A study on awareness and attitudes of malaria-treated patients, and the practices of MPWs and ASHA workers.

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HISTORY

The National Health Mission (NHM) was launched nationwide on May 1, 2013, by the Indian government. It comprises two sub-missions: the National Urban Health Mission (NUHM) and the National Rural Health Mission (NRHM). The National Malaria Control Program was initiated in 1953 as the state's first effort to combat malaria. The National Vector Borne Disease Control Program (NVBDCP) was established in 2003 to prevent and control six vector-borne diseases in India: Malaria, Dengue, Lymphatic Filariasis, Kala-azar, Japanese Encephalitis, and Chikungunya.

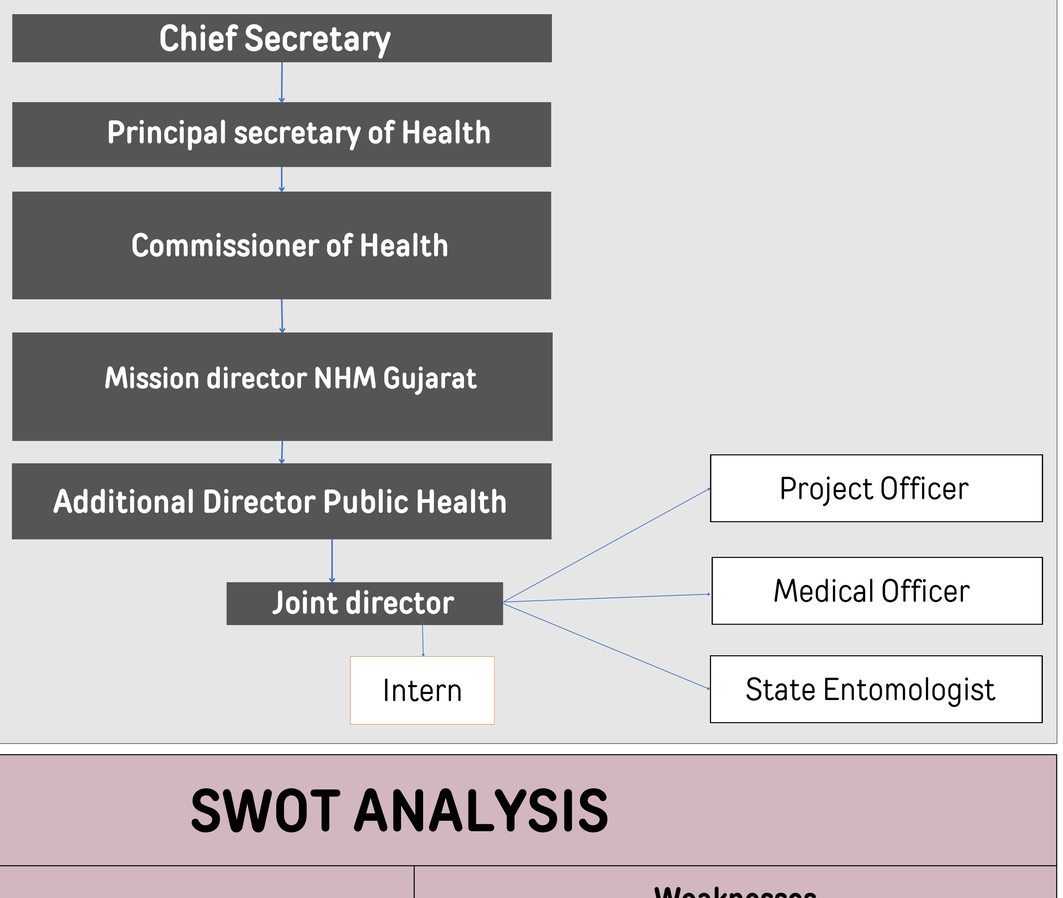
VISION

The NHM aims to attain universal access to fair, accessible, and high-quality health care services that are accountable and responsive to people's needs.

MISSION

The goal is to guarantee community accountability and full operation of the public health delivery system. This involves managing human resources, encouraging community participation, decentralizing operations, rigorously monitoring and evaluating performance against standards, integrating health and related programs starting at the village level, promoting innovations and flexible financing, and implementing measures to improve health indicators.

ORGANISATION STRUCTURE



SWOT ANALYSIS

Strengths

1. Strong case monitoring system.
2. The IHIP system is used exclusively for monitoring cases of vector-borne diseases.
3. Effective antilarval activities were conducted.

Weaknesses

1. Reporting needs to be cross-checked and corrected before finalizing.
2. The IHIP system currently only has data about malaria.
3. There is a lack of awareness among the population.
4. Data quality issues in terms of completeness and correctness.
5. Inadequate data validation and analysis of received data.

Opportunities

1. Got good learning platform , as I interacted with NHM Authorities and ground level field workers
2. IHIP usage for all vector borne diseases.
3. Developing validation tool

Threats

1. Noncorporation in slum areas

LEARNING

1. Functioning and staffing of NVBDCP
2. Working of HMIS and IHIP
3. Conducting primary research
4. Field visits
5. Data collection and analytic skills
6. Enhanced my report writing skills

USEFULNESS OF INTERNSHIP

1. Understanding the working of NVBDCP department
2. Exposure to Real –Life Situation which enable me to understand the challenges & dynamics of working in an ambulance setting.
3. Great learning of communication skills, Networking & insights of department.

THEORY UNDERSTANDING VS PRACTICAL KNOWLEDGE

1. Practically exposure in cross-sectional study : Planning study design , Collecting data , managing data quality and performing statistical analysis.
2. Involved addressing logistical issues, ensuring to meet ethical considerations & adapting unforeseen circumstances.
3. Theory included knowledge of the sampling techniques , how to use facts or information already available, and analyze these to make a critical evaluation of the material

RESEARCH OBJECTIVE

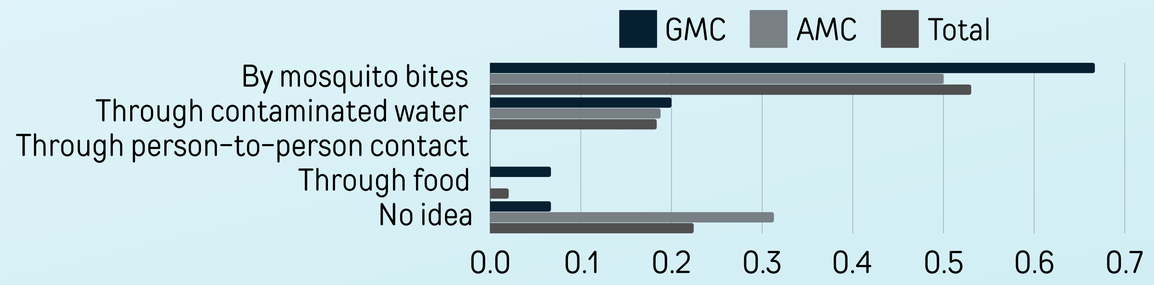
1. To Determine Factors Contributing to Positive Outcomes in Ahmedabad Municipal Corporation and Gandhinagar Municipal Corporation.
2. To check the knowledge and attitude of malaria patients towards the disease.
3. To Assess the Effectiveness of Existing Interventions done by NVBDCP.

RESEARCH METHODOLOGY

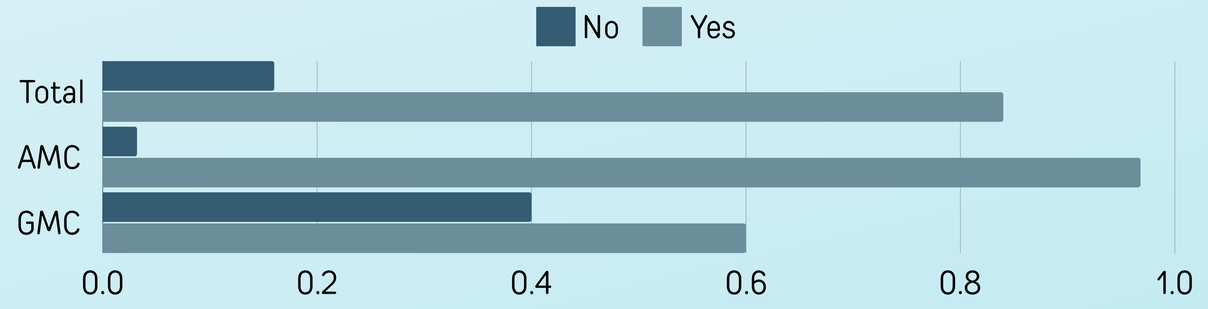
- **Source of data:** Primary data collection through field visits at Gandhinagar Municipal Corporation and Ahmedabad Municipal Corporation.
- **Study Design**: Cross-sectional observational study
- **Sampling-** Study Duration: 2 Months
  Sample size: 50
  Central Selected Respondent: Malaria-treated patients
  Tool: Structured questionnaire

FINDINDS & ANALYSIS

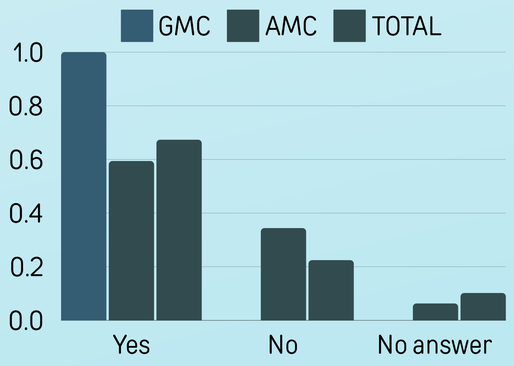
HOW DOES MALARIA SPREAD?



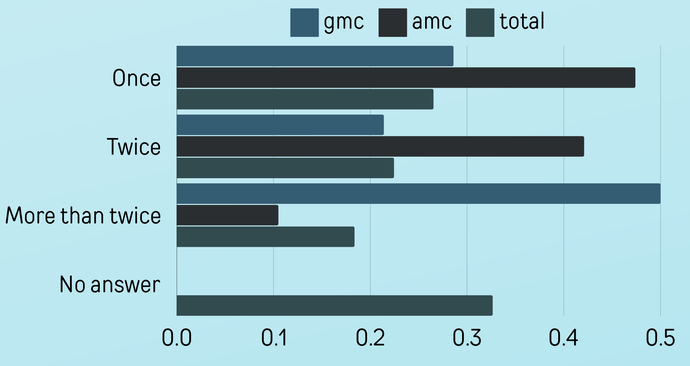
ASHA VISITS FOR MALARIA MEDICINES.



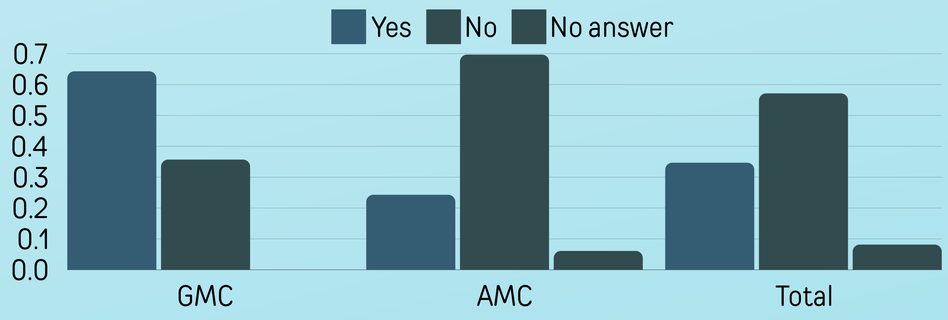
MPW VISITS FOR FOLLOWUPS AND BLOOD COLLECTION



FREQUENCY OF MPWS VISITS



ANTILARVAL ACTIVITIES DONE BY MPWs



CHALLENGES

1. Field visits in extreme weather conditions
2. Faced language barrier while conducting interviews
3. the study was not conducted during the most prevalent season.

SUGGESTIONS

1. Ensuring data quality in terms of completeness, correctness and validation.
2. Increase IEC activities to increase awareness about the disease
3. Followups of patient after completing treatment and increasing awareness by ASHAs and MPWs.