ACTION PLAN

FOR

ANTI-MALARIA MONTH

(JUNE 1997)

BROAD GUIDELINES

DIRECTORATE OF NATIONAL MALARIA ERADICATION PROGRAMME
22 SHAMNATH MARG DELHI-110054

(DIRECTORATE GENERAL OF HEALTH SERVICES)
(MINISTRY OF HEALTH & FAMILY WELFARE)
GOVERNMENT OF INDIA

Objectives

1. *To create awareness among the community*

2. *To enlist community involvement in prevention and control of malaria*

3. *To propagate the theme "Malaria Control - Everyone's Concern" as first step to make malaria control a people's movement in the country*

Time frame

a) **Preparatory phase**
January 1997 to May 1997

b) **Implementation phase**
1st June to 30th June 1997

c) **Impact Assessment phase**
July 1997 to August 1997

Broad Guidelines for Modalities

1. Constitution of Task Force

a) National Task Force

A Task Force with following composition has already been constituted at national level :

1.	Secretary (Health), Govt. of India Ministry of Health and family Welfare	Chairman
2.	Director General of Health Services, Govt. of India	Member
3.	Additional Secretary (H), Ministry of Health & Family Welfare	Member
4.	Joint Secretary (Incharge of NMEP), Ministry of Health & Family Welfare	Member
5.	Advisor (Health) , Planning Commission Government of India	Member
6.	Joint Secretary , Ministry of Agriculture Department of Agriculture & Cooperation Government of India	Member
7.	Joint Secretary , Department of Urban Development, Government of India	Member
8.	Joint Secretary , Ministry of Environment & Forest, Government of India	Member
9.	Joint Secretary, Department of Education Government of India	Member
10.	Joint Secretary , Department of Rural Development, Government of India	Member

11.	Joint Secretary, Ministry of Water Resources, Government of India	Member
12.	Joint Secretary, Ministry of Welfare (Dealing with Tribal Affairs) Government of India	Member
13.	WHO Representative to India	Member
14.	Director, NICD, Delhi	Member
15.	Director, MRC, Delhi	Member
16.	Director, CHEB, Delhi	Member
17.	Executive Director, Voluntary Health Association of India	Member
18.	President, Indian Medical Association	Member
19.	Director, National Malaria Eradication Programme	Member-Secretary

b) State Level Task Force

A similar Task Force shall be constituted at the State level under the chairmanship of Chief Secretary/ Principal Health Secretary for planning, supervision, monitoring of implementation, resource mobilization and guidance. State Programme Officer shall be the Member Secretary to this committee.

In States where High Powered Board have been constituted, the responsibilities of State Level Task Force could be assigned to these High Powered Boards.

c) District Coordination Committees

District level multi sectoral coordination committees shall be constituted under the chairmanship of District Collector/District Magistrate and District Malaria Officer shall be the Member Secretary to this committee.

These committees shall essentially be multisectoral to enlist effective inter-sectoral co-ordination. The local NGOs shall also be included in such committees.

d) Block Co-ordination Committees

Block level committees shall be constituted with the membership of Block Development Officer and block level representatives from different departments, NGOs, media and people's representatives with PHC Medical officer as convenor -cum-Secretary. The committee shall be responsible for enlisting community support and effective implementation at the grass root level.

2. Development of micro-plans

Broad guidelines contained in this document as recommended by the National Task Force shall be the basis for developing specific micro-plans. State level Task Force shall formulate specific guidelines and macro-plans that are locally suitable for achieving the over all objectives. These macro-plans shall serve as the prototypes for developing area specific micro plans at the block and district levels.

3. Delimitation for area specific approaches

Since the area specific objectives as well as thrust area would be different depending on endemicity and people's perception of malaria as a problem, delimitation of area has to be carried out in two broad categories namely **High Risk** and **Low Risk** areas.

i) Identification of high risk districts/blocks

For identification of high risk areas, the criteria already laid down by the Expert Committee 1995 as contained in Operational Manual For Malaria Action Programme is to be followed for both urban and rural situations as indicated below:

Rural Areas

1. Recorded deaths due to malaria (on clinical diagnosis or microscopic confirmation) with ***P. falciparum*** infection during the transmission period **with evidence of locally acquired infection in an endemic area,** during any of the last three years.

2. The Slide Positivity Rate (SPR) is to be used for the identification of areas as follows:

   - Doubling of SPR during the last three years

provided the SPR in second or third year reaches 4% or more

- Where SPR does not show the doubling trend as above but the average SPR of the last three years is 5% or more

- *P. falciparum* proportion is 30% or more provided the SPR is 3% or more during any of the last three years

- An area having a focus of Chloroquine resistant *P. falciparum*

- A Chloroquine resistant PHC will be characterized by detection of more than 25% of R II and R III level cases in a minimum sample of 30 cases

- Tropical aggregation of labour in project areas

- New settlements in endemic/receptive and vulnerable areas

Urban Areas

1. The high risk Areas identified by the Expert Committee are as follows:

- All 15 Cities identified as high risk areas by the Expert Committee are as given below :

1.	Delhi	2.	Chennai
3.	Calcutta	4.	Bombay
5.	Hyderabad	6.	Bangalore
7.	Ahmedabad	8.	Bhopal
9.	Jaipur	10.	Lucknow
11.	Chandigarh	12.	Vadodara
13.	Visakhapatnam	14.	Vijayawada
15.	Kanpur		

2. Among the remaining cities/towns presently covered under UMS, the SPR 10% and above during any of the last three years. The Expert Committee further identified 14 cities/towns under this criteria as given below :

1.	Chaibasa(Bihar)	2.	Bharuch(Gujarat)
3.	Dohad(Gujarat)	4.	Godhra(Gujarat)
5.	Jodhpur(Rajasthan)	6.	Bharatpur(Rajasthan)
7.	Bellary(Karnataka)	8.	Tuticorin(Tamil Nadu)
9.	Erode(Tamil Nadu)	10.	Dindigal(Tamil Nadu)
11.	Rourkela(Orissa)	12.	Sambalpur(Orissa)
13.	Nabha(Punjab)	14.	Dimapur(Nagaland)

3. Any other urban area with a population of 50,000 or more and SPR more than 5% or the ratio of clinical malaria cases to fever cases more than one third as per hospital/dispensary statistics during the last calendar year.

ii) Identification of areas and agencies for inter sectoral co-operation

The task force shall identify specific areas of co-operation for various agencies including NGOs and media. This will depend on area specific guidelines / plans.

iii) Specific planning for co-ordinated activity implementation

The preparation of specific micro-plans shall be the responsibility of district and block co-ordination committees with the help of macro-plans and guidelines provided by the

State level Task Force. These plans shall be reviewed and finalized at the Sate level before implementation.. As an example , broad guidelines for development of area specific strategies for Anti-Malaria Month are indicated below:

High Risk Areas

1. Promotive actions

IEC activities covering following broad areas-

- early diagnosis and prompt treatment
- availability of EDPT services
- importance of self protection from infective vector bites including use of personal protection measures
- source reduction including practices for sustainable overall reduction in malariogenic potential of the area
- importance of accepting and involving every one in Governmental efforts like spray operation etc.
- neighbourhood watch for unusual occurrence of fever and its reporting for quick containment action
- efforts for continuing medical education on malaria for private practitioners
- involvement of educational institutions in effecting dissemination of information and other promotive activities. For the purpose various schools may adopt neighborhood area for at least one week for door to door intensive education campaign

2. Containment actions

- identification of areas for introduction of alternative methods of vector control like larvivorous fish on sustainable basis
- actual introduction of the fish in identified areas by co-ordinated activities of malaria and fisheries departments
- community education on ways for sustaining and

proliferating such introduction

- organisation of diagnosis and treatment camps

- implementation of control activities as per regular action plans of NMEP like surveillance and spray operations as per schedule in rural areas and anti-vector drive for source reduction in urban areas

Low Risk Areas

The strategy for antimalaria month in these areas will largely focus on promotive activities with thrust on dissemination of information on malaria, malariogenic potential, transmission and prevention. This *inter alia* means that messages should be developed to promote a healthy environment with particular emphasis on malaria.

iv) Broad areas for inter-sectoral co-ordination and role of different sectors other than health

1. Education

The Education department can be involved by :

(a) One day orientation for Principal/Vice Principals and Science teachers may be called zone-wise/area-wise/ block-wise to be organized by education department with faculty from Malaria/Health. This may be completed during March-April, 1997.

(b) Symposium/Morning assembly sessions on malaria with demonstrations by Science teachers. Technical assistance, if required, can be provided by local malaria/health officials

(c) Class room session on how to spread messages on malaria prevention emphasis :

- Source reduction
- Personal protection
- Early reporting of fever

(d) Competitions - Posters/Painting/Projects/Essay/Slogans on malaria.

(e) Processions during Anti Malaria Month.

(f) Neighbourhood adopted by schools for a week long IEC drive by students & teachers.

(g) Organization of NSS camps/NCC camps for IEC activities to spread the message of malaria control at school as well as college level.

2. Agriculture

The agriculture department can be involved for

- Dissemination of IEC activities to the farmers
- Source reduction of mosquitogenic conditions Propagation of larvivorous fish hatcheries and introduction of larvivorous fishes in the selective and feasible water bodies in the high risk areas.

3. Urban Development

The Urban Development Department can help in

- Enactment of legislation on the pattern of Goa and Mumbai bye-laws
- Source reduction drive
- IEC activities particularly in the slum-dwellers and migratory population relating with malaria control.
- Preparing guidelines pertaining to the construction and maintenance of roads, safe drinking water supply and sewerage system

- Orientations of engineers from different sectors for their involvement for the malaria control activities.

4. Environment & Forest

The Department of Environment & Forest can play a vital role in activities like :

- IEC activities with main emphasis on source reduction, plantation, aforestation, etc
- In the screening of population for malaria diagnosis and treatment inhabiting the forests for their livelihood with the help of Forest Officers and Forest Guards etc.
- IEC related with the use of personal prophylactic measures by using mosquito nets etc.
- Functioning as DDCs and FTDs bases in the hard core and difficult terrain areas

5. Rural Development

The Rural Development Department can motivate and mobilize the youths, retired personnel and Panchayat members etc. in :

- Source reduction drive/campaign for malaria control
- IEC activities for awareness and community involvement
- In practicing preventive measures of malaria control with special emphasis on personal protection measures i.e. use of mosquito nets etc.
- Early reporting of fever for diagnosis and treatment
- As DDCs and FTDs

6. Water Resources

The sector can involve in following co-ordinated activities:

- IEC activities pertaining to malaria control
- Orientation training for engineers on operations and maintenance for dams/canals to eliminate / prevent creation of mosquitogenic potential

7. Tribal Welfare

The department can help by way of organizing :

- Orientation camps for IEC activities pertaining to prevention and control of malaria to disseminate target oriented message to enlist community participation
- In practicing preventive measures of malaria control with special emphasis on personal prophylactic measures i.e. use of medicated mosquito nets.
- In early reporting for diagnosis and treatment.
- DDCs and FTDs.

8. Central Health Education Bureaue

Central Health Education Bureau (CHEB) can play a major role by :

- Organising IEC campaign through State Health Education Bureaue
- Preparation of IEC material pertaining to malaria

control activities.

- Organising meeting/talks at village levels on malaria.

9. Voluntary Health Association of India

- Voluntary Health Association of India (VHAI) can effectively collabaorate in

- Dissemination of messages pertaining to malaria.
- IEC activities through regular articles etc. in media.

- In practicing preventive measures of malaria control with special emphasis of personal prophylactic measures i.e. use of medicated mosquito nets.

- In early reporting for diagnosis and treatment.

- As DDCs and FTDs.

10. Indian Medical Association

Indian Medical association can participate in prevention and control of malaria by way of :

- IEC activities through private practitioners by way of counseling .

- Orientation training of private practitioners through branches with main emphasis on the management of complicated malaria cases.

- In practicing preventive measures of malaria control with special emphasis of personal prophylactic measures i.e. use of medicated nets.

- In early reporting for diagnosis and treatment.

Resource mobilization

To carry out these activities, all resources may have to be pooled up at the district level and below from all coordinating sectors. However, a sum of Rs. 15,000 may be made available to the District Collector of high risk districts to meet the contingent expenses in connection with this activity. The States should make appropriate budgetary provision for development and replication of IEC material, actual campaign and other contingent expenses etc.

Schedule of activities

Though the action plans are required to indicate specific time-frame for each activity component, a time schedule for monitoring the progress of this activity is indicated below:

	Activity Component		Date of completion
1.	Constitution of task force	-	by 20th January, 1997.
2.	Finalisation of broad guidelines and dissemination to States for further action by National Task Force	-	by 31st January, 1997.
3.	Orientation of state level officers	-	by 10th February, 1997.
4.	Development of macro plans by the State Level Task Force	-	by 20th February, 1997.
5.	Development of target oriented messages	-	by 20th February, 1997.
6.	Constitution of District and Block Co-ordination Committees	-	by 20th February. 1997

7.	Development of district and block level micro plans	-	by 27th February. 1997
8.	First Review of progress at State level	-	1st March, 1997 .
9.	First Review at the National level	-	7th March, 1997.
10.	Orientation of district/ block level functionaries	-	by 15th March, 1997
11.	Replication of prototypes	-	by 31st March, 1997.
12.	IEC activities for school education	-	April - May, 1997
13.	Second Review at State level	-	1st May, 1997
14.	Second Review at National level	-	7th May, 1997
15.	Print and electronic media informative publicity	-	May 1997
16.	Final Review of preparations at State level	-	19th May, 1997
17.	Final Review of preparations at National level	-	26th May 1997
18.	Post Activity Review at State level	-	21st July 1997
19.	Post Activity Review at National level	-	7th August 1997