in front of speeding vehicles, especially trains, 4,259 persons committed suicide and the majority of them were men (3,554). Andhra Pradesh topped this list with 1,101 cases.
- As per NCRB statistics, 1,35,585 persons committed suicide in the country in 2011. NCRB statistics from 2002 shows that the annual suicide cases in the country always stood above the 1 lakh mark and the highest number of cases was in 2011. In 2002, it was 1,10,417 cases.

Source: NCRB statistics

### Effective interventions

- Strategies involving restriction of access to common methods of suicide, such as firearms or toxic substances like pesticides, have proved to be effective in reducing suicide rates; however, there is a need to adopt multi-sectoral approaches involving many levels of intervention and activities.
- There is compelling evidence indicating that adequate prevention and treatment of depression and alcohol and substance abuse can reduce suicide rates, as well as follow-up contact with those who have attempted suicide.

### Challenges and obstacles

- Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities.
- Reliability of suicide certification and reporting is an issue in great need of improvement.
- It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, e.g. education, labour, police, justice, religion, law, politics, the media.

### Event at SIHFW

### Emergency Ambulances flagged off

As many as 31 brand new ambulances under 108 emergency services were flagged off to replace equal number of scrapped ambulances in the state on Monday. The health department has started the process on Monday and replaced 31 ambulances which could not be repaired. Health minister AA Khan flagged off the new ambulances in Jaipur, which would be sent to 19 different districts of the state.





An official of GVK-EMRI, a company recently roped in by health department to operate the ambulances, said, "All the ambulances will have basic life support system."

National Rural Health Mission (Rajasthan) project director UD Khan said, "We have identified 42



ambulances which were not in condition to operate as they are scrap now. So, we have replaced 31 with new ambulances and the rest of the scrapped ambulances will be replaced later." Khan said that there were some other ambulances which needed repair, have already been properly maintained. So, all the ambulances are now fit to operate in the state.

Apart from the existing fleet of 464 ambulances, the state will get

337 new ambulances soon, he said, which will further improve the emergency services.

The 31 ambulances will

state, two each

Bharatpur, Bikaner,

Karauli. Rest of the

will be sent to other

108 ambulance

that there were many

condition to ply on the roads. They were not in a condition to transport the patients, so they were

remained parked for past few months. Now, the health department has started replacing them, which will

be beneficial for the patients as well as the paramedical staff in the ambulance, Singh said.

Source: TOI, 20, August 2013



be deployed in 19 different districts of the ambulances will be sent to Barmer, Bundi, Dholpur, Jalore, Jodhpur and ambulances districts.

employees leader Virendra Singh said ambulances which are not in the

## Trainings coordinated

### PDC Batch VIII at SIHFW

The VIII batch of Professional Development Course was launched at SIHFW on 4 September 2013. Seventeen Medical Officers/Senior Medical Officers, Block Chief Medical Officers are participating in this course of 70 days.



## Training of Trainers at Heerabagh, Jaipur

Two batches of two-day ToT of ASHA facilitator's Handbook was organised at Jaipur during 5-6 August and 7-8 August, 2013. Reproductive and Child Health Officers and District ASHA Coordinators of all districts were trained in this training. Dr Sanjaya Saxena, Registrar, SIHFW in the opening session welcomed all participants and explained the objectives of the training. National Level Trainer and Subject specialist, Mr Arun Srivastava, Consultant-Community Process, N.H.S.R.C., Ministry of Health and Family Welfare took important sessions during the training.



### Monitoring/Field Visits

S.no	Name	Place	Date	Activity
1	Dr Richa Chaturvedy	HFWTC, Heerabagh, Jaipur	August 5-9	IUCD sessions of Integrated training for Health workers with SBA
2		Zenana hospital, Jaipur	July 29- Aug 2	PPIUCD sessions of EmOC training
3			August 2	RTI/STI sessions of EmOC training

### Training Feedbacks

1. Gardens, Cleanliness and Room accessories were liked the most.
2. Good management of training and punctuality aspects were liked.
3. Training arrangements and Good management.

## Celebration



Birthdays of Dr Sanjaya Saxena, Registrar and Mr Prithvi Singh were celebrated on August 8, 2013 and 5 August, 2013 respectively.

## Health News

### India

#### Achievement of Millennium Development Goals

The Millennium Development Goals (MDGs) report -2013 released by the United Nations has presented data on progress made towards the Millennium Development Goals and targets for the world as a whole and for sub-regions, each sub-region comprising of a group of countries. Separate data to indicate India's progress on Maternal Mortality Ratio and Infant Mortality Rate are not available in this report.

However, as per the official estimates of Registrar General of India (RGI-SRS) Sample Registration System (SRS), Maternal Mortality Ratio (MMR) has declined from 301 per 100,000 live births in 2001-03 to 212 per 100,000 live births in 2007-09 and Infant Mortality Rate (IMR) has declined from 66 per 1000 live births in 2001 to 44 per 1000 live births in 2011.

The key steps taken to accelerate the pace of reduction of Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) under the National Rural Health Mission (NRHM) towards achieving the MDG Goals -2015 are:

- Promotion of institutional deliveries through Janani Suraksha Yojana (JSY).
- Operationalization of sub-centres, Primary Health Centers, Community Health Centres and District
- Hospitals for providing 24x7 basic and comprehensive obstetric care, neonatal, infant and child care services.
- Capacity building of health care providers in basic and comprehensive obstetric care, Integrated
- Management of Neo-natal and Childhood Illness (IMNCI) and Navjaat Shishu Suraksha Karyakaram
- (NSSK) etc.

- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to
- monitor service delivery for mothers and children.
- Name based web enabled tracking of pregnant women & children has been introduced to ensure optimal antenatal, intra-natal and postnatal care to pregnant women and care to newborns, infants and children.
- Identifying the severely anaemic cases among pregnant women at sub centres and PHCs for their timely management
- Antenatal, Intra-natal and Postnatal care including Iron and Folic Acid supplementation to pregnant,
- lactating women and Iron and Folic Acid supplementation to children and adolescents for prevention and
- treatment of anaemia.
- To tackle the problem of anaemia due to malaria particularly in pregnant women and children, Long Lasting

Source: Press Information Bureau, Government of India, 27, August 2013

## **Rajasthan**

### **Jaipur Foot to be Harvard Business School study**

Jaipur Foot, the artificial limb which helped over 13 lakh people walk again, will soon become a case study for students of Harvard Business School in the United States. The study on Jaipur foot as a business and healthcare model prepared by the university is ready and will be introduced tentatively next month in the University. Physically challenged, particularly financially weak and underprivileged, people are helped with the Jaipur Foot by NGO, Bhagwan Mahaveer Viklang Sahayta Samit (BMVSS), which manufactures the artificial limb and is the world's biggest organisation for disabled. The foot, which costs around Rs 2,500, is given free to patients by the samiti which was set by Devendra Raj Mehta over three decades ago. It also makes arrangements for accommodation of patients coming from outstations.

"In the study by the business school, areas like creation of the model and its system, its sustainability, patient centric management, technology and financial management have been covered," Mehta, chief patron of the organization, told PTI.

"We have a patient centric system and give the foot free of cost to all patients. We have open door facility and a patient is first admitted then he is registered," Mehta said. He [has been selected by the state government of Rajasthan for Rajasthan Ratna Award for his contribution in social service, said that the insight of the system would help business students understand how such a low-cost product could be sustained.

BMVSS, set up in 1975, has rehabilitated more than 1.3 million amputees and polio patients by providing artificial limbs (Jaipur Foot variations), calipers, and other aids and appliances, mostly in India and also in 26 countries across the world. The organisation also has agreements with Stanford University- USA, Massachusetts Institute of Technology - USA, Indian Space Research Organisation, and Indian Institute of Technology (IIT) - Jodhpur for research and development.



### **National Teeka Express launched**

The National Teeka Express was launched by Shri Ghulam Nabi Azad, Union Minister of Health & Family Welfare in the presence of Shri Jitendra Singh, Minister of State (IC) for Youth Affairs & Sports at Alwar, Rajasthan today. It has been launched to protect children from life-threatening childhood diseases.

It may be mentioned that under Routine Immunization Programme, ANMs collect vaccines from storage point (cold chain point) and transport them to session sites, i.e. either Sub-centre or Anganwari centre for carrying out vaccination. From 2005-06, Govt. of India is providing support for distribution of vaccine from last storage point to outreach immunization session sites at Sub-centres/Anganwaris, known as Alternate Vaccine Delivery (AVD) under NRHM. Rs. 79.3 crores was allocated to the states as support for Alternate Vaccine Delivery in 2012-13. But Government of India noticed gaps in the implementation of Alternate Vaccine Delivery in difficult areas with low access to healthcare services. Many a times ANMs have to collect the vaccines on the day preceding the immunization day, which may compromise the cold chain maintenance and possible loss of potency of vaccine. Improper storage could also lead to Adverse Events Following Immunization. For this reason, Government of India has launched this innovative and ambitious initiative of Teeka Express. Designated vehicles under the brand name of 'National Teeka Express' will help not only in distribution of the vaccines and complementary logistics from last cold chain point to immunization session sites but will also ensure holding of sessions at the mobile vaccination centre now. In order to reduce vaccine wastage and ensure better utilization of vaccines, including costly vaccines like Pentavalent vaccine 'Teeka Express' will be used with reverse cold chain to bring back the open and un-used vaccines for use in subsequent sessions. The Teeka Express will also serve as a mobile healthcare delivery unit for the areas where there is no healthcare facility or health worker. After the immunization outreach session, Teeka Express will collect immunization related bio-medical waste for safe disposal at vaccine storage points. Teeka Express will also collect the coverage and immunization performance reports of the session for compilation and preparation of report at PHC. Teeka express is planned to be piloted in 69 high priority districts with difficult areas and low immunization coverage. For these districts, 1,850 vehicles are planned to be procured with GoI assistance. In the first phase the 120 vehicles of 'Teeka Express' are planned in 6 districts of 5 states namely Rajasthan – Alwar (64 vehicles); Uttar Pradesh – Sharaswati (11 vehicles); Haryana – Mewat (9); Jammu and Kashmir - Doda (8) and Poonch (10) and Madhya Pradesh – Tikamgarh (18). Operational costs of Teeka Express have been provided under NRHM. This includes cost of hiring the driver, cost of POL (Petrol Oil Lubricant) and maintenance costs of the vehicle. Uniform Art work for the stickers, painting and IEC material on Teeka Express has been provided to the states.

Source: PIB, 1 August 2013

### **Five more districts to have geriatric wards**

With an aim to provide healthcare facilities for the elderly in a homely atmosphere in government-run hospitals, the medical, health and family welfare department has identified five more district hospitals Tonk, Baran, Bharatpur, Alwar and Banswara, to set up geriatric wards. Some common diseases among elderly are vision failure, hearing loss, diabetes, hypertension, cancer, heart ailments and physical

mobility problems. Elderly patients with these diseases will be provided free treatment at the geriatric wards. The department has already set up geriatric wards in seven districts -Bikaner, Barmer, Bhilwara, Jodhpur, Sriganganagar, Nagaur and Jaisalmer.

The wards will come up at existing government-run district hospitals. These wards will prevent the elderly from standing in serpentine queues for registration with younger people at the hospitals. The official said the health department has decided to set up geriatric wards to provide treatment to the elderly population as they need special care. There are also some specific diseases and health-related problems which the elderly start facing with age and the geriatric ward will be designed keeping in mind the common illnesses among them. As the elderly will also require counselling for their treatment, the health department will recruit consultant medical officers, physiotherapists, staff nurses, hospital attendants and sanitary attendants. The geriatric wards, which have already been set up, have 10 beds each for the elderly. "They are getting all kinds of facilities from diagnosis of disease to treatment of the patient," the official said. Moreover, the health department has prepared a proposal to set up non-communicable disease (NCD) cells in the same identified five districts, where geriatric wards would come up.

Source: TOI, 1 Aug 2013

*We solicit your feedback:*

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