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Letter No 502 (24) /NVBDCP/2018-19 Date 02/04/2019

To

All the Chief District Medical & Public Health Officers,

Sub: Revised Opertaional Guidelines of DAMaN 2019- 20 – regarding

Madam / Sir,

With reference to the subject cited above please find enclosed herewith the revised operational guidelines of DAMaN 2019-20.

This is for your information and necessary action.

Yours faithfully

30/03/19
Director of Public Health, Odisha

Memo No 503 (24) Date 02/04/2019
Copy forwarded to all the ADPHO (VBD)s for information and necessary action.

30/03/19
Director of Public Health, Odisha

Memo No 504 Date 02/04/2019
Copy forwarded to the Sr. RD, RoH & FW, Govt. of India, BJ-25, BJB Nagar, Bhubaneswar, Odisha for information.

30/03/19
Director of Public Health, Odisha

Memo No 505 Date 02/04/2019
Copy forwarded to PS to Commissioner-cum-Secretary to Govt., H & FW Deptt., for appraisal of Commissioner-cum-Secretary to Govt, H & FW Deptt.

30/03/19
Director of Public Health, Odisha

NEW DRAFT
28.02.19

Durgama Anchalare Malaria Nirakaran (DAMaN)

30/03/19
(DPHW)

07/03/19

REVISED OPERATIONAL GUIDELINES 2019-20

An Intensive malaria control drive in high malaria burden inaccessible areas of Odisha

NVBDCP, Odisha

(Health &Family Welfare Department, Govt. of Odisha)

Revised Guidelines for Durgama Anchalare Malaria Nirakaran (DAMaN)- A new dimension, 2019-20

Odisha located in Eastern India contributes 41 % of the total malaria case to India in the year 2017. However it has been reduced to **81%** in 2018. Odisha has 22% of tribal population with 62 types of Primitive Tribal groups (PVTGs) residing across 30 districts. The different components of NVBDCP programme for Malaria such as EDCT, LLIN, IRS, IEC/BCC activities, free drugs, free laboratory services, free tertiary care services are being provided with regards Malaria control in our state. Recently state initiative Malaria control programme named Durgama Anchalere Malaria Nirakaran' (DAMaN) has been started in inaccessible remote villages/hamlets to bring down malaria morbidity and mortality. In the original DAMaN plan developed in 2016-17, it was envisaged **to conduct three rounds of** DAMaN activities in the remote/inaccessible villages/hamlets in a camp approach.

In the meanwhile two rounds of DAMaN camps have been conducted in many remote inaccessible villages and hamlets of 24 districts. Based upon the experiences and feedback received from the districts, following the DAMaN activities, guidelines has been modified. Some additional activities have been added which can be met easily within the approved budget.

Objectives:

- Reducing malaria parasite load in the population of high malaria endemic inaccessible villages & hamlets.
- Special focus to reduce malaria related morbidity and mortality among the vulnerable groups such as under 5 children, pregnant women and lactating mothers
- Improving the access to the health care services for malaria control and related illnesses in the above said inaccessible villages & hamlets

[N.B.: Malaria parasites from human population in the above said villages & hamlets will be cleaned by mass screening both symptomatic (with fever) and asymptomatic (with no fever) suspected malaria cases and treating all the malaria positive cases.]

Strategies

The following strategic interventions shall be undertaken under DAMaN

1. **Camp approach**: There shall be camp approach for early diagnosis and complete treatment of all malaria positive cases in the inaccessible villages &

hamlets. The camp activities will be done two times in year i.e. before the endemic season (April/May), second one (October/November) The details of the reach out plan and the proposed activities are given below:

- DAMaN camps will be organized two times in year. The No. of camps will be depending upon total budget sanctioned.
- Along with malaria diagnosis and treatment, there will be measurement of growth parameters like weight, height, MUAC and Haemoglobin of under five children.
- Besides, blood pressurecheck up and haemoglobin test will be conducted for all pregnant women and lactating mothers and adolescent girls. will undergo Haemoglobin and check up and weight recordig.
- All identified anaemic children, pregnant women and lactating mothers and adolescent girls will be given iron- folic acid supplementation in the camp sites. Severe malnourished children will be referred to nearest NRC.
- APHO (FW) and DMRCH should be involved during the planning of DAMaN especially on planning for activities pertaining to nutritional parameters. The data base of nutritional parameters of people in DAMaN areas will be made available to ADPHO(FW).
- Health services pertaining to minor ailments will also be provided during DAMaN Camp.
- **Indoor Residual Spray (IRS) and Insecticide Treated Nets ITN interventions (where LLIN has also been provided) will be done along with the DAMaN camps.**
- IEC & BCC and community mobilization drive will also be conducted for regular use of LLIN/ ITN and reaching to nearby health service provider/ health facility for early diagnosis and treatment of febrile illness.
- In DAMaN villages & Hamlets routine malaria control activities will be intensified with identification of an alternate FTD (Trained Daman volunteer) from the same/adjacent village/hamlets with training him/her on RDT and Antimalarial along with geared monitoring and supervision mechanism.
- Inter-sectoral convergence with other line Depts (W&CD, SC&ST Dev, S&ME, Panchayati Raj, Forest & Environments, Industries and selected NGOs may be done to facilitate the activities.

- All RDT positive found during DaMAN screening will be subjected for blood smear both thick thin smear immediately.

- Blood smear collected will be tested by nearest CHC LT and report will be shared with MTS for DaMAN data and all positive slides will be sent for cross check

Strategies for the first round DAMaN (April/May):

- All the population will be screened for malaria (i.e. for both fever and non fever cases) either by bivalent RDT or by Microscopy. Hence household wise line listing of family members is mandatory to ensure 100% population of the concern village/hamlet screened for malaria

- To classify the community as a asymptomatic or symptomatic, following sign and symptoms in symptomatic case should be seen: **Malaria should be considered in any patient who presents with any of the following-**

  i)Fever with Chills, Sweating, Bodyache, headache, nausea, vomiting, Jaundice, Splenomegaly.

  ii)Convulsions, Coma, shock, pulmonary edema, oliguria, bleeding manifestations and death may be associated in severe cases.

iii)If thermometer is available with ASHA/AWW/ANM, temperature noting in symptomatic cases should be done and any individual having >98.6 degree Farenheight should be considered as fever

- **LABORATORY CRITERIA FOR DIAGNOSIS**

i) Demonstration of Malaria Parasite in blood smear

OR

ii)Positive Rapid Diagnostic Test for Malaria

- All malaria positive cases will be provided with appropriate anti-malarial as per species of malaria and as per age of the patient and complete radical treatment must be ensured.

- Appropriate vector control measures like IRS, LLIN/ ITN and other environmental sanitation measures will be undertaken

- Nutritional parameter, screening of Under 5 children, pregnant women and lactating mothers and adolescent girls will be done.

- The camp duration will be of 2 to 3days instead of 4 (4days has been mentioned in the previous guidelines)

- More than 90% population should be screened for malaria in the DAMaN Village/hamlet.

Strategies for second round DAMaN (September/November)

- All the population will be screened for malaria (both fever and non fever) and will be provided with appropriate anti-malarials to all positive cases along with vector control activities like IRS.
- Nutritional parameter, screening of Under 5 children, pregnant women and lactating mothers will be done as per the previous guidelines.
- The DAMaN camp duration will be of 2 to 3 days instead of 4 days (4days was mentioned in the previous guidelines)
- All the population must be screened in the DAMaN Village/hamlet within the camp period.

Strategies for the third round (February/ March) optional

- **People having fever and under 5 children, pregnant women, lactating mothers and adolescent girls will be screened for malaria. All malaria positive cases will be provided with age appropriate anti-malarials and complete Radical Cure along with appropriate vector control measures.**
- Mass screening (both fever and non fever) will be conducted in selected villages / hamlets where asymptomatic (non fever) cases are found more than 10% in the previous rounds.
- Nutritional parameters will be measured along with Haemoglobin tests for Under 5 children, pregnant women and lactating mothers and adolescent girls.
- The camp duration will be 2 to 3days.
- All eligible population should be screened.

Village Contact Drive (IEC & BCC and Community Mobilization):

- Under village contact drive, following activities are to be undertaken along with activities mentioned in the budget break up.
  - Printing of IEC Materials, display and distribution
  - Advance intimation to the community and counselling by door to door visit
  - Infotainment/Folk shows
  - Sensitization meeting for the villagers at the camp site
  - School sensitization in the DAMaN villages if any school is there or nearby schools and Schools residing in high malaria risk areas.
  - Drum beating and dissemination of key messages
  - **Malaria Samadhan Sibira at SC level (SCs having villages under DAMaN & villages under SCs having high TPR >1 in Non DAMaN areas).**
  - *Under this activity, along with IEC & BCC, screening camps need to be organised for diagnosis, treatment and follow up of malaria in the village along with pregnant women and under five year children..*

No. of Volunteers per camp:

- *During the earlier rounds of DAMaN it was observed that at CHC level, it is difficult to mobilize five number of volunteers per camp due to nonavailability of adequate number of volunteers having willingness and positive attitude towards malaria work.*
  So for the year 2019-20 ,the number of volunteers that will be hired on per day basis is being revised as mentioned below
- *1st round and 2nd round DAMaN: Three(3) volunteers for each round*
- *3rd round DAMaN:Two(2) volunteers*

Incentive for the Volunteers:

- The incentive to the volunteers engaged for DAMaN camp may be paid against performance of following activities:
- Community mobilization and advance intimation about DAMaN Camp to the villagers.
- Assisting the MPHWs for organising DAMaN Camp and facilitating the DAMaN activities including DAMaN Camp.
- Counselling the community by door to door visit
- Follow up for the drug compliance of malaria positive cases (Pf – 3 days, Pv – 14 days and mixed infection, 14 days) and adverse events if any along with appropriate vector control measures.
- The volunteer will get his/her incentive for total camp days (irrespective of number of camp days conducted) for attending the camps and follow up of drug compliance and community awareness activity.

NB: HWs will certify the activities of volunteers for payment of incentives.

Criteria for selection of inaccessible villages/hamlets

The following criterion needs to be followed for selecting inaccessible villages/hamlets in a block.

a. Bad road communication / no communication throughout the year /Hard to reach areas (district specific).
b. Non availability of any type of health service providers like MPHW or ASHA to provide service within 24 hours of onset of malaria symptoms (This may be the situation where the ASHA or Sub-centre (SC) staff resides 1km away from the said village/hamlet or any other factors that may be locally prevalent)
c. Cut off from the SC/ PHC/ Block CHC head quarter during rainy season
d. Persisting Left wing extremism problem
e. All PVTG population
f. Barrier for the health service provider due to Wild animals / Dense Forest cover
g. All foothill and hilltop villages/hamlets aligned to nearby DaMAN village
h. *Special Criteria for conducting DAMaN camp in non DAMaN areas*
   a. *Villages/hamlets having TPR > 1, based upon Routine surveillance data*
   b. *Detection of positive cases (local infection)in villages/hamlets which was reporting zero positive case in last 3 months*

Revised Time Line for DAMaN:

Activities	Jan-March (preparatory)	April – June	Sept-Nov	Jan-March
Approval of the Revised proposal (DAMaN) by Govt.				
Orientation of District Team at State Level				
District sensitization and developing dist micro plans and approval by the dist. Collector				
Training manual & materials to reach districts and be used				
IEC & BCC materials to reach DAMaN CHC and be used				
Supply of required drugs and logistics				
Training of District and Sub District level staff				
Non- ASHA FTD identification and training				
Non- ASAH FTDs become functional by using RDT and Anti-malarials				
IEC & BCC and social mobilisation				

Activities				
1st round Camp and IRS/ITN				
ITN Impregnation (Non LLIN areas)				
Computer Software, data entry and analysis				
2nd Round Camp & IRS				
3rd round Camp & ITN				
Evaluation and operational studies				

NB: Other modalities for DAMaN camp will remain same as per the previous guidelines.