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AN OVERVIEW OF URBAN MALARIA SCHEME IN INDIA: ISSUES AND CHALLENGES

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P. K. Dutta^b

ABSTRACT

*Malaria has been a major public health problem in India. Implementation of control and subsequently eradication programme, as well as the incidence of malaria showed a rapid decline in the mid-sixties. Following the resurgence of the disease in early seventies with an increase in the incidence of malaria, Modified Plan of Operation (MPO) was implemented in 1977 with special emphasis on malaria control in urban areas. Urban Malaria Scheme (UMS) was launched in 1971 in 131 cities and towns in 19 states of the country which made a substantial impact on the progress of National Malaria Eradication Programme (NMEP). Rapid unplanned urbanization and vertical growth of cities have made proliferation of most important vector species *Anopheles stephensi* that increased urban malaria. This was compounded by floating and migratory population from rural areas, as working force required for developmental and other activities.*

An analysis of UMS during the 2006-2012 showed that malaria situation particularly in the metro cities of Ahmedabad, Chennai, Kolkata and Mumbai had been increasing with high proportion of mortalities. Role of migration of population in the context of epidemiological significance of vector borne diseases in urban areas has been highlighted in this paper. Necessary remedial measures have also been suggested to prevent rising trend of malaria in metro cities.

Key words: Urban Malaria, Migration, Construction and developmental activities, *Anopheles stephensi*, *Aedes aegypti*.

For centuries, malaria has been one of the most formidable communicable diseases posing a serious public health problem¹. Malaria is one of the

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AFFECTING IT IN URBAN AREAS OF ODISHA

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ABSTRACT

Universal Immunization Programme aims at completing the primary immunization (BCG, three doses of DPT and OPV and Measles) for all the children in the country by the time children become one year old. The study was conducted in four urban areas of Odisha i.e. Bhubaneswar, Berhampur, Cuttack and Rourkela. As a whole 840 children in the age group of 1 to 2 years from 4 urban areas/towns were assessed for their immunization status. 51.3% were males and 48.7% were females. Sex ratio was favorable to female in Bhubaneswar and Berhampur where the proportion of females was 53%. The assessment of vaccine specific coverage is essential to determine the acceptance of vaccines and to find out dropouts. In this study the coverage for BCG, 1st, 2nd, 3rd dose of OPV/DPT and Measles was 93.8%, 92.6%, 89%, 85.1% and 74.6% respectively. Lack of motivation was not found as an important factor in most of the areas.

Key words: Immunization coverage, Children, Urban area, Urban slums, Odisha.

Universal Immunization Programme aims at completing the primary immunization (BCG, DPT3, OPV3 and Measles) for all the children in the country by the time children become one year old¹. Despite all the efforts put by government as well as non-government institutes for 100% immunization coverage, there are still pockets of low coverage areas. Urban slums constitute one of the high-risk areas for the vaccine preventable diseases^{2,3}.

Among children aged 12-23 months in urban India, 60% are fully immunized (immunization cards and mother's recall) which presents an average of

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HEALTHCARE UTILIZATION AND ECONOMIC BURDEN OF CHRONIC DISEASES AMONG WORKERS EMPLOYED IN URBAN INFORMAL SECTOR OF PUNJAB

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ABSTRACT

The burden of chronic diseases is rapidly increasing worldwide. In the present paper an attempt has been made to examine the healthcare utilization and economic burden of chronic diseases among workers employed in informal sectors in Punjab. For the analysis of data, 630 workers employed in informal sector in Punjab were identified on the basis of stratified sampling. Thereafter, the use of descriptive statistics and logistic regression was made to examine the healthcare utilization and economic burden of chronic diseases. It was found that majority of the respondents were utilizing health facilities for the chronic illness. The mean and median monthly expenditure household on chronic disease was ₹405 and ₹300 respectively. The results of the logistic regression shows that significant determinants of healthcare utilization for chronic disease were gender, age, marital status, education, income, region and occupation of the respondent. The present study provides sufficient evidence on the economic burden of chronic disease among informal sector workers and suggested an immediate action to scale up cost-effective interventions for chronic diseases both through private and public hospitals.

Keywords: Healthcare utilization, informal sector, economic burden, chronic disease.

Health-risk behaviours, including tobacco use, improper diet, inadequate physical inactivity and alcohol all contribute to chronic diseases¹. Chronic diseases (cardiovascular diseases, mental health disorders, diabetes, and cancer) and injuries are the leading causes of death and disability in India^{1,2}. It was predicted that the share of chronic disease would rise by 65 per cent in 2030³. The burden of chronic diseases on the country's economy is often substantial in terms of loss of productivity, loss of employment, and health care expenditure⁴. Health-care expenditure on chronic diseases was 70 per cent of the average monthly income for people in low-income

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RAPID ASSESSMENT OF HUMAN RESOURCE AND HEALTH CARE SERVICES UNDER NPCDCS PROGRAMME IN KURUKSHETRA DISTRICT, HARYANA

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ABSTRACT

After launching of NRHM, the Programme Management Unit (PMU) in the health system has to play important role in capacity building of human resource. The present study assessed the training status of PMU staff. It was conducted in two districts of Haryana, namely Mewat and Panchkula. It was done at the district and block level PMUs. However, supervisors of these units were also approached to find out their views regarding training of PMU staff. It was found that all staff attended training programme pertaining to their job responsibilities after joining the services in both district, except DMEO, SA and CO in Panchkula. In Panchkula district both BAC received training after joining the post. In district Mewat, Punhana BAC not attended any training. A joint training of Programme Manager and Health Manager should be organized to understand each other's, role and responsibilities, beside periodical training must be conducted to enhance the knowledge and skill of all the staff at all levels of PMU.

Key words: District Programme Management Unit, Block Programme Management Unit, NRHM.

NRHM was launched by the then Prime Minister on 12th April 2005 with the objective of providing quality health care to the rural population in the country. The mission is concerned as a programme subsuming the existing programme of Health and Family Welfare including RCH-II. The public health expenditure is likely to increase from 0.9% of GDP TO 2-3% over next five years¹.

During the period November 2005 - April 2006, at the behest of MoHFW, a management consulting company worked with the 8 EAG states to develop a tailor made HRD strategy for State Programme Management Unit/

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USAGE OF MOTHER AND CHILD PROTECTION (MCP) CARD: AN ASSESSMENT

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ABSTRACT

This paper assesses the utilization of Mother and Child Protection Card by ICDS and health functionaries. Data were collected through interview from 916 respondents comprising ICDS functionaries, health functionaries, ASHAs, beneficiaries and family members of selected beneficiaries using multi-stage stratified random sampling from six States. Findings show that over 90 per cent of AWWs, ANMs and ASHAs were aware of the MCP Card. Among the beneficiaries, the awareness level was better among mothers having children below 6 months (85%). As regard to knowledge and awareness about feeding, play and communication, the knowledge level of ANMs was better than those of AWWs and ASHAs. Majority of the AWWs and ANMs have perceived 'recording of information' in the MCP Card as their main role and perception regarding 'counselling' about various issues was grossly inadequate.

Key words: Awareness about MCP Card, Utilization of MCP Card, ICDS, Job Perception of ICDS Functionaries, Job Perception of Health Functionaries.

MCP Card is a maternal and child care entitlement card, a counselling and family empowerment tool which would ensure tracking of mother and child cohort for health and nutrition services. It is unique in linking maternal, newborn and child care; and focuses on the child holistically by integrating health, nutrition and development. The key objective of the card is to promote adoption of key care practices by the families as well as utilisation of services through ICDS and NRHM¹.

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A STUDY OF FACTORS AFFECTING MEDICATION ADMINISTRATION BY NURSES IN A MULTISPECIALTY HOSPITAL OF DELHI

Ravinder Kumar^a, Jayanta K. Das^b and Pushpanjali Swain^c

ABSTRACT

Patient safety has become a serious concern worldwide. Medication safety and more specifically, medication administration (MA) has been identified as one of the important indicators of patient safety. A cross-sectional descriptive study was done in medicine, surgery, orthopedics, paediatrics wards; casualty and ICU in a multi-specialty hospital of Delhi to identify various factors affecting MA by nurses. Data were collected from October 2014 to mid of December 2014 from 41 out of 74 nurses in the study area. A total of 140 prescriptions were also studied for legibility. The collected primary data were analyzed using Microsoft Excel and SPSS version 20. More than one-third nurses identified legibility of the prescription as affecting their MA practices. Communication amongst staff nurses was found to be very good. Fatigue, staff shortage and heavy workload were identified as the most important factors for nurses affecting their working.

Key words: Patient Safety, Medication Administration Practices, Nurses, Legibility of Prescription, Under Staffing, Stress.

Patient safety is defined as “freedom for a patient from unnecessary harm or potential harm associated with healthcare¹” is a major concern worldwide. In today’s world with use of newer technologies, newer medicines, and treatment protocols, health care has become more complex and patient safety has become a serious concern. Safe medication process has been identified as one of the important indicators of patient safety.

Management of medication process is very complex. It is a multi-stage and multi-disciplinary process that involves the treating doctors, pharmacists,

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