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UNIT-4

Que-18 write a note on Mational Tobacco Control Programme.

National Tobacco Control Programme (NTCP).

- Marjor oulsk factors for a varulety of chronic diseases such as: Cancor, lung diseases and Cardibrascular diseases is the use of Tobacco.
- In may 2003, hovement passed the National Tobacco Control Act 2003, for the "Cigarattes and other Tobacco products". (prohibition of advertising and regulation of Trade, production, supply and distribution).
- The important provisions of the act are:
 - Smoking prohibition in public arreas.
 - prohibition of the sale to people below the age of 18.
 - mandatory display of satatutory wavenings on Cigarette packs.
 - prohibition of advertising of cigarettes and other products, direct and indirect.
 - Inhibition of the state of Tobacco products in educational institutes.
 - mandatory to display tax and nicotine Contents along with maximum allowable Wimits on toborco packs.

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Objectives

- 1 Campaigns for awaveness.
- (2) Eastablishment of laboratories for tobacco product testing to develop suggulatory Capacity as needed under COPTA 2003.
- monitoring and assessment including monitoring for e.g. survey on adult Tobacco.
- (i) In co-operation with other nodal ministries, main streaming research and training on alternative crops.
- (3) HTCP Should be integrated with other programms like; Rural development, women and chilled development etc.
- These programmes can be used to spread the message about NTCP.
- School work places, homes and public places should be made smore free.

Diseases Caused by Tobacco

- Heart attack, stroke and other carelibrardar clikeaus.
- Oral Cancer Throat Cancer

 - Fetal disease
 - Lung Cancer
 - Asthma.
 - T. B
 - Demention
 - weakened immune System etc.

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Que-14 Discus Mational malasuia control programme. National malasuia prevention programme.

· National malaria prevention Programme Jaunched i'n India i'n 1953.

Objective

· Reducing the transmission of makeula.

Strategies under ANMCP

- · Residual insertioide spray in houses and cattle sheds.
- Availability of anti-malarial drugs for malaria patients.
- · To cavery out surveys and to monitor the malaria incidence.
- National malavia Contral programme was transformed into the National malavia Eraditation programme by the Government of India in 1958.
- The modified plan operation (mpo) was introduced in 1977 with the goal of preventing deaths and reducing morbidity due to malaria.

malaria Control Activities in India.

Before 1940 - No National Malaula control program organized.

1953 - Launch of NMCP.

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- 1958 National malaria Estadilation programme.
- 1970 Recoverage of malaria.
- 1977 modified operation plan Launched.
- 1999 Renaming of the Moutional Anti-malowia programme.
- 2002 Integration of malaria Control programme.
- 2012 Introduction of biralent RDT (Rapid Diagnosti's Test)

2014-2015 - Newest inserticide and Jarvicide Jaunthed

- * National Health Program For mother and child.
 - There are five national programs that are carried out as part of MCH program:
 - 1 prophydaxis against nutritional anemia i'n mothers and children.
 - (2) National Diasocheal Diseases Control and ORT (oval Rehydration Therapy) program.
 - 3 Prophylaxis against blindness due to nit. A deficiency among children.
- 1 Control of Acute respiratory infections.
- (3) Universal Immunization program (UIP).

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As the objectives of all these programs were convergent.

- These programs were integrated under child Swivival and Safe motherhood program which was implemented from 1992-1993.
- This process of integration of related programs was taken a step further I'n 1994 when the International Conference on population and development i'n Cairo recommended that the participation participation for regrams for reproductive and child health.
- Accordingly, the CSSM (child survival and safe motherhood) and related programs have been occoganized into RCH (Reproductive and Child Health) package of programs by adding Components on STDs and RTIs.
- This project is supported by World Bank, European Community, UNICEF, DANIDA, ODA and UNFPA.
- The may be mentioned that the Integrated child Development Services (ICDS), a national program of the Ministry of Human Resource Development, is also essentially an MCH program.

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* National Family Welfare Program

The first country to initiate a national family planning programme in 1952 was India.

Concept of family welface programme

- The concept of welfare is linked to the quality of life.
- It covers education, Nutrition, hygiene, welfare for women, etc.
- This programme is centrally funded. The states succeive 100% funding from the central government for this.
- The small family values, the services are given at each doorstep.

Aims and objectives

- · To promote small-family adoption.
- To provide all eligible couples with a sufficient supply of Contraceptives.
- To address the social and cultural bounders to the implementation of the programme by using the means of interpersonal and mass Communication.

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Gals

- To reduce birth reate from 29 per 1000 to 21
- · To reduce death rate from 10 to 9 per
- · To reduce family size from 4.2 to 2.3.
- · To sealise couple protection seate from 43.3 to 60%.
- · To reduce net reproduction rate from

Role of pharmacist

- pharmackt can distribute family plamning differentiare freely So that, the Customer can carry it home.
- e pharmacist can provide a reservoir of knowledge on family planning methods.
- · Spreading the message of small family norms and its advantages.
- · Being Counselors next door.
- · Helping clients in making an informed choice.

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* National Program for Health care of Elderly (NPHCE)

H Program Strategies

- · Community based primary health care approach including domiciliary visits
- Deolicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC etc.
- Dedicated facilities at <u>District Hospital</u> with 10 bedded words, additional human resources, machinery and equipment, consumables and drugs, training.

Regional herelatric centers to provide dedicated feetiwey level medical facilities and per courses in herelatric medicine.

>> Package of Services under NHM

- · Community health centure.
- Bi-weekly generative about and rehabilitedized services to be arranged by trained staff and rehabilitation worker at CHCs.
- Domicilary visits by the rehabilitation worker for bed-rudden elderly and counseling to family members.
- District Hospitals.
- Dedicated Generalization opp sources, In-door admissions

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through 10 beolded garriatric would, laboratory investigations and enchabilitation services.

- Referenced Services.

Health Risks of elderly

- · Foreased susk of death.
- · prone for infectious.
- · prone for injuries.
- · Increased Just of disability
- · Increased outsk for dikease
- · Prone for Degenerative disorders
- · Prone for Psychological problems.

Need for dedicated Health cause for elderly

- . Decrease in physical ability/economic inadequity
- . Increase valnerability to diseases.
- . chronic, disabiling and multiple Health problems.
- . Different approach and management.
- · Degradation in family values.
- · Rising population.

major hovemment Initiatives

. National policy on abler person (NPOP)-1999

Recommendations by working group of planning Commission - 2006 for Northbrow programme.

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maintenance and welfase of pasents and Senior citizens Act-2007.

Announcement of Mational programme for health care of elderly during budget speech (2008-2009)

Approval of "National Programme for Health Case of elderly" by ministry of finance
- June 2010.

Objectives of NPHCE

- To provide acressible, affordable, and high quality long-term, comprehensive and dedicated care services to an Ageing population.
- · Creating a new "auchitecture" for ageing.
- · To build a framework to create an enabling environment for "a society for all ages".
- · To promote the concept of active and Healthy ageing.
- · Convergence of NRHM, AYUSH and all other departments.