FOUR MONTHLY NEWSLETTER

NIRTH UPDATE

ICMR - NATIONAL INSTITUTE FOR RESEARCH IN TRIBAL HEALTH JABALPUR

Vol. 2, No.1, May 2017

Editor-in-Chief : Dr. Neeru Singh
Editor : Dr. A. K. Mishra
Assistant Editor : Dr. Arvind Verma

WORLD HEALTH ORGANIZATION
Collaborating Centre for the Health of Indigenous Populations

Published by the Editor, NIRTH UPDATE
National Institute for Research in Tribal Health
(Indian Council of Medical Research)
Department of Health Research,
Ministry of Health & Family Welfare,
Govt. of India,
Nagpur Road, P.O. Garha,
Jabalpur - 482 003 (M. P.), India
Ph: +91-761-2370800, 2370818,

Email: nirthjbp@gmail.com
Web Site: www.nirth.res.in

Tribal Health Bulletin



Annual Report



Web Site



Facebook



Inside

Article

Effectiveness of IEC-interventions for improving the utilization of maternal and child health care services among vulnerable population in Madhya Pradesh

Publications

Workshops/Training/Meetings attended

Workshops/Trainings/Meetings conducted

Events

Awards and Honours

Joining/Promotions/Transfers/Superannuation

Statements and opinions expressed in the research brief are solely of author(s)/ contributor(s). The editors disclaim any responsibility for the accuracy of statement made by the author(s)/contributor(s).

Effectiveness of IEC-interventions for improving the utilization of maternal and child health care services among vulnerable population in Madhya Pradesh

Dr. Dinesh Kumar, Scientist D

Introduction:

Maternal health care refers to the wellbeing of women during pregnancy, childbirth and the postpartum period. Although motherhood is often fulfilling positive experience but for too many women it is associated with suffering ill-health and even death which are preventable. Particularly, women living in rural part of country are considered a vulnerable group in terms of maternal and reproductive health due to inadequate use of Maternal and Child Health Care (MCH) services. The tribal population inhabited in rural and dense forest areas may considered as much vulnerable on the issues. Worldwide as regards 800 women die every day of preventable causes related to pregnancy and childbirth, 20% of these women are from India. Reasons behind those mothers in lowest economic bracket (rural and remote) have about 2.5 times higher mortality rate. The Maternal Mortality Ratio (MMR) of India is 167 in 2016 but still high (unicef-2016) after extensive efforts to achieve Millennium Development Goal-5 (MDG-5). Although, the progress made has been uneven and inequitable, and many women still lack access to maternal and reproductive health care. In rural and remote areas of the country the status of adolescent girls are especially vulnerable as teenage marriage and pregnancies are very high (Linda et al; Global Health Beyond 2015). The Madhya Pradesh state ranked one of the highest MMR of 221 in India (Maternal Mortality Ratio Bulletin 2011-13). The use of maternal health care services is not adequate in rural India especially in tribal communities. The availability and accessibility of health care providers is also low in tribal dominated district in Madhya Pradesh. The proper pregnancy care depends on timely health care checkups as per standard norms and influences the healthy outcome. While the interventions that could save their lives are often not available to those most in need. It is well recognized that women's awareness and attitude play an important role for using the maternal health care services. Inequity in the use of health care services is an important factor affecting the maternal & child survival. Moreover, it is wide accepted that the use of maternal health services help in reducing maternal morbidity and mortality. This study was undertaken with aimed to improving mother and child health status in Baiga population on the rationale behind that this tribe was underutilization of MCH services due to low level of awareness.

Materials and Methods:

The study was conducted among Baiga population in district Dindori of Madhya Pradesh during the period 2013 to 2016. The research design was case control study with the goal of improving women knowledge for increasing use of maternal health care services. The study was done in two phases; implementation of IEC intervention (phase-I) in intervention group (12-villages) and impact evaluation survey to measure the effectiveness of intervention (phase-II) of 24 villages (intervention & control). For the subject matter all women aged 15 to 49 years were identified for IEC education and evaluation.

Phase-I; Imparting IEC-intervention:

The following IEC material which was developed with the consult of state health personnel was used for implementation after pre testing.

The full information on MCH issues in the appearance of banners, pamphlet, slogans, posters, booklets, etc., for each women as well as the community were communicated with the support of their BMO and health workers. These IEC materials were used for intervention among women for creating awareness building. For the purpose available flip chart and booklet generated by NRHM were also used for showing pictures, teaching, etc. during the IEC educations.

The IEC education communicated in three ways in three rounds among the community.

1. Mass communication:

It was for creating awareness and transferring knowledge among women in reproductive age group of 15-49 years in following five ways;

1.1: Village Level Committee:

The Village Level Committees was formulated in all intervention villages consisting of five members- ASHA worker, Anganwari, village dai, one influencing Baiga women and one person from our study team who conveyed the messages to maternal and child health care among women in their areas as volunteer.

1.2: Health Education Camp:

Health education camp seeks to educate women

communities and gross root caregivers about the importance of placing healthy mothers and babies by increasing their knowledge. The study team met with local community members and village level committee to explain the purpose of the study and to identify participants, time and place of the group communication in one day advance in each village. Ever married women were called for to participate in the camp along with ASHA, Anganwari worker, ANM, health worker. This was communicated in a lecture mode to give explanation about maternal health care services i.e. utilize the PHC/CHC services, regular check-up, immunization and motivation for institutional deliveries.

1.3: Slogans on the wall:

For spreading the messages on maternal and child health care many of slogans were written on wall in each intervention village. The women able to read were requested to read and convey the message to others. Slogans were written in a common place like Anganwari Kendra, ASHA's house, way of entering road in village, houses of village Dai, community meeting place, etc.

1.4: Displaying Banner:

Spreading the messages for increasing their knowledge on MCH issues through five prime messages covered in different banners were displayed in common place where people met frequently such as community meeting place, Anganwari Kendra, etc. The most prime messages were- get registration immediately after confirmation of pregnancy, four antenatal checkup is compulsory to pregnant women, ensure hospital delivery, ensure health checkups of both mother and child within 42 days after delivery and ensure child immunization in time.

1.5: Distribution/pasting of pamphlets:

The purpose was to convey the eleven important messages in a page for increasing knowledge at their homes. In addition, distributed pamphlets to ever married women. Pamphlets were also pasted in their house to read it again and again. Some of pamphlets were distributed to ANM, Anganwari and ASHA who can distribute and read to illiterate women to get knowledge. We also distributed to males who demanded, asked them to read this and convey to messages to their family members. These were also pasted in local markets, nearest PHCs, Sub-centers, etc.

2. Group Communication:

Five key messages/information were communicated for educating for motivation and influencing them among women. Almost all group discussions/ communications were conducted in Anganwari Kendras of intervention villages where the tribal groups predominantly live. The research team spent 5 to 6 hours at every camp (Fig.1). Initially the team met community leaders and influencing people in the village to discuss the aim of the study. We also made attempt to encourage women to attend and participate actively by announcing loud speakers. Selected ever married women and early reproductive women for group discussion and promotion for increasing their knowledge for proper use of MCH services. The inclusion criteria was (i).Women in 15-49 years, (ii). Recently delivered women who have less than one year old child, (iii). Currently pregnant women and (iv).Early reproductive women(married but not exposure of pregnancy) who willing to participant.

The messages communicated were (i). Early registration, Regular antenatal care is essential, take adequate rest and avoid hard work, eat more and healthy foods, danger signs of pregnancy, etc. (ii). Prefer to go to hospital for safe delivery, prepare for safe and clean delivery, care of baby etc. (iii). Care for the child immediately after birth, keep the newborn baby warm, start complementary feeding after 6 months, etc. (iv). Compulsory health checkups of mother and child within 42 days after delivery. (v). Immunization of the baby at schedule time are compulsory.

3. Interpersonal Communication:

Face to face communication was given individually to each recently delivered women and currently pregnant women. All selected women for interpersonal discussion were contacted in their houses and personally discussed with them and provided information.

Key messages communicated:

i. Sensitized the woman to take regular services provided by the government hospitals and interact with ANM, Anganwari and ASHA workers.

ii. Discussed about the health benefit of proper pregnancy care by utilization of antenatal care services, institutional deliveries, child immunization, etc.

iii. Encourage pregnant women for regular antenatal checkups, consumption of iron folic acid tablet,

tetanus toxoid immunization, eat more and health food as one extra meals, danger signs during pregnancy and treatment, hospital delivery to save child and mother, etc.

iv. In the case of new born babies, enquired about status of child immunization and motivation for its benefits.

v. Counselled and provided information on importance of immunization of children in time for good health.

Phase-II; Impact Evaluation Survey:

The impact evaluation survey was done in 24 target villages of both intervention and control group. This evaluation survey was in terms of ANC coverage, T.T vaccination, consumption of IFA tablets, natal & post natal care, immunization of children and awareness about the services among women. The data were collected by trained investigators through structured questionnaire with maintaining utmost privacy as per the convenience of the respondents after taking their written consent. Information on maternal and child care was collected from ever married women aged 15-49 years who had a live birth in the last three years. The total populations 2548 of 556 households were surveyed in 24 villages (12 villages from each groups). A total of 556 ever married women (278 from each group) were identified for interview on the MCH issues.

Results:

The average age of interviewed women was 25 years and average age at marriage was 17 years and age at delivery of first birth was 19 years. Out of all 367 women, 82.3% reported that they had taken antenatal checkups. Antenatal checkups was found significantly higher (88%) in intervention group compared to 76.1% in control group (X^2=8.783, p<0.05). About 60% of women from intervention group and 46% from control group had received at least three antenatal check-ups during the pregnancy. Ninety four percentage of women had immunized by Tetanus Toxoid (T.T) vaccination in intervention which was lower (91.5 %) of women in control group. At least three month consumption of IFA tablets was significantly higher (59.3%) among women in intervention group compared to control group (33.8%).

About 71% women had their first antenatal checkups in first trimester (up to 3 month of pregnancy) in intervention group and it was lower 46% women in control group (X^2=19.160,p<0.05). The logistic regression analysis showed that women with 8 years and more schooling were found significantly (OR=3.296,CI; 0.859 to 12.647) prefer to using antenatal checkups & who were experiences of 2 to 4 births also found significantly (OR=0.188,CI; 0.032 to 1.112) prefer to using ANC services in intervention group compared to control group. Women's education and exposures of births were found important predictors of receiving antenatal checkups in first trimester. Out of all 330 women, the institutional deliveries were found higher (49.7%) in intervention group which was lower (40.0%) in control group. Use of postnatal services was higher in intervention group as about 62% women received health checkups within 15 days after birth while it was found lower (53%) in control group. A total of 556 ever married women in the reproductive age group of 15-49 were interviewed regarding their knowledge on maternal and child health care services. A total of 85.2% of women knew about the maternal and child health care services in intervention group as compared to 42.7% in control group. It showed the enhanced knowledge (X^2=110.827, p<0.05) of maternal and child health care services among women in intervention group which was also supported by analysis of odd ratio (OR=7.950,95% CI:5.273-11.987). For child health status, preventable disease vaccines were given to child at specific intervals and age of life. The children received BCG (98.7%), DPT (74.5%), OPV (69.3%), measles (61.1%), DPT booster (26.0%) and OPV booster (18.8%) slightly higher than control group. Vitamin A supplements were found higher (53.6%) in intervention group while it was lower (38.3%) in control group.

Discussion:

This research notes explores how 'IEC-intervention', in its extensive sense, seeks to increase awareness on MCH issues in rural tribal area. The IEC activities in the form of education conveyed in thrice moment after specific interval of 3 months. The three tribal blocks were covered and found majority of such population situated in dense forest and hilly areas. Some of villages only can approach by on foot after crossing the river/stream and hills. Observations during first round IEC implementation viewed that the women not easily asked but they listen seriously. In second round they tried to speak health related problems as due to lack of time and due to long distance, money shortage their family did not allow to

go hospital etc. Subsequently in third round of IEC they have understood that it is important for our health and were agreed to follow it and completely accepted our interventions. So far group communication in three rounds completed in all 12 intervention villages. In the first round 206 women participated in the group discussions and subsequent rounds participants numbers increased to 242 and 253. Also, conducted interpersonal communication at participants' houses in the first round of IEC and discussed with 60 women per village. Subsequently, the coverage was increased to 80 women and 84 in the second and third rounds. Our interventional studies focused to increase the awareness among tribal population through the implementation of need based IEC-intervention in harmony way and outcomes were found effective in intervention group in comparisons to control group.

In conclusion the utilization of MCH services and awareness has increased among women in intervention group in comparison to control group. Imparting IEC education was systematically scientifically helped to increase awareness and utilization of MCH services in favour of positive impact.

Figure-1: Educating women through lecture



Publications

- Rao VG, Bhat J, Yadav R, Muniyandi M, Bhondeley MK. Smoking and alcohol consumption: Risk factors for pulmonary tuberculosis amongst the tribal community in central India. Indian Journal of Tuberculosis. January 2017; 64(1):40-43. doi: 10.1016/ j.ijtb.2016.11.009. Epub 2016 Dec 16.
- Kumar D, Goel AK, Singh TB. Women attitudes determination among who had not-used antenatal care services during pregnancy in Central India. A logistic regression analysis. The Journal of Community Health Management. January 2017; 3(4):178-184.
- Kumar D, Goel AK, Singh TB. Estimation of risk factors for conducting delivery at home among Baiga women in Madhya Pradesh: A multinomial logistic regression analysis. International Journal of Science and Research. February 2017; 6(2): 957-962
- Kumar D. Effect of socio-demographic factors on first antenatal checkups in first trimester using analysis of Binary Logistic Regression Model: Bulletin of Mathematics and Statistical Research-A Peer Reviewed International Research Journal, April 2017; 5 (2): 37-44.
- Kori BK, Singh KN, Sharma RK, Sharma BS, Badkur P, Barde PV. Susceptibility of Rubella Among Pregnant Women Attending the Antenatal Clinic in a Tertiary Care Hospital, Jabalpur, Central India. Viral Immunology. March, 2017; 30 (2):136-139.doi:10.1089/vim.2016.0106. Epub 2016 Dec 7.
- Sahu M, Shukla MK, Barde PV. Molecular characterization of human respiratory syncytial virus detected from central India. Journal of Medical Virology. April 29, 2017. doi: 10.1002/jmv.24834.
- Lad Harsha, Ghanghoria Pawan, Yadav Rajiv, Patel P., Gwal Anil, Shanmugam Rajasubramaniam (2017). A compound heterozygous Asian Indian inversion deletion G case report. Indian Journal of Hematology and Blood Transfusion. DOI 10.1007/s12288-017-0806-z.
- Devendra R, Shanmugam R, Singh MPSS, Vishwakarma CP, Godbhole S, Singh N, Gupta V, Kedar P, Mukherjee MB (2017). Identification of a novel S184F mutation causing glucose-6-phosphate-dehydrogenase deficiency in a tribal family of Madhya Pradesh, Central India. Meta Gene, 2017; 12: 130-133.
- Asthana Manu, Sahu Sushil Kumar, Kumar Amit, Mohanty Suchitra, Chakrabarti Sudipta, Das Piyanki, Chattopadhya Nabanita Roy, Chatterjee Koustav, Singh Shivaram Prasad, Shanmugam Rajasubramaniam, Choudhuri Tathagata (2017). Role of Interleukin 28B polymorphisms in response to Interferon based therapy for hepatitis C virus clearance. Current Drug Metabolism (BSP-CDM-2017-HT20-9) (IF 2.847, Accepted).

Workshops//Trainings/Meetings Attended

Dr. Neeru Singh, Director

- Attended meeting of Executive Council of ICMR on 18th January, 2017 at ICMR, New Delhi.
- Attended 13th conference on vectors and vector borne diseases by National Academy on vector borne diseases at Central University of TamilNadu from 27th February to 1st March 2017.



- Dr. Neeru Singh was invited by the World Health Organization (WHO), South-East Asia Regional Office (SEARO) to attend the Regional Consultation on Accelerating Progress towards ending HIV/TB/Malaria in the South-East Asia Region, held from 28th to 30th March, 2017 at Dhaka, Bangladesh. She presented the 'Engaging tribal populations in India'



Dr. V. G. Rao, Scientist G

- Research Advisory Committee meeting of the Model Rural Health Research Unit (MRHRU), Datia on 10th -11th Jan 2017 at Datia, MP.
- Attended CTD Review meeting of the GFATM tribal project entitled "Targeted Intervention to Expand & Strengthen TB Control in Tribal Population " and also the launching of the project by Hon'ble Minister of State (MOS), Shri Fagan Singh Kulaste, MOHFW, Govt of India on 20th January 2017 at Kanha, Mandla, MP.
- National Seminar on Tribal Health, Education and Livelihood (HEAL) organized by ICMR - National Institute for Research in Tribal Health and Royal Tribal Forum, India at NIRTH Jabalpur on 18th -19th February, 2017.
- Review meeting of the CTD funded study "Multi-centric cohort study of recurrence of tuberculosis among newly diagnosed sputum positive pulmonary tuberculosis patients treated under RNTCP" on 22nd - 23rd February, 2017 at National Institute for Research in Tuberculosis, Chennai.

Dr.Tapas Chakma, Scientist G

- Attended workshop on NCD by Medico friendly circle at Bilaspur from 27th to 29th January 2017.
- Attended ICMR Task force meeting on 3rd February 2017 at ICMR Delhi.
- Attended "Capacity building workshop for ICMR scientists" at ASCI Hyderabad from 6th to 11th February 2017.
- Attended project review committee meeting of MDRU on 14th February 2017 at Rewa Medical College and on 21st March 2017at Raipur Medical College.

Dr. M.M.Shukla, Scientist F

- Attended workshop with Dr. Vidhan Jain, Scientist C on "National Consultation on Anemia in Pregnancy" at Kanha (Mandla) from 17th to18th February 2017. Presented "Burden of malaria in pregnancy in two blocks of district Balaghat, MP".

Dr. A.K.Mishra, Scientist E

- Attended Malaria Elimination Advisory Group (MEAG) meeting for Mandla Malaria Elimination Demonstration Project (M-MEDP) on 7th and 8th March, 2017 at (NIRTH Jabalpur and discussed about the vector control part of the project. Visited villages of Bijadandi block, Mandla district on 6th March, 2017 with the Director and MEAG members.
- Attended a community participation and malaria awareness event at Kalpi (Mandla) on 25th April, 2017 and advised the villagers to participate in Malaria Elimination Demonstration Project.

Dr. Jyoti Bhatt, Scientist E

- Attended Pre-Surveillance Meeting & Regional Training of Trainers- HSS Round 2017 from 4th to 6th January, 2017 at Pune
- Attended Review meeting of the Central TB Division "Multi-centric cohort study of recurrence of tuberculosis among newly diagnosed sputum positive pulmonary tuberculosis patients treated under RNTCP" on 22nd and 23rd February, 2017at NIRT, Chennai

Dr. Gyanchand, Scientist E

- Attended 13th conference on vectors and vector borne diseases by National Academy on vector borne diseases at Central University of TamilNadu from 27th February to 1st March 2017 and presented a paper on 'Current status of Filariasis in Madhya pradesh'.
- Attended five days' workshop on entomological surveillance of ZIKV at ICMR-Vector Control Research Centre, Puddducherry from 6th to 10th February, 2017.

Dr. K.B. Saha, Scientist E

- Dr. KB Saha, Dr. RK Sharma and Dr. Arvind Verma attended and presented research papers in National Seminar on Holistic Approach for Tribal Health: Perception & Realisations at HS Gaur University, Saugar on 2nd and 3rd February, 2017. Dr KB Saha presided the session Reproductive and Child Health and Dr. Arvind Verma was the rapporteur.



Dr. Praveen K Bharti, Scientist D

- Attended 13th conference on vectors and vector borne diseases by National Academy on vector borne diseases at Central University of TamilNadu from 27th February to 1st March 2017. Presented a paper on Genetic Variation in *Plasmodium falciparum* Histidine Rich Proteins 2 and 3 in Indian Isolates.
- Attended Malaria Elimination Advisory Group (MEAG) meeting for Mandla Malaria Elimination Demonstration Project (M-MEDP) on 6th to 8th March, 2017 at NIRTH, Jabalpur.

Dr. Pradip V. Barde, Scientist D

- Attended a meeting regarding Zika Virus diagnosis network at NIV Pune on 28th April, 2017.

Dr. H.V.Manjunathachar, Scientist B

- Attended XXVI National Congress of Veterinary Parasitology and International Symposium on "Current concepts in diagnosis and control of parasitic diseases to combat climate change" from 15th to 17th February, 2017 at Veterinary College, Shivamogga, Karnataka.



Workshops//Trainings/Meetings Conducted

- Dr. Jyoti Bhatt conducted zonal training for the site level personnel for the HSS ANC sites in consultation with Madhya Pradesh State AIDS Control Society on 24th and 25th January, 2017 at NIRTH, Jabalpur
- Twenty ninth Scientific Advisory Committee (SAC) meeting of National Institute for Research in Tribal Health (NIRTH), Jabalpur was held on 31st January and 01st February, 2017 under the chairmanship of Lt. Gen. D. Raghunath (Retd.).Professor A. P. Dash, Vice Chancellor, Central University of Tamil Nadu, Dr. P.L. Joshi, Former Director, NVBDCP, New Delhi, Dr. S.C. Dubey, Former Joint Director, HSADL, Bhopal, Dr Amrish Gupta, Consultant (PH), NVBDCP, New Delhi, Dr Harpreet Kaur, Scientist 'E', ECD, ICMR, New Delhi, Dr. Ranjana Gupta, Joint Director, Health Services, Govt. of M.P and Dr. Pawan Ghanghoriya, Asst. Professor, Dept of Pediatrics, NSCB Medical College Jabalpur were present as subject expert. Dr. Neeru Singh, Director, NIRTH, Jabalpur welcomed the dignitaries and participants. Scientists of the institute presented the proposed new, ongoing and completed research projects. The SAC experts and members reviewed the scientific posters presented by the students and research scholars of the institute.

  On 01st February, the chairperson along with other participants visited the upcoming Animal House and Laboratories of the institute.
- A meeting was held at Office of the Regional Joint Director, Health Services, Jabalpur on 16th February, 2017. The progress of ongoing projects of National Institute for Research in Tribal Health (NIRTH) on malaria in Balaghat district and Mandla Malaria Elimination Demonstration Project under Public-Private-Partnership (PPP) model were discussed.
- National Seminar on Tribal Health, Education and Livelihood was organized by Dr. Tapas Chakma, Scientist G at NIRTH Jabalpur on 18th and 19th February 2017. Honáble Faggan Singh Kulaste, Health Minister for state was present.







- 34th Foundation Day was celebrated at NIRTH auditorium Hall on 1st March, 2017 and Honáble Vice Chancellor, Medical University, Jabalpur chaired the session. Dignitaries from NSCB Medical College Dean Dr. Roop Lekha Chauan & Professor in Orthopaedics Dr. HS Verma were also present.



- The Malaria Elimination Advisory Group (MEAG) Meeting for Mandla Malaria Elimination Demonstration Project (M-MEDP) was held on 6th to 8th March, 2017, at NIRTH, Jabalpur under the chairmanship of Dr. P.L. Joshi, Former Director, NVBDCP, New Delhi and Co-chairperson, Dr. Nilima Kshirsagar, National Chair Clinical Pharmacology, ICMR, New Delhi. On 6th March, 2017 the team visited the villages of Bijadandi block, Mandla district and interacted with villagers, and ASHAs. On 7th March, 2017, Dr. Neeru Singh, Director, NIRTH welcomed the distinguished members & participants and highlighted the importance of M-MED project. Shri Gulshan Bamra, I.A.S., Divisional Commissioner Jabalpur Division, Jabalpur, Dr. Avdhesh Kumar, Additional Director, NVBDCP, New Delhi, Shri Azadar Khan, Vice President Sun Pharma, Dr. Altaf Lal, Senior Advisor Global Health and Innovation, Sun Pharma, Dr. T Jacob John, Former Professor, Christian Medical College, Vellore, Dr. P. Manickam, Scientist 'D', NIE, Chennai, Dr. Ranjana Gupta, Regional Joint Director, Directorate of Health Services, Jabalpur and Dr. Pawan Ghanghoria, HOD Paediatrics, NSCB Medical College, Jabalpur were present as subject experts. Dr. Soumya Swaminathan, Secretary, DHR, Govt. of India & Director General, ICMR addressed the meeting through video conference. The meeting concluded on 8th March, 2017.







- A two day workshop cum training on Molecular diagnosis for prenatal diagnosis of Beta-Thalassemia syndromes and Sickle cell disorders in Madhya Pradesh, Assam and the Andaman and Nicobar Islands was organized by NIRTH, Jabalpur on 3rd and 4th April, 2017. Dr. Neeru Singh inaugurated the workshop cum training program. This workshop was attended by Dr. Malay Mukherjee, Scientist 'E' from National Institute of Immunohaematology (NIIH), Mumbai, Dr. Sharad Jain, Dr. Bharti Sahu & Dr. Sonal Sahni from Netaji Subhash Chandra Bose (NSCB) Medical College, Jabalpur. The workshop was coordinated by Dr. S. Rajasubramaniam, Scientist 'E', NIRTH, Jabalpur. Mr. Dinesh Jagtap and Ms Ritika Deogharkar from NIIH, Mumbai demonstrated the Molecular Protocols. On second day all the participants carried out CVS sample dissection, DNA preparation and PCR.



- A meeting was held at Office of the Regional Joint Director, Health Services, Jabalpur on 16th February, 2017. The progress of ongoing projects of National Institute for Research in Tribal Health (NIRTH) on malaria in Balaghat district and Mandla Malaria Elimination Demonstration Project under Public-Private-Partnership (PPP) model were discussed.





- On the eve of World Malaria Day, a review meeting was organized by Dr. Neeru Singh, Director, NIRTH, Jabalpur on 24th April, 2017 at NIRTH to review the progress, planning and staffing. Dr. Altaf Lal, Senior Advisor, Global Health and Innovation, Sun Pharma, Shri Azadar Khan, Project Director and Sr. Vice President, Sun Pharma, Dr. A.K. Mishra, Scientist 'E', Dr. K.B. Saha, Scientist 'E', Dr. Praveen Bharti, Scientist 'D' from NIRTH and Dr. Yashpal Jain, Project Director, M-MEDP attended the meeting.



Events

- On 25th April, 2017 a community participation and awareness event on malaria was organized at Kalpi, a forest village of Bijadandi CHC, Mandla. Hon'ble Minister of State for Health and Family Welfare, Shri Faggan Singh Kulaste graced the occasion as chief guest. Speaking on the occasion Minister stressed on the importance of Mandla Malaria Elimination Demonstration Project and urges the gathering to participate whole heartily in the programme and set an example in the country. Divisional Commissioner, Jabalpur Division, Shri Gulshan Bamra, [I.A.S] mentioned the example of eradication of polio and firmly believe that similarly malaria could be attack and eliminated and laid emphasis on efforts of the State Government in controlling malaria.



Awards and Honours

- Dr. Neeru Singh, Director, NIRTH, Jabalpur was awarded the VESTERGAARD FRANDSEN AWARD for exceptional work in the field of vector bionomics and resistance at 13th Conference on Vectors & Vector Borne Diseases (CVVBD 2017) jointly organized by the National Academy of Vector Borne Diseases (NAVBD) and the Central University of Tamil Nadu (CUTN) at Chennai on 27th February, 2017.



- Dr. S. Rajasubramaniam, Scientist E was felicitated by the PROF. G. Nageswara Rao, Vice Chancellor Andhra University, Vishakhapatnam on 13th March, 2017 for his outstanding contributions in the area of screening and management Hemoglobino-pathies among Tribal communities in India.



- Dr. H. V. Manjunathachar, Scientist B was awarded J. P. Dubey Young Scientist Award from Indian Association for the Advancement of Veterinary Parasitology (IAAVP)-2017 for presentation on " Identification and validation of vaccine candidates from *Hyalomma anatolicum* and evaluation of their cross-protective efficacy against challenge infestation with *Rhipicephalus microplus* on calves" in XXVI National Congress of Veterinary Parasitology and International Symposium held from 15th to 17th February, 2017 at Veterinary College, Shivamogga, Karnataka



- Mr. MPSS Singh, Senior Technical Officer (1) was awarded Ph.D degree on Human Genetics under the guidance of Dr. S. Rajasubramaniam, Scientist E by Andhra Univesity, Vishakaptnam in March 2017.

Promotion/Transfer/Superannuation/Joining

Joining:

- Five Scientist B- Dr. HV Manjunathachar, Dr. Nishant Saxena, Dr. Ravindra Kumar, Dr. Suyash Shrivastava and Dr Anil Kumar Verma, one Technical Assistant- Ku. Sweta Mishra , two Technician C- Shri Surendra Kumar Jharia and Shri Shashi Kant Tiwari, one Technician A- Ku. Mala Prajapati and one Stenographer- Mr. Sarthak Soni joined the Institute during the period.

Promotions:

- Mr. V.Soan, Dr. NK Choudhary, Mr. A. Kavishwar, Dr. Arvind Verma, Mr. Praval Shrivastava, Mr. Ajay Goel, Dr. A. Abbad, Dr. BK Tiwari, Dr. MK Bhondele, Dr. MPSS Singh, Mr. ML Kori, Mr. SN Singh, Mr. RK Minocha, Mr. Chandan Karforma, Mr. Subash Godbole, Mr. LS Kaushal, Mr. Ashok Gupta, Mrs. R. Shome, Mr. Anil Gwal, Mr. Lalit K. Sahare, Mr. Mahendra J Ueke and Mr. Prakash Shrivastava promoted to Senior Technical Officer (1).
- Mrs. Nazia A. Ali promoted to Technical Officer.
- Mr. Subash Kumbhare and Mrs. Canina Luke promoted to senior Technician (3).
- Mr. Purushottam Patel, Mr. CP Vishvakarma, Mr. SK Singh, Mr. Ghanshyam Ahirwar, Mr. SR Mishra, Mr. BS Patel promoted to senior Technician (2)
- Mr. DK Mishra, Mr. Jagdish K. Mishra, Mr. Vijay K Kachhi, Mr. DC Khatarkar, Mr. Ajesh Dubey, Mr MP Tiwari, Mr. RK Verma, Mr. P Namdev and Mr. Mahendra K Jain promoted to Senior Technician (1).
- Mr. RK Jaiswal promoted to Technician (2).