

(15-06-2020)

GNM - 3 year (Community Health Nursing)

(National Health Programme)

(National ARI Program :- Acute Respiratory Diseases)

More than one Million people die from Respiratory infections in India every year.

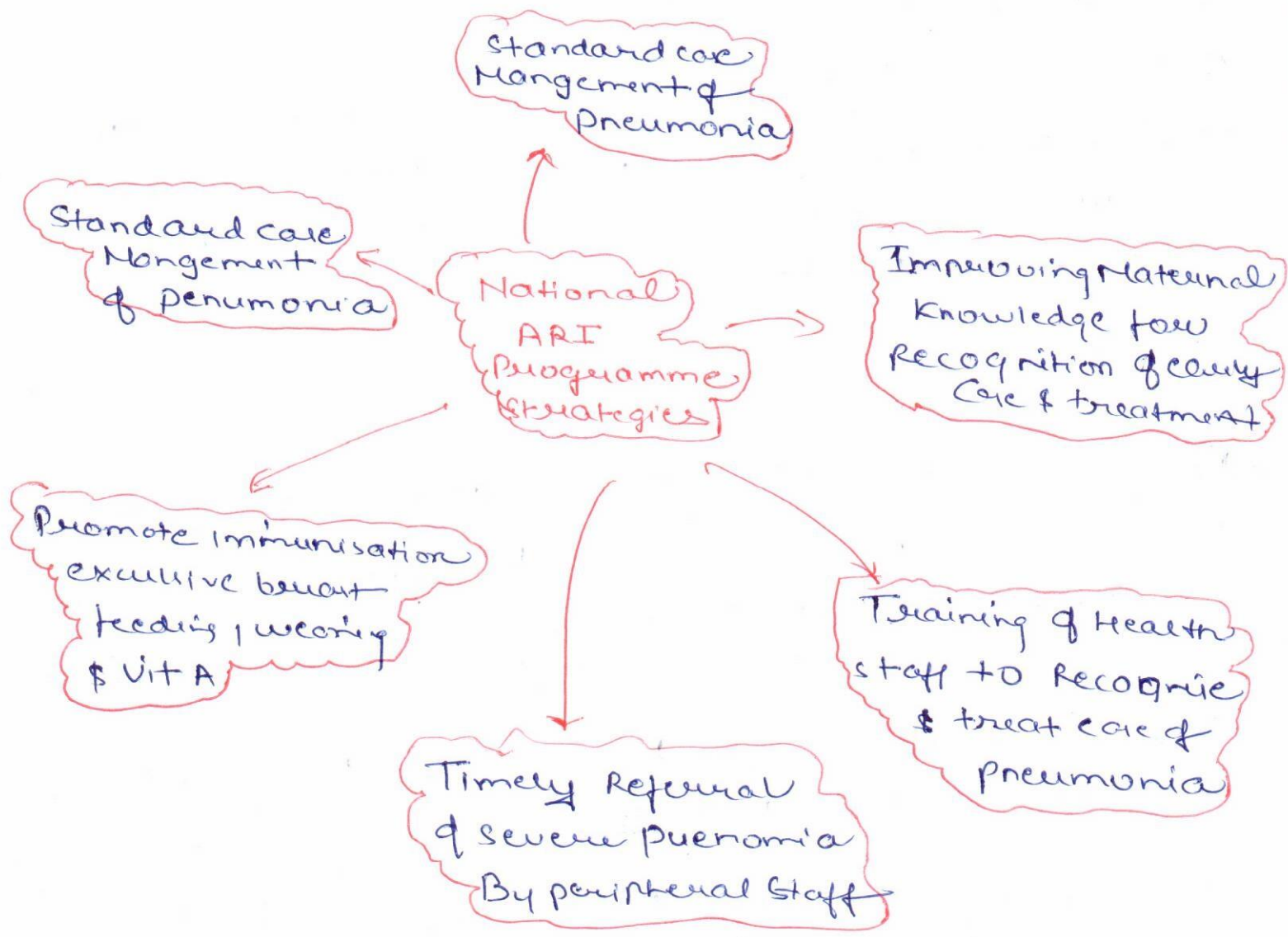
The most common cause of ARI is indoor air pollution & Malnutrition.

India established a programme to standardize care management of pneumonia with antimicrobial agents yet cases continued to be misclassified & inadequately treated.

(Strategies)

- ① To ensure standard care management of pneumonia in children under 5 years by training medical & other health personnel.
- ② To train peripheral health staff to recognize & treat case of pneumonia.
- ③ To promote timely referral of severe pneumonia by the peripheral health staff & community.

- ④ To improve Maternal Knowledge about Home Management of cough & cold & Recognition of early danger signs For seeking appropriate care
- ⑤ To promote Immunisation, exclusive Breast feeding in the First - 4-6 Months, Proper weaning & Vitamin A administration.
- ⑥ National Biomass Cook-stoves was launched in 2009, To Reduce Air pollution emission.



## National Tuberculosis Control Programme

- o launched in 1962
- o Recommended By Bhalerao Committee
- o To provide domiciliary services,
- o training of workers in tuberculosis control
- o Programme is centrally sponsored with 50:50 sharing b/w centre & state govt & 100% in UT.
- o NCTP also include in 90 point Programme.
- o WHO, UNICEF, DANIDA, world Bank provide assistance for NCTP.

## Direct Observation Therapy Short Term DOTS

### Components:-

- ① Political commitment
- ② Good Quality Sputum Microscopy
- ③ Direct observed treatment
- ④ Uninterrupted supply of good quality drugs
- ⑤ Accountability.

## Revised Strategy (1992)

Revised Strategy Programme was ~~the~~ Control Prog.  
(RNTCP)

### RNTCP Components

- ① Political Commitments
- ② Sputum Microscopy as primary tool of diagnosis.
- ③ Short course chemotherapy (SCC) with uninterrupted drug supply
- ④ Direct observation
- ⑤ Accountability.

## National Malaria Control Programme (1953)

In 1950's Malaria was India's Number one Health problem.

### Malaria Control Project

1997, Enhanced Malaria Control Project (EMCP) with support of World Bank.

#### Project Components:-

- Early diagnosis & prompt treatment
- Selective Vector Control

- o Medicated Mosquito Nets.
- o Epidemic planning & Rapid Responses.
- o Institutional & Human Resources development.

## National Malaria Eradication Programme

1968 → Reviewed, Kerala achieved complete eradication of the disease. In 1965-66.

New strategies :-

- ① Active Surveillance for detection.
- ② Use anti-larval measures, like DDT.
- ③ Mobile Team with Health inspectors

## Implement the strategies by:-

- ① Govt. efforts
- ② People participation
- ③ Research
- ④ Training
- ⑤ Publicity
- ⑥ International Assistance

# National Filariasis Control Programme (NFCP) 1955

Operational components :-

- ① Delimitation of the problems in unsurveyed area
- ② Control in urban areas through.
  - Reversal anti larval Measures
  - Anti-parasitic Measures
- ③ Control in Rural areas through Detection.
  - Anti larval Measures include → weekly spray
  - Information education & Communication for Community awareness,

## New Strategy :-

1997,

- single Dose of DCC (Diethyl carbomazine citrate)
- A pilot project on a co-administration of DCC & Albendazole as Annual Mass Drug.
- A National Task Force for Lymphatic Filariasis Elimination has been constituted under the chairmanship of Director General of Health Services Govt of India.

Revised → drug therapy → DCC with albandazole.

## Guinea Worm Eradication Programme

- 1) launched in India 1984,
- 2) technical Assistance from WHO,

### Strategies

- An efficient information at all levels
- close collaboration with WHO & UNICEF.

### Eradication Strategies are:-

- 1) Provision of safe drinking water
- 2) Control of cyclone population.
- 3) Health education of the public
- 4) Active surveillance for case detection
- 5) Treatment of cases detected.

## National Leprosy Eradication Programme

Leprosy is one of the major health & socioeconomic problems in the country, it is a chronic infectious disease & spreads mainly by close contact with infected patients.

The National Leprosy Control Programme is in operation since 1955.

1980 → resolve to eradicate leprosy by the year 2000.

## Goal

Ends

- Eradicating the Disease By the turn of the century

## Aim

To reduce case load to 1 or less per 10,000 population.

## Revised strategy

↳ Early detection

e) Short term multidrug therapy

- Health education
- Treating leprosy case with MDT.
- Methods of leprosy control.

## 1982, WHO Regime of Chemotherapy

↳ Rifampicin → 600mg once a month

  Dapsone → 100mg once in a day

  Clobazamine → 300mg once a month

Duration of Treatment is 2 years.

non