

National Vector Borne Disease Control Programme, Delhi – 110 054

STATE / DISTRICT ACTION PLAN FOR KALA-AZAR ELIMINATION

Sr. No.	Activity	Sub-activity	Responsibility	Time Line																																																																																																								
1.	<p>Situational Analysis : (identification of hot spots)</p> <p>- No. of kala-azar case and deaths PHC wise for last 5 years.</p> <table border="1" data-bbox="353 555 1178 794"> <thead> <tr> <th><u>PHC</u></th> <th><u>Year</u></th> <th><u>Cases</u></th> <th><u>deaths</u></th> </tr> </thead> <tbody> <tr><td></td><td>2003</td><td></td><td></td></tr> <tr><td></td><td>2004</td><td></td><td></td></tr> <tr><td></td><td>2005</td><td></td><td></td></tr> <tr><td></td><td>2006</td><td></td><td></td></tr> <tr><td></td><td>2007</td><td></td><td></td></tr> <tr><td></td><td>2008</td><td></td><td></td></tr> <tr><td></td><td>2009</td><td></td><td></td></tr> </tbody> </table> <p>-No. of high endemic sub-centres reporting cases in each PHC last 5 years</p> <table border="1" data-bbox="353 914 1178 1153"> <thead> <tr> <th><u>PHC</u></th> <th><u>Pop.</u></th> <th><u>SCs</u></th> <th><u>Yr.</u></th> <th><u>Case</u></th> <th><u>deaths</u></th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>2003</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2004</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2005</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2006</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2007</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2008</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2009</td><td></td><td></td></tr> </tbody> </table> <p>- No. of village wise kala-azar cases of each sub-centre for 5 years</p> <table border="1" data-bbox="353 1217 1178 1329"> <thead> <tr> <th><u>PHC</u></th> <th><u>SCs</u></th> <th><u>Villages</u></th> <th><u>Yr.</u></th> <th><u>Case</u></th> <th><u>deaths</u></th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>2003</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2004</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td>2005</td><td></td><td></td></tr> </tbody> </table>	<u>PHC</u>	<u>Year</u>	<u>Cases</u>	<u>deaths</u>		2003				2004				2005				2006				2007				2008				2009			<u>PHC</u>	<u>Pop.</u>	<u>SCs</u>	<u>Yr.</u>	<u>Case</u>	<u>deaths</u>				2003						2004						2005						2006						2007						2008						2009			<u>PHC</u>	<u>SCs</u>	<u>Villages</u>	<u>Yr.</u>	<u>Case</u>	<u>deaths</u>				2003						2004						2005			<p>Trend of the disease :</p> <p>- Name of highly endemic PHCs / Population</p> <p>- Name of highly endemic Sub-centres / PHC /Population</p> <p>- Name of highly endemic villages /Sub-centres / PHC /Population</p>	SPO / DMO / MO - PHC	By 15 th Jan.
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	<p>2006 2007 2008 2009</p> <p>- Village wise population and number of kala-azar cases reported in last five years : line listing</p> <p>- Mapping of high endemic villages /sub-centres / PHCs</p>	<p>%age of villages, subcentres and PHCs contributing kala-azar</p> <p>Case prevalence rate (Block wise)</p>		
2.	<p>Logistics Requirements :</p> <p>- No. of patients treated during last 3 years with</p> <p>SSG</p> <p>Received Consumed Balance stock</p> <p>Amphotericine – B</p> <p>Received Consumed Balance stock</p> <p>Miltefosine – B (pilot districts only)</p> <p>Received Consumed Balance stock</p> <p>rK39 diagnostic test (pilot districts only)</p> <p>Received Consumed Balance stock</p>	<p>Total drug requirements</p> <p>Avg. no. of 70% cases X 9 vial = Total plus 20% buffer – previous balance</p> <p>Avg. no. of 30% cases X 12 vial = Total plus 20% buffer – previous balance</p> <p>Avg. cases X 40 Capsule = Total plus 20% buffer – previous balance</p> <p>Avg. cases X 5 = Total plus 20% buffer – previous balance</p>		By 15 th Jan.
3.	<p>Infra-structure available/required</p> <p>Staff position at district/PHC/Sub-centre level</p> <p>DMO</p> <p>AMO</p> <p>*Medical Officer</p> <p>*Block Coordinator</p> <p>Technician</p>	<p><u>Sanctioned</u> <u>in position</u></p>		By 15 th Jan.

	<p>*Malaria Supervisor / Inspector *MPHWs *ANMs</p>			
4.	<p>Budgetary Requirements</p> <ul style="list-style-type: none"> • Case search • Drugs • POL • Vector Control <ul style="list-style-type: none"> -Spray men wages -Equipments - shifting insecticide - others • IEC • Capacity Building • Supervision and monitoring 	Previous Balance, Funds received, Requirements, Total	State/ District/ PHC	By 15 th Jan. Advance release of funds and timely submission of SOEs and UCs may be arranged in time after proper audit
5.	<p>Active case search</p> <ul style="list-style-type: none"> ✓ Detect case based on case definition ✓ Refer to PHC Treatment to confirmed case (make patient box) ✓ Arrange injections to the patients (ANMs mobility) ✓ Entry in treatment cards (patient/PHC) ✓ Entry in master register ✓ Provision of food support to patients/attendant ✓ Incentive to ANMs/ MPHw/KA activist ✓ Complete treatment ✓ Monitoring & supervision 	<ul style="list-style-type: none"> - Make village-wise programme - Arrangement for Transport - Ensure drug availability - Get Printed cards in required numbers - Ensure availability - Make arrangement in advance - Ensure provision of funds flow - Verify any side reactions 	<p>BMO, Concerned PHC / KA Block Supervisor</p> <p>2 times during treatment by M.O./Block Kala-azar supervisor</p>	Quarterly basis
6.	<p>Passive case search</p> <ul style="list-style-type: none"> ✓ Detect case based on case definition ✓ Treatment to confirmed case (make patient box) ✓ Arrange injections/syringes for the patients (ANMs/MPHWs mobility) 	<ul style="list-style-type: none"> ✓ Clinical diagnosis ✓ Ensure drug availability ✓ Arrangement for Transport 	<p>BMO, Concerned PHC / KA Block Supervisor</p>	All working days

	<ul style="list-style-type: none"> ✓ Entry in treatment cards ✓ Entry in master register ✓ Provision of food support to patients/attendant ✓ Incentive to ANMs/MPWs/ KA activist ✓ Complete treatment ✓ Monitoring & supervision 	<ul style="list-style-type: none"> ✓ Get Printed cards in required numbers ✓ Ensure availability ✓ Make arrangement in advance ✓ Ensure provision of funds flow ✓ Verify any side reactions 		
7	<p>Insecticidal Residual Spray</p> <p>(Indoor DDT spraying in all cattle sheds and human dwellings up to 6 ft. height from ground at the rate of 1 gm per sq. mt.)</p> <ul style="list-style-type: none"> ✓ Prepare PHC/Village action plan ✓ Manpower (teams) required. (1 team covers about 60 houses / 300 population) ✓ Selection of spray teams ✓ Supervisory tier ✓ Training of the spray teams ✓ Beat programme ✓ Funds required for wages, mobility, supervision ✓ Availability of funds ✓ DDT requirements (75 MTs per million population for two rounds) ✓ Dumping to the grassroot level (mode of transport/locations/responsibility) ✓ Logistics requirements ➤ Stirrup pumps ➤ Spray nozzle - extra ➤ Buckets ➤ Measuring jugs 	<ul style="list-style-type: none"> ✓ Calculate targeted pop/rooms village wise ✓ Start the process for engaging spray men ✓ Identify the personnel ✓ Make training schedule ✓ Prepare day wise, team wise, village wise spray schedule ✓ Make fund available before activity ✓ Identify the supervisors & mobility support. Plan day wise, area wise visits, tour programme approvals 	<p>DMO/ BMO / KA Supervisors / MPHWs</p>	<p>1st Round : Feb.-March 2nd Round : May-June</p> <p>By 15th Jan.</p> <p>By 20th Jan. By 20th Jan. By 25th Jan. By 25th Jan. By 25th Jan.</p> <p>By 30th Jan.</p> <p>By 30th Jan.</p>

	<ul style="list-style-type: none"> ➤ Strainers ➤ Plastic sheets (3x3 metres) ➤ Gloves ➤ Masks ➤ Others accessories ➤ Stenciling material ➤ Formats/registers ✓ Mobility for supervision ✓ Supervisor teams at district/state/National level ✓ Undertake spray activities ✓ Date of start ✓ Date of completion ✓ Finalization of spray reports. ✓ Submission of reports to district/state/national level PREPARE FOR IInd ROUND OF IRS FROM 1st MAY 2007 	<ul style="list-style-type: none"> ✓ Return of logistics, balance stock of DDT ✓ Receive village/sub-centre wise reports & compile ✓ Send report to all concerned 		<p>15th Feb</p> <p>31th March</p> <p>By 7th April</p> <p>By 10th April</p>
8.	<p>Supportive Interventions</p> <p>a). Behavioral Change Communication (BCC) through IEC Activities :</p> <p>Which may include following :</p> <p>1. Electronic media</p> <ul style="list-style-type: none"> ✓ TV ✓ Cable ✓ Radio ✓ Miking 	<ul style="list-style-type: none"> ✓ Make annual action plan for month wise BCC activities. ✓ Appeals from Chief Minister/Governor/Health Minister ✓ Provision of funds & its flow ✓ Prepare target oriented key message based on disease perception like cause, vector, 	State/District/B MO/KA Supervisors	Well before case search and IRS activities

	<p>2. Print Media</p> <ul style="list-style-type: none"> ✓ Newspapers ✓ Handbills / pamphlets ✓ Advance intimation cards for IRS ✓ Posters ✓ Hoardings ✓ Banners ✓ Billing (electricity, water, telephone) ✓ Tickets (Bus,Railways) ✓ Post cards ✓ School course curriculum <p>3. Inter-personnel communication</p> <ul style="list-style-type: none"> ✓ Advocacy ✓ Group Meetings ✓ Nukad natak ✓ Processions ✓ Rallies ✓ Essay/painting competitions ✓ Drum Beating ✓ Personnel counseling <p>b). Inter-sectoral Coordination</p>	<p>signs & symptoms, treatment, free availability, IRS & community role at individual level.</p> <ul style="list-style-type: none"> ✓ Get the IEC material pre-tested in a sample population. ✓ Identify the communication media based up on its large use by the target group in view of its periodicity (extent) , time and place of its use appropriately to get impact. ✓ Generate pre- & post base line data to assess the impact of IEC activities. ✓ Calculate the requirements, develop IEC material/messages etc. accordingly. ✓ Make arrangement for its dissemination <p>Arrange meeting at</p> <ul style="list-style-type: none"> ✓ Political level, ✓ Administrator level, ✓ Panchayat level, ✓ Community level <ul style="list-style-type: none"> ✓ Identify the role & responsibility of each sector. ✓ Organize meeting 		
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