Summer Training at
Child Rights and You, New Delhi
(April 1 to May 31, 2017)

Community awareness of Dengue and Chikungunya in Bharat Vihar, New Delhi

By
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Under the guidance of
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Nabin Kumar Patra** has undergone summer training in **Child Rights and You (CRY), Delhi** from **1st April to 30th May, 2017**.

The candidate himself completed the project assign to his during summer training. His approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish him success in all his future endeavors.

Col. (Dr.) Ashok Kaushik
Dean (Academic & Student Affair)
The IIHMR University, Jaipur

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June, 2017

CHILD RIGHTS AND YOU
www.cry.org
Ensuring lasting change for children

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr.Nabin Kumar Patra interned with CRY from 1st April– 30th May, 2017.

During the internship, he worked with the Volunteer Action Team , North at our Public Action Group (PAG) at Dwarka. He worked on the following assignments during his tenure as an intern:

- Collected primary data and did a prelimnary analysis on "Community Awareness Of Dengue and Chikungunya" among 151 households at our community intervention area at Bharat Vihar in Dwarka.
- Questionnaire was prepared to obtain information about socio-demographic profile, dengue and Chikungunya awareness, practices and preventive measures.
- Concluded the research with the result that there still exists the ignorance towards the most common symptoms and some prevention strategies and knowledge gaps are required to be filled and widespread misconceptions that need to be corrected.
- He also actively coordinated and participated in a health camp organized for children at Bharat Vihar. Almost 100 children were provided basic heath referrals in this health camp.
- He was also instumental in starting a football club in Dwarka where children would gather every morning to get coached by volunteer coaches for the month of May- June 2017.

As an intern, Nabin has been very diligent, communicative and focused. We hope that this experience has helped sharpen his overall understanding on child rights and he will be able to perform well in any similar future assignments and remain an advocate of child rights.

We trust that he will continue to keep in touch with CRY and work towards the building of a Child Rights movement.

We wish him all the Best!

Veronica Xavier
Assistant Manager - Volunteer Action
CRY – Child Rights and You

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CRY is a Public Trust - Registration Number F-5208 (Mumbai)

Acknowledgement

I express my great sense of gratitude to acknowledge the co-operation and support of CRY, Delhi for giving me this unique privilege of completing my project by visiting its premises for 60 days and providing me an opportunity to interact with its various personnel.

My institute – Indian Institute of Health Management Research (IIHMR), Jaipur & its Education deserves the foremost appreciation for providing me the opportunity to understand my individual capabilities. I would like to thank col. (Dr.) Ashok Kaushik (Dean Academics and student Affairs, IIHMR, Jaipur) to provide such a great learning opportunity. Of course, entire faculty at IIHMR had facilitated the endeavor; I also acknowledge the contribution of my college mentor, Dr. Tanjul Saxena in completion of the project.

My learning would not have been possible without the kind support and help from Ms. Veronica Xavier (CRY, Assistant Manager, Volunteer Action Team) who despite her busy schedule took time to hear, guide and keep me focused by giving her useful advice. I would like to extend my thanks for her support & guidance. My heartfelt gratitude goes to Ms. Veronica Xavier.

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Abbreviations

MBD- Mosquito borne Disease

BCC- Behavior Change Communication

CRY- Child Rights & You

NVBDCP- National Vector Borne Disease Control Programme

Introduction:

Summer Internship is an important part of MBA- Hospital & Health Management. As a part of curriculum students are required to undergo 2 months training with reputed organization to learn the daily operational management and if possible to help the management study and address some identified issues/problems associated with some specific operational areas. The main purpose of training is to get exposure to the organization and its daily working.

Child Rights and You (CRY) is an Indian non-profit organization founded by late Rippan Kapur in 1979. CRY works around upliftment of unprivileged kids while in the culture. It ensures the fundamental right of disadvantaged youngsters is respected and guarded with the contribution of individuals. They create a relationship with all the amount of grassroots stage low-governmental agencies that are currently performing function that is healthful toward the progress of unprivileged children who rejected to have any type of basic rights - from direct-action, advocacy, mobilizing public opinion to plan change.

The reason I did my internship from CRY, Delhi is because today in India they are firmly established organization, and are making their presence felt in backward expanses where the support of the government is missing or negligible. They have made outstanding contributions in working for the underprivileged children of the society. They mainly focus on the organizations' administration they put in place targets and their goals. This is primarily performed comprehensive knowledge of the pre-existing organizational framework of CRY as well as the circulation of work among volunteers.

Child Rights and You, Delhi

Introduction:

Child Rights and You is a non-profitable organization established by Rippan Kapur in 1979. Its motto is "EQUALITY NOT CHARITY". The main objective of the CRY is invigorate & uplift those children whose parents cannot afford to send their children school due lack of school fees and the knowledge, millions of children don't even see the food for days CRY make efforts to feed those millions and brings the joy and smile on their faces. and bring hope for those despairing parents of million infants who couldn't even survive to celebrate their very first birthday.

At CRY, their vision is very plain and simple to see happy healthy faces and joyful childhood for every child. They ensure that if the children aren't getting any support from local government, the CRY members team up and to form a CRY braced project where children get access to quality education, healthcare and free from any kind of violation and exploitation. Apart from these they also work in the area of reducing the rate of malnutrition in infants and make sure children's issue get consideration that affect them.

History:

In the year 1979 Rippan along with his 6 friends founded CRY with Rs.50 in hand his mother's table. Rippan though aero pilot at that time had a soft corners for the children and was shocked to see the condition of poor children and what they gone through and suffer in poverty. They thought something is needed to be done to improve the state of the underprivileged children. Unexpectedly, given their backgrounds and enthusiasm, and the work they were doing were far from their profession. They thought not to start a grassroots-level implementing organization and start working directly with and for underprivileged children. Instead they make CRY a link between the millions of people who could provide resource and people who were already involved in the non-profit organizations struggling to find a resource for the children.. Although Rippan passed away in 1994, his vision for underprivileged children ensures that CRY continues to grow.

Vision and Mission:

1. **Vision:** "CRY's vision is to create a society where a child who remains healthy, happy and whose own rights are honored and protect them from any kind of child exploitation."
2. **Mission**: Its mission is to empower people and take individual responsibility to improve the situation of poor children, fight for their rights and motivate them for the betterment of society.

Team at CRY:

1) **Resource and Development:** They usually called by the Fundraising or Resource Development, aim CRY, is motivated with a social justice plan. Their primary role is to canal the public action for child rights, in the form of financial and material resources at appropriate time. CRY's effort is to get involved the maximum number of people in the organizations, striking a people's movement for the rights of India's underprivileged children.

2) **Development support:** Development support team play an important role in CRY's organization. In CRY, they approach venture capitalist or an angel investor for grant making. The capital given by the either of these is later distributed to the potential grassroot level NGO's that are serving the community through legit framework with specific objective in mind and with

result oriented approach. The development team ensures that each fund goes the partner NGO's should be ideally utilized for maximum impact. Such is the management that Over the span of three decades of working with and for children, their families and communities, CRY's grant making efforts to over 500 NGOs, has helped restore to 1,500,000 children their basic rights to a childhood.

3) **Volunteer Action**: Volunteering has been the imminent part of the CRY since they began their journey in 1979 and ever since the spirit of volunteering has been a fundamental aspect of the organization. For them volunteerism does not signify the mere utilization of additional human effort coming from a direction that aid their work. To us, our volunteers are a fountain of creativity energy and commitment. At CRY, they encourage and constantly support their volunteers to empower people in the communities to bring the positive changes through their activities and action. There is a sense of mutualism between the organization and the volunteer which provides a space for the learning and sharing experience.

4) **Communication Team:** With the advent of technology new ways of strategy building is achieved at the miniscule monetary cost. Since they work to ensure highest quality both in content and in its mail, promoting to effectively link and engage its shareholders. Many corporates organization who are supporting CRY in almost every aspect of communication and making a contribution towards the society charges CRY at significantly lower. These are critical and unavoidable investments that CRY makes to achieve wider reach, mobilize action and build a network of people and groups committed to children's rights.

5) **HR & Administration:** Achieving milestones has only been possible due to the organization's ability to continually attract, retain and develop a cadre of talented, dedicated professionals. Full time employees are the core of this organization. The original Indian movement that many peoples involves with the organization in India and abroad. The HR team is responsible for the recruitment of permanent employee as well as volunteer and Interns. They are also associated with people development, performance management of the employees and look after the employee governance and its policies.

6) **Risk Management**

Monetary danger is natural in virtually any grant-making choice. WEEP first started the procedure of Monetary Risk Management (FRM) in 1994 whereby it had been completed using the aid of an outside auditor. Following the launch of the Improvement Assistance Hq (DSHO) Methods group in 2001, CRY chose to put up an interior FRM group in this device in 2003. In July 2013, the group it is since performing being an impartial device underneath the CEO's workplace and transferred out-of DSHO. The unit that was recently shaped is known as GRM Device or Offer Risk-Management.

Since beginning CRY's strategy towards monetary danger is directed at striking a harmony between fund and applications. The main purpose of the Device would be to guarantee efficient usage of CRY resources and develop monetary tracking systems and effective and clear accounting methods at associate amount. Capability building courses are also frequently conducted by the group on fundamentals and monetary administration of sales with companions and Advancement Assistance Groups.

7) **The Child Centre**

Kid Centre's purpose would be to guarantee children's sounds are accepted as distinctive and substantial, on problems and guidelines that affect them. at building knowledge on kids – their improvement, sights, truth of the circumstances, the event is aimed; create concepts of wedding, particularly within the framework of the collectives that are children's. The collectives are an intrinsic section of CRY's improvement programs.

Project

Community awareness of Dengue and Chikungunya in Bharat Vihar, Dwarka New Delhi

Abstract:

Background: Dengue and Chikungunya are the vector- infection carried from the Aedes egypgti. In India in addition to another part of the planet primarily within the Subscription -African region it has emerged as dangerous disease previously ages. Based on the info, 111880 instances of dengue were reported till March 2016 along with the number of chikungunya circumstances endured at 58136 — among the worst episode of the illness till now. Rapid urbanization, environmental modifications and (rural and slums) places result in vector breeding causes climb in outbreaks. The way to handle these periodic outbreaks of Dengue and Chikungunya is through primary prevention only. The study's ambitions were to ascertain community awareness of Chikungunya and Dengue in Vihar, Dwarka Delhi

Key words: Dengue Fever, Chikungunya, Aedes aegypti, community, prevention.

Introduction:

Chikungunya and Dengue are the vector borne disease carried by the mosquito *Aedes egypgti.* The early symptoms of dengue are characterized by extreme and sudden high fever along with intense pain in the body joints, headache, backache. The symptoms tend to be appear usually after the 2-3 days of mosquito bite. Whereas in the case of Chikungunya the symptoms are almost same as the dengue fever with sudden onset of high fever, extreme joint pain, headache and backache. However, in several serious cases the infection from dengue can proved to be fatal with anaphylactic shock and hemorrhage can result into death of the person.

Dengue and Chikungunya are one of the rapidly spreading mosquito borne disease in the world right now. There has been a nearly a 30% increase in the disease in this decade. Globally around 50-100 million estimated to arise in nearly 100 countries Whereas for Chikungunya according to WHO nearly 400,000 cases were suspected and 150,000 cases confirmed. An emergence of dengue and chikungunya creates globally owing to its gradual increased in the mortality rate. Its pathogenesis involves transmission of Aedes mosquito to human of genus Flavivirus and present in subtropical and tropical regions particularly in Asia and America Currently it is regarded as most prevalent mosquito born disease. This mosquito born disease place major socioeconomic

burden and create an emergence virally all over the world which significantly put on risk 50% population worlds wide. Extension of this viral disease rise due to several factors like changes in climate, trade socioeconomic and evolution of virus. Currently there's no anti-viral treatment option available neither any type of vaccine to treat deadly fever.

Various studies support lack of knowledge in-depth regarding dengue and its epidemiology which recommend government as major challenge with growing need of hygiene environment by community to obstruct breeding of mosquitoes. One of the study conducted in India after outbreak of dengue clearly reveals the fact that there is extreme poor knowledge on dengue about its source of transmission, vector mosquito breeding and practice regarding controlling measure.

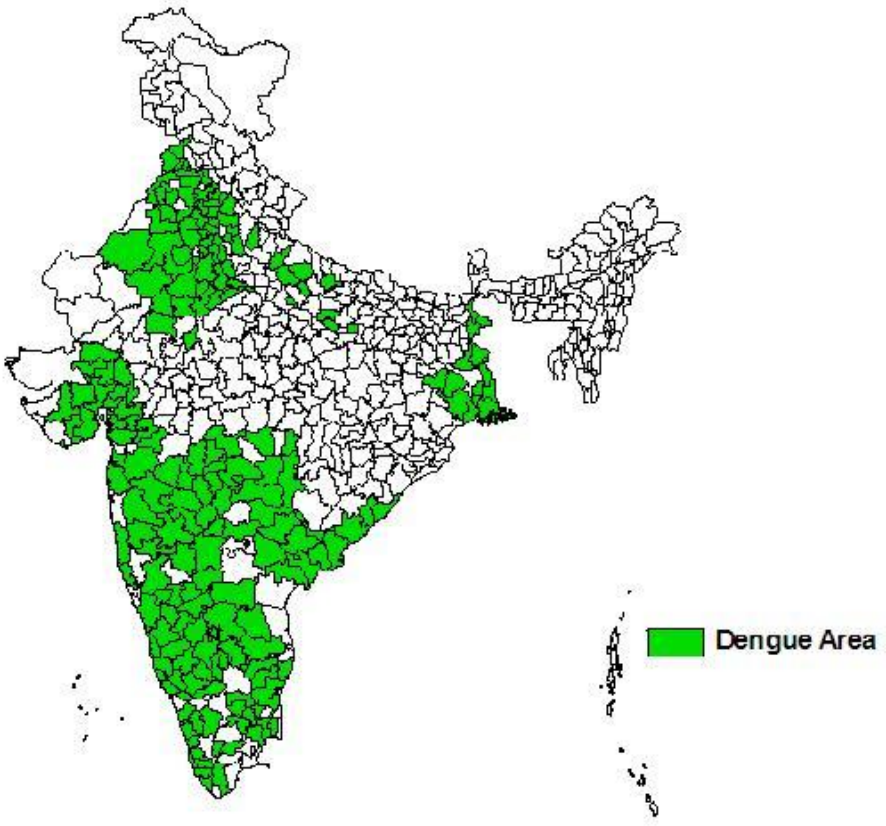
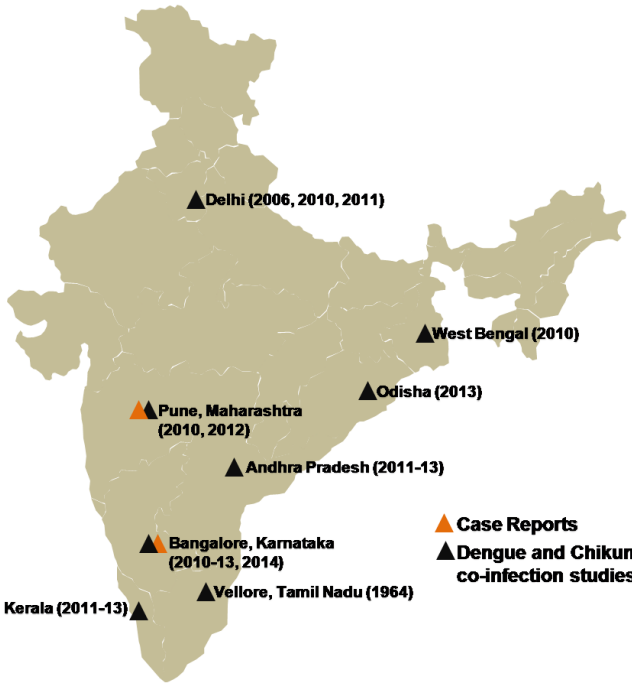


Fig.1 Dengue prone state in India

The World Health Organization stated that recently, "due to globalization of industry and journey and ecological problems including weather change has already established a "significant" effect on indication of vector-borne diseases". Currently in India the observation

and report made by the NVBDCP only for those patients which are confirmed. 656 scenarios of chikungunya have been described 427 alone according to info is provided on the website of the National Borne Disease Control Program which functions under the Ministry of Wellness 14. While in the national capital, 12 people have reportedly died from Chikungunya.



F ses.

Review of Literature:

LUYIGA MWANJE had completed her research within the subject of **MINDSET KNWOLEGE AND PRACTICES ON PREVENTION AND CONTROL IN UGANDA**. The principle intent was to measure the expertise perspective and routines on dengue reduction Mukono District, in Nsaabwa village, she performed a cross sectional review were obtained from a pre-tested survey that was structured. In her investigation, she finds that a lot of people had fair information about dengue prevention. All of the respondents observe dengue as threat to their community regardless of this routines toward dengue control and its elimination were poor. She recommended that since people of the region know about the condition there's no need to bolster good behaviour and clarify the misconception instead she proposed that there's a knowledge information and interaction substance for seeking right treatment of dengue.

DAS ACHARYA and **JAI PAL MAJRA** released a study report on **PRACTICES AND KNOWLEDGE ON PREVENTION OF CHIKUNGUNYA'S IMPRESSION IN A PLAGUE AREA IN INDIA**. They conducted this study in a South of India, that was experiencing an epidemic of chikungunya throughout the research period. The people who aged above 18 years of age participating OPD from three key health centre were involved by them. Individuals have been identified as having chikungunya were consumed as circumstances and the ones with morbidity and other illness and people who experienced the disease were obtained as control. Sample size was 150 and adjustments were three-times the amount of circumstances. A pre-tested, open-ended survey was used to acquire information by face-to-face interview approach. They had placed their information into exercise are less likely to want to be affected by chikungunya and figure out people that had knowledge about the vector of preventing the disease. Consequently, within any specific remedy or effective vaccine's lack, wellness knowledge can show to be an important instrument for chikungunya epidemic's control.

PRASHANT K did another study**. SUNIL K, BHATNAGAR. GARG, TANVEER BANO and JAIN to the subject of CHIKUNGUNYA AND MINDSET INFORMATION AND PRACTICE DENGUE IN SECONDARY SCHOOL CHILDREN**. They did cross-sectional study among 738 school children in four faculties of Meerut. A predesigned, pre - self, examined, semi-structured -used questionnaire was used to acquire information. In their investigation, they concluded that awareness of school children is for preventing chikungunya and dengue in the neighborhood an essential aspect. As issue of the fact that dengue and chikungunya are due to mosquito-bite was known to 96% and 71% children respectively. From their finding, they encouraged that there surely is a dire need to spread awareness about these diseases in school children.

S. Jogdand N. Yerpude has released the study post about **Knowledge and Practices Dengue Fever in an Elegant Slum Part of South India's.** A cross-sectional research was undertaken by them in the in an urban slum section of UHC, Guntur, Andhra Pradesh which can be subject practice section of department of group. They selected 395 houses for the study. In their research they find out that though the knowledge regarding dengue is good in the general population, adoption of the mosquito control methods was poor in the area

Methodology

Study Design: A cross sectional study was adopted for this investigation among the different types of descriptive studies. This study design is appropriate as the main objective of this investigation was to assess the knowledge and practices regarding dengue infections among rural residents.

Sample size and study setting: Data were collected over a period of two months from April to May 2017. A convenience sample of one hundred and fifty-one (151) aged 15 years or above who were the residents of that community were approached for participation.

Data Collection: A structured interviewer administered questionnaire was used. The questionnaire was administered by Nabin Patra and Sourabh Roopchandani who were well versed with Dengue and Chikungunya as a disease and its prevention. Through questionnaire information about socio-demographic profile, dengue and chikungunya awareness, practices and preventive measures was collected. Questions were based on causes, signs and symptoms of dengue and chikungunya, attitude towards both the diseases and its preventive practices covering 20 questions. 10 questions were asked to check the knowledge of respondent regarding dengue and chikungunya. Result of the test was interpreted as follows: 10 questions as "Complete Knowledge", 9-7 questions as "Good Knowledge 6-4 questions as "Partial knowledge", > 4 questions as "Poor knowledge" We have characterized the awareness of Dengue fever and Chikungunya as "Aware People" and "Non-aware People".

Data Analysis: The data from the questionnaire were coded and entered a computerized data base and analyzed using Microsoft Excel. Frequencies and percentages were used for analyzing the selected socio- demographic data.

Results and Discussion: A total of 151 questionnaires were effective for survey responses in this cross-sectional study. The majority of the respondents of survey were (47.50%) adults aged from 15 to 30 years old. Only 39.5% respondents were of the age of between 30 years to 45 years. The total male and female in the survey is 67 and 84 respectively. Since the survey respondents were mainly females of the households (34.4%) as the male members were out for performing their day to day tasks as daily wage worker or other activities of the employment. Most of the population is uneducated (52.3%) hence the need of spreading awareness is clearly required only 10% were

having education higher or equivalent to senior secondary rest 89% were uneducated or below senior secondary. The details from these questionnaires are presented in Table:

Table1: Demographic characteristic of population of effective questionnaires

Characteristics	**N= 151**	**%**
Age Group, years		
15-30	**71**	**47.5%**
30-45	**59**	**39.5%**
45-60	**18**	**12%**
>60	**03**	**01%**
Gender		
Male	**67**	**44.3%**
Female	**84**	**55.7%**
Education		
Uneducated	**79**	**52.3%**
<Matric	**40**	**26.4%**
Matric	**17**	**11.2%**
Senior Secondary	**10**	**6.62%**
>Senior Secondary	**05**	**3.31%**
Total Family Members		
<4 members	**19**	**12.5%**
4-9 members	**122**	**80.8%**
>9 members	**10**	**6.70%**
Occupation		
Daily Wage Worker	**31**	**20.6%**
Housewife	**52**	**34.4%**

Self- Employed	**21**	**14.0%**
Service	**10**	**6.70%**
Others	**37**	**24.5%**

Knowledge of Dengue: All respondents' understanding of Dengue knowledge was not the same. Among 151 effective questionnaires, even after being in the news during outbreak 4.7% of the respondent were still didn't hear about this disease. 92% respondent know the cause of disease is mosquito bite. There is serious lack of knowledge regarding the dengue mosquito as they are most active at the daytime however response says otherwise with only 41.7% of correct response. Only 57.6% from the total respondent knows the common breeding site of the mosquito. **Table: 2 Distribution of knowledge of Dengue in Bharat Vihar Community, Delhi**

Items	N=151	
1) Have you heard about Dengue?		
Yes	**144**	**95.3%**
No	**07**	**4.7%**
2) What do you think how it causes?	**N=144**	
Correct	**139**	**96.52%**
Incorrect	**05**	**3.47%**
3) What do you think at which time dengue mosquito generally bite?	**N=139**	
Correct	**89**	**64%**
Incorrect	**50**	**36%**
4) Are you aware with the symptoms of Dengue?	**N=89**	
Yes	**63**	**70.7%**
No	**26**	**29.3%**
5) What is the common breeding site of Dengue mosquito?		
Correct	**87**	**57.6%**
Incorrect	**64**	**42.4%**

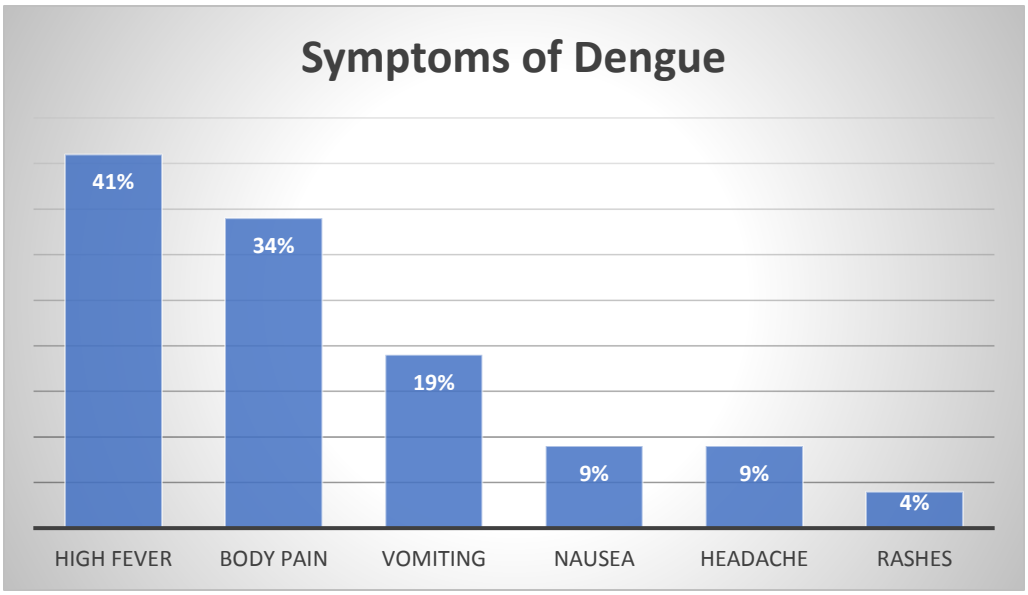
Knowledge of Chikungunya: All respondents' understanding of Chikungunya knowledge was not the same. Among 151 effective questionnaires, even after being in the news during outbreak 19.2% of the respondent were still didn't hear about this disease. 77.5% respondent know the cause of disease is mosquito bite. There is serious lack of knowledge regarding the dengue mosquito as they are most active at the daytime however response says otherwise with only 21% of correct response. Only 42.3% from the total respondent knows the common breeding site of the mosquito.

Table: 2 Distribution of knowledge of Chikungunya in Bharat Vihar Community, Delhi

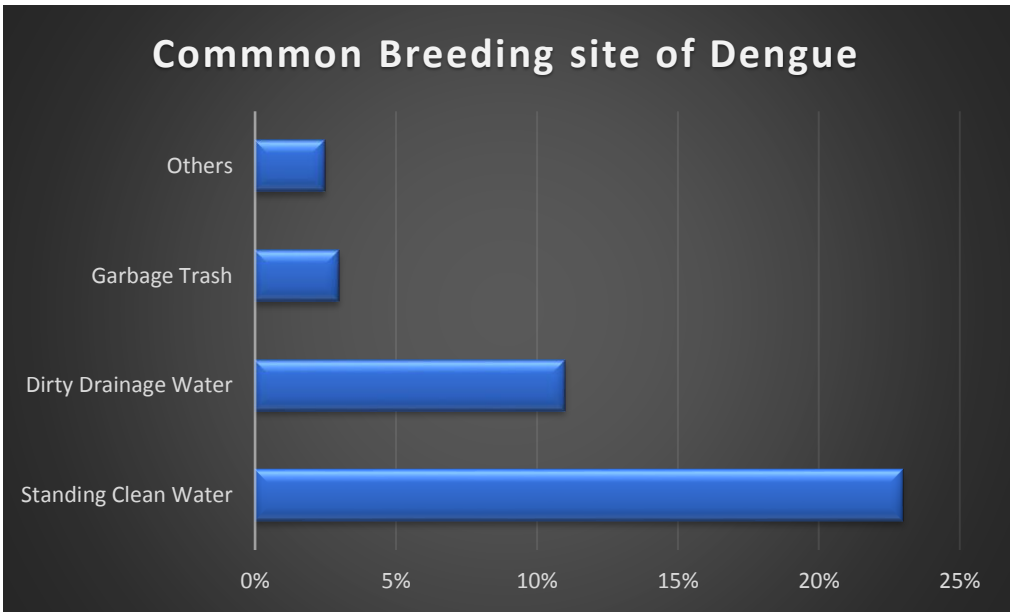
Items	N=151	
1) Have you heard about Chikungunya?		
Yes	**122**	**80.8%**
No	**29**	**19.2%**
2) What do you think how it causes?	**N=122**	
Correct	**117**	**96%**
Incorrect	**05**	**4%%**
3) What do you think at which time these mosquitos generally bite?	**N=117**	
Correct	**32**	**21%**
Incorrect	**85**	**79%**
4) Are you aware with the symptoms of Chikungunya?	**N=122**	
Yes	**73**	**60%**
No	**49**	**40%**
5) What is the common breeding site of chikungunya mosquito?	**N=122**	
Correct	**64**	**52.4%**
Incorrect	**58**	**47.6%**

Awareness of Dengue:

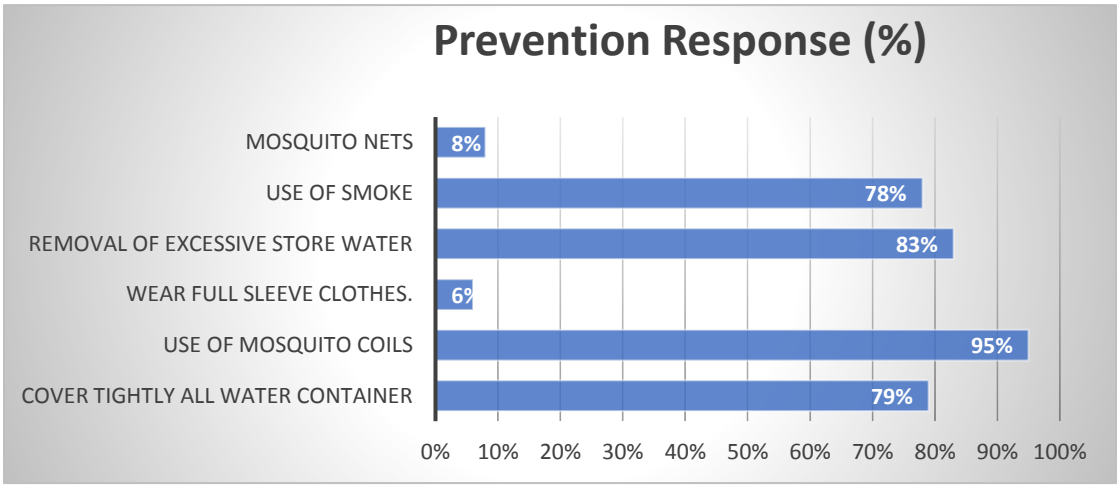
It was found that almost 41 % and 34% respondents were aware that High fever and Body Pain as the dengue symptoms respectively but few knew about Vomiting, nausea and only 41% of the population has complete awareness of the symptoms.



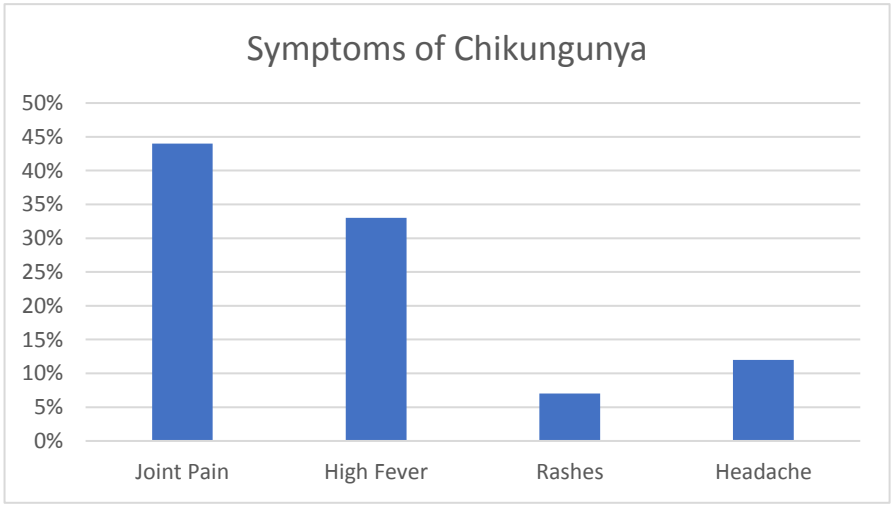
Only 41.7 % said they are aware with the common breeding site of the mosquito. Out of which only 23% respondent answered standing clean water. Indicating that there is huge gap knowledge regarding the breeding site of mosquitoes.



Most of the respondents felt that mosquito mats and coils are 100% effective for prevention of the Dengue. As it is evident from the figure that people in the community give very less preference to full sleeve clothes and mosquito nets.



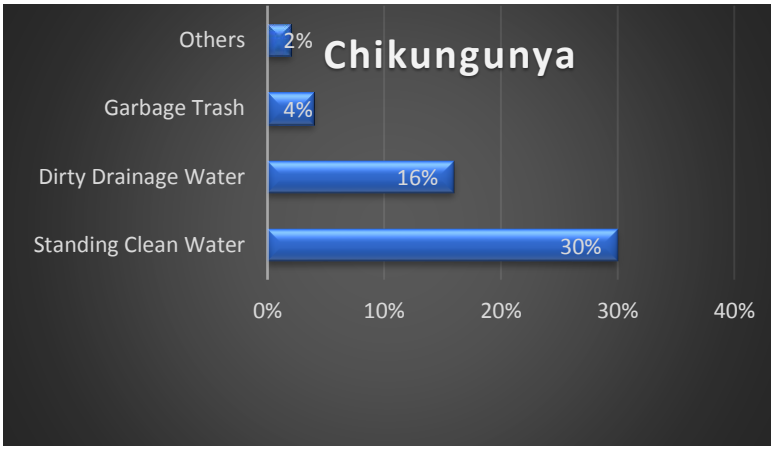
<u>Awareness of Chikungunya</u>: Joint pain is the most common symptoms 44% (67 responses) given by the respondents. Since many of them and from their families were exposed to the disease in the past. Second most common response is the high fever. Not able to distinguish between the normal fever and chikungunya led to serious condition of patients. Children and elderly people are more prone to this disease.



In the case of Chikungunya just more than half of the 30% respondent from the survey know and think that the common breeding site of the mosquito is clean water where mosquito larvae survives its initial phase. Nearly 20-22 respondent didn't know anything about the chikungunya at all.

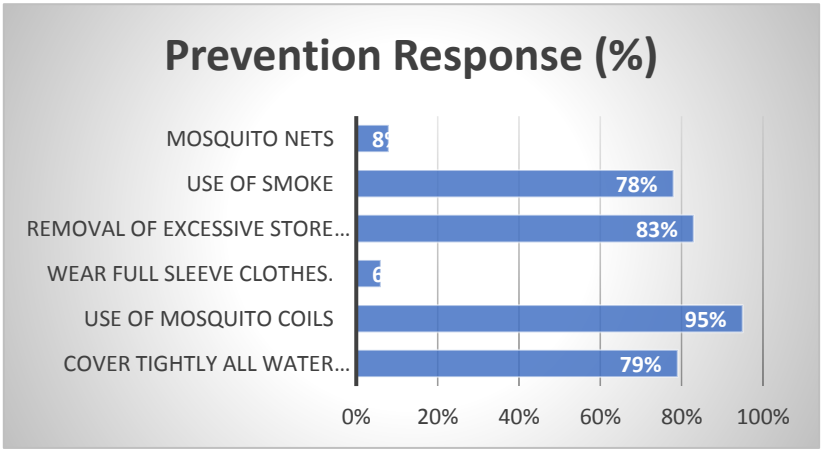
Characteristics of Knowledge of Dengue Fever and Chikungunya in the community

Characteristics	Very good knowledge	Good Knowledge	Poor Knowledge	Very poor knowledge
Age Group	N= (9)	N= (14)	N= (117)	N= (11)
15-30	2	5	54	7
30-45	6	8	46	3
45-60	1	1	16	1
>60	0	0	1	0
Gender				
Male	4	7	47	7
Female	5	7	70	4
Education				
Uneducated	4	6	58	5
<Matric	2	3	30	3
Matric	1	3	18	2
Sr. Secondary	1	1	9	1
>Sr. Secondary	1	1	2	0
Chi Square Value	= 5.1	P= 0.954		
Total Family Member				
<4	2	3	14	1
4-9	6	10	90	10
>9	1	1	7	0
Occupation				
Daily wage Worker	1	2	24	2
Housewife	2	3	43	2
Self Employed	4	5	15	2
Servicemen	1	1	7	2
Others	1	4	28	3



Comparing Dengue and Chikungunya knowledge to the education using Chi-square test indicated that there was no statistically significant association between the respondent knowledge about MBD's and their education. (p= 0.954)

Prevention Practices among Respondents: Majority uses the mosquito coils followed using smoke (neem leaves, egg tray) to prevent from the mosquito bites. It is clearly observed that there is no practise of using mosquito nets which is better source of prevention from the previous one.



Conclusion and Recommendation:

A huge difference in Dengue Fever and Chikungunya - information and deterrence techniques across the participants are obvious. The knowledge gaps which is still highlighted inside the questionnaire finding could possibly be utilized as being a measure to make helpful behavior change communications. Periodic Wellness campaign may be setup in the neighborhood to teach

people concerning the disease. For training the youngsters about insect-borne ailments, the government can make use of the large communication process. Training regarding both the ailments is very needed inside the community, whereas modest proportion of inhabitants look unacquainted with the infection, and where understanding is also poorer. Chikungunya and dengue elimination plans has to be designed in accordance with strategies, setting, information gaps, solutions, and alternatives. Conditioning of correct coaching of wellness education together with health workers may proceed long way-in control of Chikungunya and Dengue disease. The activities in local vocabulary manifested with a few of the individuals while in the nearby areas have prevalent effect in the community regarding the disease.

Annexure

Project Questionnaire

Respondent Information

Name: …… Age: ……
Sex: ……. Family Members: ……

Education level:

- Uneducated
- <Matric
- Matric
- Senior Secondary
- >Senior Secondary

Occupation:

- Daily Wage Worker
- Housewife
- Self Employed
- Service men
- Others

Education regarding MBD's

Q1. Have you heard about Dengue?

a) Yes b) No

If No, then please skip to Q4.

Q2. If yes, then what is the source of information?

- TV
- Newspaper
- Radio
- Pamphlet
- Other

- NA

Q3. What do you think how it causes?

- Mosquito bite
- Insect Bite
- Others
- No idea
- NA

Q4. Have you heard about Chikungunya?

a) Yes b) No

If No, skip to Q7.

Q5. If yes, then what is the source of information?

- TV
- Radio
- Newspaper
- Pamphlet

Q6. What do you think how it causes?

- Mosquito Bite
- Insect Bite
- Chicken (Poultry)
- Others
- No idea

Q7. What do you think at which time Dengue mosquitoes generally bite?

- Daytime
- Night
- Anytime
- No Idea
- NA

Q8. What do you think at which time Chikungunya mosquitoes generally bite?

- Daytime
- Night
- Anytime
- No Idea
- NA

Q9. Are you aware with the symptoms of Dengue? If yes, please specify.

a) Yes b) No c) NA

Symptoms:

Q10. Are you aware with the symptoms of Chikungunya? If yes, Please Specify.

a) Yes b) No c) NA

Symptoms:

Q11. Please rank in the following you think is the common breeding site for Dengue mosquitoes:

- Dirty drainage water
- Garbage/Trash
- Standing clean water
- Domestic animal shelter
- NA

Q12. Please rank in the following you think is the common breeding site for Chikungunya Mosquitoes:

- Dirty drainage water
- Garbage/Trash
- Standing cleaning water
- Domestic animal shelter
- NA

Exposure Experience

Q13. In Past year has anyone from your family suffered from Dengue?

a) Yes b) No c) NA

If yes, please provide the following details:

Relationship with Respondent: …….

Sex

Age:

Q14. In past year has anyone from your family suffered from Chikungunya?

a) Yes b) No c) NA

If Yes, please provide the following details:

Relationship with Respondent: ……....

Sex:

Age:

Prevention and Practices

Q15. Has any health campaign done before to increase the awareness of people?

a) Yes b) No

Q16. Do you Frequently clean the stored water around your household premises?

- Once in a week
- Twice in a week
- Thrice in a week
- Four times in a week
- Daily

Q17. Is your drainage system working efficiently?

a) Yes b) No c) Partially

Q18. Did civic body use fogging machine in your community to increase anti mosquito drive?

a) Yes b) No

Q19. Do you think using fumigation helps to prevent Dengue and Chikungunya?

a) Definitely b) May be c) No

Q20. What steps do you take to prevent dengue and chikungunya? (Multiple options are allowed)

- Cover tightly all water container
- Use mosquito coils during daytime.
- Wear full sleeve clothes.
- Remove excessive store water from flower pots, cooler etc.
- Use of smoke
- Mosquito nets
- All of these
- None of these

References

https://link.springer.com/article/10.1007/s10900-011-9407-1

www.cry.org

http://pubs.sciepub.com/ajphr/1/2/2/

http://www.presentationmagazine.com/world-maps-vector-edita- ble-507.html

http://www.gjar.org/publishpaper/vol3issue7/d524r81

http://nvbdcp.gov.in/dengue5.html

https://www.pjsr.org/Jan13_pdf/3%20Keerti%20S.%20Jogdand.pdf

http://www.ejpmr.com/admin/assets/article_issue/1477908401.pdf