

**STATE INSTITUTE OF HEALTH & FAMILY WELFARE,  
RAJASTHAN**

# *SIHFW e-newsletter*

---

Ed. – 2020-21 – E1

**July – September Issue**



State Institute of Health & Family Welfare  
South of Doordarshan Kendra,  
Jhalana Institutional Area, Jaipur  
[www.sihfwrajasthan.com](http://www.sihfwrajasthan.com)  
[sihfwraj@ymail.com](mailto:sihfwraj@ymail.com)

**From the Director's desk**

Dear Friends ! Today we all are striving hard to keep ourselves safe from the pandemic Covid – 19. This new global calamity has attracted all the attention towards itself.

However, as health workers we have our responsibilities to protect the people from not only Covid – 19 but also from the various other diseases which have somehow survived all our efforts to curb them.

Within the ambush of Covid -19, the seasonal diseases are now attacking the people with new vigor. It is essential that alongwith the fight with Covid – 19, we do not give up our efforts to fight with the seasonal diseases.

This current newsletter provides information on important steps to be taken during the seasonal diseases. These will help to keep the seasonal diseases at a distance and save ourselves and our surroundings from their harm.

Also, in the week starting from October 5 to 11, 2020, Rajasthan will observe the National Deworming Program for children from 1 to 19 years at the Anganwadi Centers, City dispensaries and Sub-centers (with full Corona precautions).

We hope that this current issue will be useful today and also in future.

Communicable diseases hit us one time or the other. The best way to keep communicable diseases away is to prevent them. We can stay healthy if we maintain a proper immunization schedule, adhere to hygienic rules in preparation and consumption of food and water, and take preventive measures including prophylaxis whenever necessary.

The incidence of communicable diseases varies, and can be seasonal. The rainy season facilitates the breeding and proliferation of mosquitoes that transmit several diseases like malaria, dengue, chikungunya etc. Diarrheal diseases also increase during the rainy season due to contaminated water and food. We will see what remedies can be taken to prevent the spread of such diseases.

### **Malaria**

Malaria is caused by a parasite and transmitted through the bite of an infected mosquito. There are two main kinds of malaria. Falciparum malaria is the severe type and vivax malaria is usually mild.

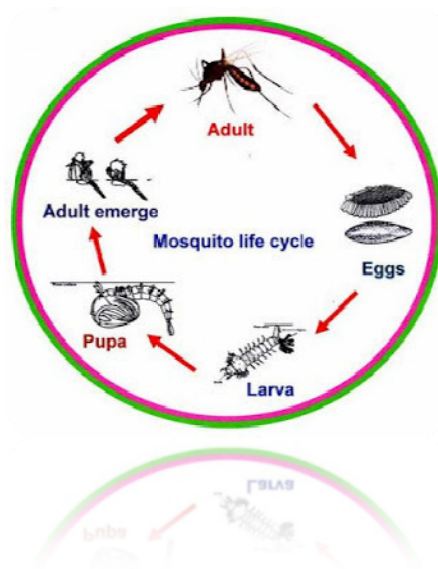
The disease manifests after 9-14 days of mosquito bites. The clinical features include: high fever; headache; chills and rigors; Nausea and vomiting in severe cases. No malaria vaccine is available. However drugs are available that cure malaria.

### **Dengue fever and dengue haemorrhagic fever**

Dengue fever is an acute viral infection transmitted by the bite of an infected mosquito during day time. Dengue mosquitoes breed in stored, exposed water collections viz. drums, jars, pots, buckets, flower vases, tanks, discarded bottles, tyres, water coolers, etc.

Dengue fever manifests after 4-7 days of the bite of an infected mosquito as: high fever; headache; pain behind the eyes; body aches and joint pains.

Dengue haemorrhagic fever, a potentially lethal complication of dengue fever is characterized by: high fever, restlessness; severe and continuous pain in abdomen; bleeding from the nose, mouth and gums or skin bruising; black stools; pale, cold



skin. No vaccine or specific antiviral drugs are available.

### **Chikungunya fever**

Chikungunya fever is a viral illness that is spread by the bite of infected mosquitoes. The disease resembles dengue fever, and is characterised by: severe, sometimes persistent, joint pain (arthralgia), as well as fever and rash. The condition is rarely life threatening.

Chikungunya epidemics appear and disappear cyclically, usually with an inter-epidemic period of 7-8 years.

Treatment consists of mitigating pain and fever using anti-inflammatory drugs and rest. Though recovery is expected, convalescence can be sometimes prolonged. Persistent joint pain may require pain medication and long-term anti-inflammatory therapy.

### ***Prevention & Controlling Measures***

There are **various measures** that need to be taken simultaneously for **prevention and control** of these diseases:

- Source reduction and environmental management
- Personal protection
- Biological measures
- Chemical measures

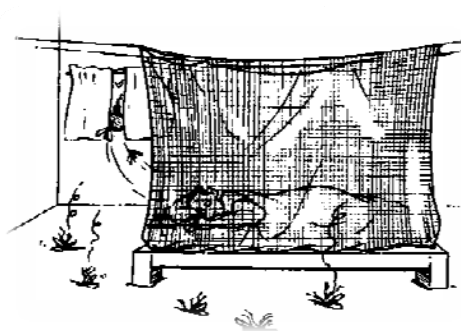
#### **Source reduction and environmental management**

- Mosquito proofing of overhead tanks/ cisterns/ wells/ underground reservoirs
- Regularly draining and cleaning desert water coolers, pans under refrigerators, flower pots and vases etc. or any other surfaces where water can remain stagnant.
- Practicing “dry days” – dry your coolers once a week for 2-3 hours.

#### **Personal Protection**

- Wearing full sleeve clothes and long dresses to cover the limbs.
- Application of repellents to the skin and using mosquito coils and electric vapour mats.
- Screening the doors and windows with mesh wire.

- Using mosquito nets (preferably insecticide-treated) around beds at night especially for babies, young children and pregnant women reduces contact between mosquitoes and humans by providing both a physical barrier and an insecticidal effect.



### Biological Measures

Biological control at the larval stages of mosquitoes through larvivorous fish such as Gambusia in ponds, fountains and other water bodies.

### Chemical measures

Chemical measures include anti-adult and anti-larval activities with sprays and spread of chemical substances outdoors and indoors.

S.no.	Insecticide/larvicide	Formulation	Equipment	Application
<b>Anti-adult activity</b>				
1.	Pyrethrum Extract	1:19 i.e., 1 part Pyrethrum Extract in 19 parts of kerosene	Pressurized spray pump (ganesh pump)	For indoor spray
2.	Cyphenothrin 5% EC	7 ml in 1 ltr Diesel	Shoulder mounted fogging machine or vehicle mounted thermal fogging	For outdoor fogging
<b>Anti-larval activity</b>				
1.	Malaria Larvicidal Oil (MLO) Petroleum product	Prepared with a mix of 3 ltr burned oil + 6 ltr Diesel + 1 ltr kerosene	Knapsack/ hand compression sprayer	Polluted water
2.	DDT 50%	Prepare solution with 1 kg DDT powder in	Knapsack/ hand compression sprayer	Room spray

		10 ltrs of water		
3.	Temephos	Prepare solution with 0.5ml Temephos in 2 ltr water. Pour 20 ml of this solution in 1L x 1W x 1/2H (in mtrs) tank of approx. 500 ltr water.	Knapsack/ hand compression sprayer	Clean water
4.	BTI Wet powder	250 gms in 10 ltr water	Knapsack/ hand compression sprayer	In polluted water/ stagnant water
5.	BTI-12 Liquid	Make solution with 5-10 ml in 1 ltr water. Add 20ml of this solution in 1 x 1 x 1 tank / cooler etc.	Knapsack/ hand compression sprayer	In clean or polluted water



Ganesh Pump



Knapsack



Handheld Fogging Machine



Vehicle Mounted Fogging Machine

### Important during fogging

- To be done during early morning and late evening only. Not in the afternoon or during heavy rains.
- Identified areas should be divided into sections and covered in single visit.
- Single storey houses – from main door.
- Multi-storey buildings – from upper floors to lower.
- All doors and windows to be kept open.
- All food is to be kept covered.
- Children to be kept away from fogging team.
- Vehicle with fogging machine mounted should move at a speed not more than 8 kms/ hr.
- Regular maintenance of fogging machines.

### Radical Treatment of Malaria

Blood slide prepared and observed under microscope	
<b>Positive for P.vivax</b>	Chloroquine for 3 days Primaquine for 14 days
<b>Positive for P.falciparum</b>	ACT-SP – Artemisinin based Combination Therapy (Artesunate+Sulfadoxine+Pyrimethamine) for 3 days
Microscope not available and blood slide sent to other facility	
<b>Start with</b>	Chloroquine for 3 days (as per age and weight)
<b>After microscope observation - P.vivax positive-</b>	Primaquine for 14 days
<b>P. falciparum positive -</b>	ACT for 3 days
<b>Note: ACT kit supplied by RMSCL does not contain Primaquine hence it has to be given separately to the patient.</b>	

**Age –wise treatment schedule for P.Vivax**

Age	Day 1		Day 2		Day 3		Day 4 to 14
	CQ (150 mg base)	PQ (2.5 mg)	CQ (150 mg base)	PQ (2.5 mg)	CQ (150 mg base)	PQ (2.5 mg)	PQ (2.5 mg)
< 1 year	1/2	0	1/2	0	1/4	0	0
1-4 years	1	1	1	1	1/2	1	1
5-8 years	2	2	2	2	1	2	2
9-14 years	3	4	3	4	1.5	4	4
15 years & above	4	6	4	6	2	6	6
pregnancy	4	0	4	0	2	0	0

Note: CQ 250 mg tablet is having 150 mg base

**Age –wise treatment schedule for P.falciparum**

Age Group (years)	1 <sup>st</sup> Day		2 <sup>nd</sup> Day		3 <sup>rd</sup> Day
	AS	SP	AS	PQ	AS
< 1 yrs Pink Blister	1 (25mg)	1 (250 mg +12.5 mg)	1 (25mg)	Nil	1 (25mg)
1-4 yrs Yellow Blister	1(50 mg)	1(500+25 mg each)	1 (50 mg)	1(7.5 mg base)	1(50 mg)
5-8 yrs Green Blister	1(100mg)	1(750+37.5 mg each)	1(100mg)	2 (7.5 mg base each)	1 (100 mg)
9-14 yrs Red Blister	1(150mg)	2 (500+25 mg each)	1(150mg)	4 (7.5 mg base each)	1 (150 mg)
15 yrs & above White Blister	1(200mg)	2 (750+37.5mg)	1(200mg)	6 (7.5 mg)	1 (200 mg)

(Source: [www.nvbdc.gov.in](http://www.nvbdc.gov.in) (guidelines))



## Diarrhea

Diarrhea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. It is usually a symptom of gastrointestinal infection, which can be caused by a variety of bacterial, viral and parasitic organisms. Infection is spread through contaminated food or drinking-water, or from person to person as a result of poor hygiene.

Severe diarrhoea leads to fluid loss, and may be life-threatening, particularly in young children and people who are malnourished or have impaired immunity.

The disease occurs after 3-8 days of ingestion of contaminated water or food. In most instances it is a self-limiting disease but prolonged and severe diarrhea can cause dehydration.

The risk of dehydration is significantly more in children.

Important steps to be taken:

- Drinking water from a safe source; otherwise drink boiled or chlorinated water.
- Eating thoroughly cooked food.
- Washing vegetables before cooking and avoiding uncovered cut fruits.
- Ensuring proper disposal of waste and human excreta.
- Always washing hands before and after eating food.
- To prevent dehydration, taking as much fluid as possible. Fluids that normally contain salt are useful.



These include: salted buttermilk; vegetable soup with salt; salted rice water; commercially available oral rehydration salt (the preparation and administration is given later in the newsletter).

- Avoiding self-medication with antibiotics and anti-diarrheal agents unless recommended by the physician
- Consulting a physician in case of high fever, passage of blood with stool or intractable diarrhea.

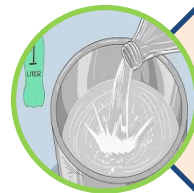
Oral rehydration solution (ORS) is the first step in treating people suffering from diarrhea and dehydration. ORS can be prepared either from packets of ORS or at home from water, sugar and salt.



**Wash hands with soap and clean water**



**Pour all the powder from one sachet of ORS into a clean container that can hold at least one liter of liquid**



**Pour one liter (or the amount indicated in the instructions) of the cleanest water available into the container and mix it with the powder**

## **Preparing ORS**

### **Ready to use ORS**

ORS comes in small packets in the form of a powder. It needs to be diluted before

use. It can be obtained from the nearest health facility as Sub-center or PHC. It is essential to follow the instructions on the packet to find out how much water is needed to dilute the contents of each packet.

### **ORS at home**

Some traditional remedies can be an effective ORS and can prevent a child from losing too much liquid through diarrhea, if ORS packets are not available and a health facility is inaccessible. Traditional remedies include: breast milk, gruel (cooked cereals diluted with water), carrot soup, and rice water.

A very simple and effective solution for rehydrating a child can be made from a mix of salt, sugar and clean water. However, home-made salt and sugar solution should only be used when ORS packets are not available.



### **Administering ORS**

Give the patient frequent sips from a cup or a spoon until he or she is no longer thirsty. (Spoonfuls are especially appropriate for young children.)

If the patient vomits, wait ten minutes before giving more.

Important:

If ORS is still needed after 24 hours, make a fresh solution.

If the patient does not improve or signs of severe dehydration appear, take the patient to a health clinic.

(source: <https://www.who.int/topics/diarrhoea/en>)



## Deworming

Soil-transmitted helminth infections are among the most common infections in humans, caused by a group of parasites commonly referred to as worms, including roundworms, whipworms and hookworms. The infection can impair nutritional status by causing - internal bleeding which can lead to loss of iron and anaemia; intestinal inflammation and obstruction; diarrhoea; and impairment of nutrient intake, digestion and absorption.

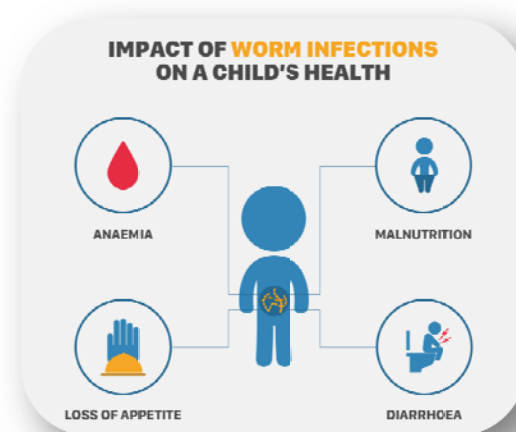
Once the worm enters the body of a person, they live in the intestine for food and survival. Adult worms produce thousands of eggs per day which gets passed in the faeces of infected person. Infected people who defecate outdoors spread worm eggs in the soil which gets contaminated. The infection is spread by consumption of vegetables that are not carefully

cooked, washed or peeled; contaminated water resources and by unwashed hands in mouth after handling soil by playing or any other way.

Children are at more risk as they tend to play in soil and also do not wash hands often. In rural areas where open defecation is practiced and sanitation is poor, worm infestation is high.

Evidence shows that preventive chemotherapy, or the periodic large-scale administration of anthelmintic medicines to populations at risk, can dramatically reduce the burden of worms caused by soil-transmitted helminth infections. However, long-term solutions to soil-transmitted helminth infections will need to address many factors, including improvements in water, sanitation and hygiene.

Government of India through the Ministry of Health and Family Welfare launched the National Deworming Day (NDD) in February 2015 as part of the National Health Mission to address the worm infestation situation in India and make every child in the country worm free. In Rajasthan, NDD is observed once in a year.



Target group	WHO recommendations
Children	<p>Preventive chemotherapy (deworming), using annual or biannual single-dose albendazole (400 mg) or mebendazole (500 mg)<sup>b</sup> is recommended as a public health intervention for all young children 12–23 months of age, preschool children 1–4 years of age, and school-age children 5–12 years of age (in some settings up to 14 years of age) living in areas where the baseline prevalence of any soil-transmitted infection is 20% or more among children, in order to reduce the worm burden of soil-transmitted helminth infection.</p> <p>a Biannual administration is recommended where the baseline prevalence is over 50%.</p> <p>b A half-dose of albendazole (i.e. 200 mg) is recommended for children younger than 24 months of age.</p>
Non-pregnant adolescent girls and women of reproductive age	<p>Preventive chemotherapy (deworming), using annual or biannual single-dose albendazole (400 mg) or mebendazole (500 mg), is recommended as a public health intervention for all non-pregnant adolescent girls and women of reproductive age living in areas where the baseline prevalence of any soil-transmitted helminth infection is 20% or more among adolescent girls and women of reproductive age, in order to reduce the worm burden of soil-transmitted helminths.</p>
Pregnant women	<p>Preventive chemotherapy (deworming), using single-dose albendazole (400 mg) or mebendazole (500 mg), is recommended as a public health intervention for pregnant women, after the first trimester, living in areas where both: (i) the baseline prevalence of hookworm and/or <i>T. trichiura</i> infection is 20% or more among pregnant women, and (ii) where anaemia is a severe public health problem, with a prevalence of 40% or higher among pregnant women, in order to reduce the worm burden of hookworm and <i>T. trichiura</i> infection.</p>

(Source: <https://www.who.int/elena/titles/deworming/en/>)

**Health news briefs....****Eleven out of 15 countries with the most coronary heart disease deaths due to trans fats have yet to take actions to eliminate the substances**

Consumption of industrially produced trans fats are estimated to cause around 500,000 deaths per year due to coronary heart disease. As per WHO, 15 countries account for approximately two-thirds of the worldwide deaths linked to trans fat intake. Of these, 4 (Canada, Latvia, Slovenia, United States of America) have implemented WHO-recommended best-practice policies since 2017, either by setting mandatory limits for industrially produced trans fats to 2% of oils and fats in all foods or banning partially hydrogenated oils (PHO). But the remaining 11 countries (including India) still need to take urgent action.

(<https://www.who.int/news-room/releases> -9 September 2020)

**India on track to achieving the Maternal Mortality Ratio (MMR) targets for Sustainable Development Goals (SDG) & National Health Policy (NHP)**

Maternal Mortality Ratio (MMR) of India has declined by 9 points in one year as per the Special Bulletin on MMR released by the Registrar General of India. The ratio has declined from 122 in 2015-17 to 113 in 2016-18 (7.4 % decline).

Dr. Harsh Vardhan congratulated Rajasthan (which has shown the maximum decline of 22 points), Uttar Pradesh (19 points), Odisha (18 points) Bihar (16 points) and Madhya Pradesh (15 points). He highlighted the efforts taken by the Union and the State/UT governments as encouraging institutional deliveries as well as focusing on quality and coverage of services under NHM through various schemes such as Janani Shishu Suraksha Karyakram, Janani Suraksha Yojana, and newer initiatives like LaQshya and Pradhan Mantri Surakshit Matritva Abhiyan.

(<https://www.pib.gov.in/PressReleasePage.aspx?PRID=1639376> – 17 July, 2020)

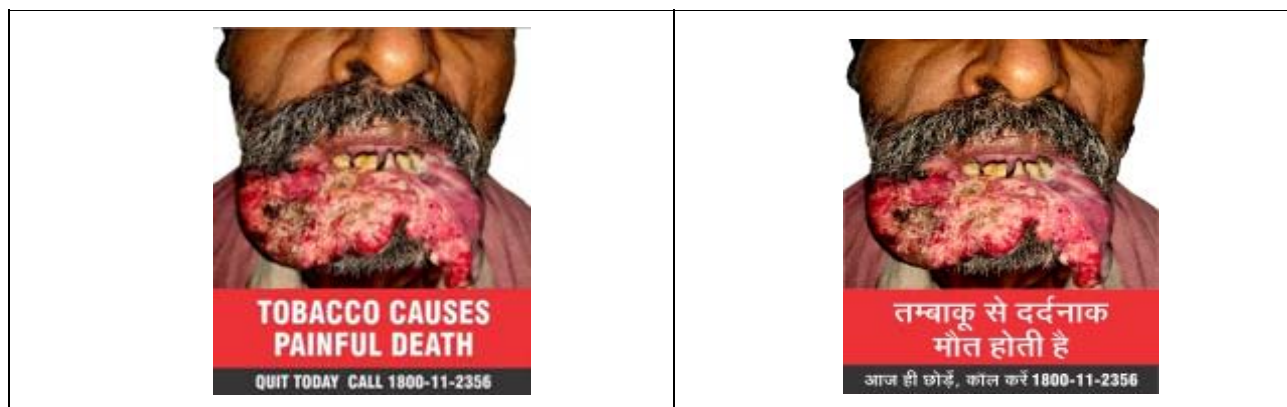


**New Specified Health Warning on Tobacco Products packs**

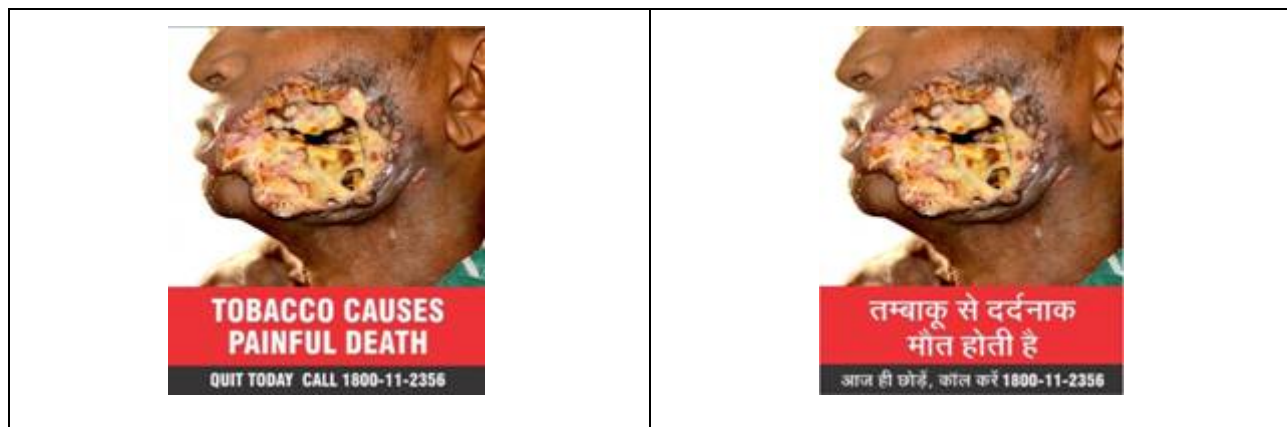
The Ministry of Health and Family Welfare, Government of India has notified new sets of specified health warnings for all tobacco product packs by making an amendment in the Cigarettes and other Tobacco Products (Packaging and Labeling) Rules, 2008 vide GSR 458 (E) dated 21<sup>st</sup> July, 2020 “The ***Cigarettes and other Tobacco Products (Packaging and Labeling) Third Amendment Rules, 2020***”. The amended Rules will be applicable w.e.f. 1<sup>st</sup> December, 2020.

The new set of specified health warnings shall be-

- a. Image-1, shall be valid for a period of twelve months following its commencement from 1<sup>st</sup> December, 2020.

**Image- 1**

- (b) Image-2, which shall come into effect following the end of twelve months from the date of commencement of specified health warning of Image-1.

**Image- 2**

In view of the above, it is informed that;

- All tobacco products manufactured or imported or packaged on or after 1<sup>st</sup> December, 2020 shall display **Image -1** and those manufactured or imported or packaged on or after 1<sup>st</sup> December, 2021 shall display **Image-2**.
- Any person engaged directly or indirectly in the manufacture, production, supply, import or distribution of cigarettes or any tobacco products shall ensure that all tobacco product packages shall have the specified health warnings exactly as prescribed.
- Violation of the above mentioned provision is a punishable offence with imprisonment or fine as prescribed in Section 20 of the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003.
- The existing specified health warning shall continue till 30<sup>th</sup> November, 2020.

(<https://www.pib.gov.in/PressReleasePage.aspx?PRID=1640749> – 23 July, 2020)

### **Dr. Harsh Vardhan digitally addresses FSSAI's Eat Right Challenge Orientation Workshop**

Dr. Harsh Vardhan, Union Minister of Health and Family Welfare presided over an online orientation workshop organized by Food Safety and Standards Authority of India (FSSAI) as part of its Eat Right Challenge. He also launched FSSAI's 'Eat Right India' Handbook and the website *eatrightindia.gov.in* to help various stakeholders scale up 'Eat Right India' initiatives across the country.

The 'Eat Right India' movement initiated by FSSAI under the aegis of MoHFW has been creating awareness amongst the people about safe, healthy and sustainable dietary habits. This movement will sharpen focus towards prioritizing food, nutrition and awareness about eating and dietary habits to prevent and address these challenges. This will also bring into sharper focus the problem of food wastage and disposal of food.

(<https://www.pib.gov.in/PressReleasePage.aspx?PRID=1646991> – 19 August, 2020)



**Rajasthan CM Shri Ashok Gehlot has open platform dialogue with expert doctors on corona awareness and stressed on making corona awareness a social movement**

The increasing corona infection can be completely controlled if every person takes corona pandemic seriously and mandatorily wears a mask, maintains social distancing and fully abides by the health protocol. There is a need to give awareness towards corona a form of social movement.

This was a prominent outcome of the open platform discussion 'Dialogue on Corona Awareness' of expert doctors with the people of Rajasthan up to the panchayat level through a video conference from the Chief Minister's residence on Tuesday.

The event was telecast live through more than 8,000 e-mitra plus centres and webcast along with the broadcast through regional TV channels, social media platforms like Facebook, YouTube etc. and attended by lakhs of people including from the state and other parts of the country.

Eminent doctors of the country, CMD of Medanta Hospital, Gurugram Dr. Naresh Trehan; Director of ILBS, New Delhi Dr. SK Sarin and Chairman of Narayana Hridayalaya, Bengaluru Dr. Devi Shetty shared useful information with the general public on effective management of spread of corona virus.

---

**Important Health Days/ Week – October – December 2020**

---

October 1	International Day for the Elderly/ Voluntary Blood Donation Day
October 2	National Anti Drug Addiction Day
October 8	World Sight Day
October 10	World Mental Health Day
October 12	World Arthritis Day
October 15-19	World Obesity Awareness Week
October 16	World Anesthesia Day
October 17	World Trauma Day
October 20	World Osteoporosis Day
October 23	World Iodine Deficiency Day
October 24	World Polio Day
October 26	World Obesity Day
October 29	World Stroke Day
November 10	World Immunization Day
November 12	World Pneumonia Day
November 14	World Diabetes Day
November 18	World Epilepsy Day
November 19	World COPD Day
November 15-21	New Born Care Week
December 1	World AIDS Day
December 3	International Day of Disabled persons

---

**SIHFW's Activities.....****Training Courses, Meetings and Workshops**

	Trainings/ Meetings/ Workshops	Participants
	Covid -19 and seasonal diseases - reporting and activities (Online)	50
	Covid-19 treatment and reporting (Online)	47
	Dakshata/LaQshya Experience Sharing Review Meeting (Online)	237
	Decontamination and sterilization of medical device and Covid Waste Management	146
	Foundation Course for Newly Recruited Medical Officers	25
	Master ToT for Peer Educators under RKSK (Offline)	25
	Orientation on Covid - 19 IEC protocols (Online)	84
	Refresher ToT for Peer Educator Training under RKSK (Offline)	9
	Refresher Training on SBA (Offline)	16
	Refresher Training on VHSNWC (Online)	130
<b>Total 1973 participants</b>	Strengthening competency based training on childhood pneumonia management (Offline)	15
	ToT for Swasthya Mitra under Nirogi Rajasthan Abhiyaan (Offline)	63
	ToT of Peer Educators under RKSK (Online)	12
	ToT on IMEP (Online)	102
	ToT on Injectables (Offline)	22
	Training on Laproscopic Sterilization (12 days) (Offline)	5
	ToT on Laproscopic Sterilization (3 days) - 2 batches (Offline)	7
	Training of Master Trainers for Swasthya Mitra under Nirogi Rajasthan Abhiyaan (Online)	500
	Training on awareness – Food Hygiene and Food Safety guidelines for food businesses during Covid 19 (SIHFW-FoSTaC) (Online)	26
	Training on Community Action for Health - 2 batches (Offline)	51
	Training on Routine Immunization for Health Workers - 10 batches (offline)	240
	Training on Routine Immunization for MOs - 2 batches (Offline)	18
	Training on SBA (21 days) - 4 batches (Offline)	24
	Treatment regimes in asymptomatic and symptomatic Covid -19 cases and importance of screening (Online)	82
	Workshop on Child Death Review (Offline)	37

**SIHFW's participation**

•	Ms. Neha Awasthi, Consultant- Management, attended the virtual workshop organized by FSSAI on “Eat Right Challenge: Briefing to Food Safety Officials of Northern Region”.
•	Dr. Vishal Singh and Dr. Mamta Chauhan, Faculty, attended the virtual workshop on July 31, 2020 organized by NHSRC on “Priority setting in implementation research for health system strengthening”.
•	Dr. Mamta Chauhan, Faculty and Dr. Ajapa A. Chomal, SRO were resources persons in District Resource Group Training on Poshan Abhiyaan organized online by ICDS.
•	A national level virtual workshop on Respectful Maternal Care Charter Feedback was conducted on August 25, 2020 by White Ribbon Alliance. It was attended by Dr. Vishal Singh, Faculty and Ms. Archana Saxena, Research Officer, SIHFW.
•	In two batches of virtual training on Community Action for Health conducted by AGCA, Dr. Vishal Singh, Faculty, SIHFW present as Resource Person shared the Rajasthan experience with different states.
•	HCM – RIPA conducted an online training program on “Roles and responsibilities of Drawing and Disbursing Officers (DDOs) from August 25-27, 2020. It was attended by Dr. Swati Gupta, Faculty and Dr. Mamta Chauhan, Faculty, SIHFW.
•	Sessions in “Orientation on smooth functioning of VHSNC”, an online meet organized with DM&HS, in different batches for different zones, were taken by Dr. Vishal Singh, Faculty and Dr. Ajapa A. Chomal, SRO, SIHFW.
•	All staff attended the Virtual Conference on ‘Dialogue on Corona Awareness’ conducted from CMO on September 15, 2020.
•	A visit to Tonk was made by Director SIHFW, Mr. Aseem Malawat, Consultant and Mr. Ejaz Khan, RO for hand-holding support for establishing Skill-Lab under a project with Save the Children.
•	Ms. Archana Saxena, RO visited Tonk to document the Covid related activities undertaken by the health department there.
•	Dr. Ravi Prakash Sharma, Director SIHFW visited Alwar to preside over the review meeting on Covid-19 and seasonal diseases along with Ms. Archana Saxena, RO who made the visit to document the Covid related activities undertaken by the health department there.

***Activites in photos***

