

Malaria scenario in North East India

Malaria is still a key concern in the public health sector of India. India accounts for approximately two thirds of the confirmed cases reported in the South-East Asia region. Northeast India contributes around 10% to 12 % of the Malaria cases. This region shares 90% of its border with foreign countries. However considerable areas of this region are hilly, difficult and inaccessible. The region is a melting pot of different communities mostly belonging to tribal communities. And with this setting North East India has become a malaria endemic region

Intensified Malaria Control Program-II (IMCP-II)

GFATM Round Nine Intensified Malaria Control Project –II (IMCP-II) is a powerful intervention to reduce the malaria cases and deaths in the Northeast region of India. The well crafted public-private partnership model has involved the NGOs of national repute having local presence as well in achieving the targets set under Millennium Development Goals or at least reduction in malaria related morbidity and mortality to 30 per cent by 2015. The IMCP-II leverages the Government of India's efforts to improve malaria prevention and treatment for about 42.5 million people in 86 high endemic districts in the North East states of the country. VHAI has been running the IMCP II in 1074 villages spread over 13 high endemic malaria-prone districts of four states in North East India from October 1, 2010 onwards. These states are Assam, Arunachal Pradesh, Manipur and Tripura. VHAI is one of the sub-recipient partners of the Caritas India Consortium.

VHAI is directly looking after the implementation of the project in

- East Siang, West Siang, Lower Subansiri districts of Arunachal Pradesh
- Imphal East, Chandel and Tamenglong of Manipur

Through SSRs (Sub Sub Recipient) VHAI is looking after

- Goalpara, Kokrajhar and Chirang districts of Assam through SSR VHA Assam
- North Tripura, Unakoti, South Tripura and Gomati districts of Tripura through SSR VHA Tripura

Far sighted vision and well drafted strategies have set the objectives which include

- Distribution and use of effective preventive measures (LLIN) in high risk project areas.
- Early parasitological diagnosis (using RDT). CHVs screen the fever cases using RDT.
- Prompt and effective treatment (using ACT).
- Application of locale and context specific behaviour change communication (BCC) activities
- Planning and management, monitoring and evaluation, coordination and partnership development and, training/ capacity building to improve service delivery in project areas

1. BCC Activities:

The array of BCC activities Infotainment, Community Message Dissemination (CMD), Miking and School Activities have been conducted to build the positive health seeking behaviour of the community.

State	District	No. Of Villages covered by VHAI					
			Infotainment	Miking	CMD	People reached through CMD	LSA
Assam	Goalpara	Goalpara	42	40	42	905	1
	Chirang	Chirang	10	19	10	295	1
	Kokrajhar	Kokrajhar	17	29	17	490	1
Tripura	North Tripura	North Tripura	12	22	11	234	0
	Unakoti	Unakoti	11	19	11	238	0
	South Tripura	South Tripura	14	34	14	290	1
	Gomati	Gomati	18	37	19	410	0
Manipur	Imphal East	Imphal East	40	98	31	675	1
	Chandel	Chandel	41	80	35	829	0
	Tamenglong	Tamenglong	44	156	47	1089	0
Arunachal Pradesh	East Siang	East Siang	6	19	1	34	0
	West Siang	West Siang	6	10	5	128	0
	Lower Subansiri	Lower Subansiri	13	29	15	331	1
Total P 20		1074	274	592	258	5948	6





2. Trainings of ASHAs and CHVS

ASHAs and CHVs are the first contact points of the community at village level. In order to build up their capacity, the trainings for them have been conducted. These trained up ASHAs and CHVs are taking initiative in identification of fever cases and their treatment and providing as linkages between the community and the public health care service delivery system and has led to early detection and treatment.

ASHA Trainings

Sl. No	District	No. of ASHAs Trained
1	West Khasi Hills	162

ASHA TRAINING IN WEST KHASHI HILLS



ASHA Trainings at West Khasi Hills

Diagnosis and treatment:

For the NGO partners of the project, the diagnosis and treatment has been directly related to the supply and availability of RDT and ACT along with other supplies from government

Quarter and district wise report is as follows:

State	District	No. Of village covered by VHAI	RDT conducted	Slides with RDT Conducted	Slides without RDT conducted	Total PF Cases treated	Total PV Cases Treated
Assam	Goalpara	170	733	301	0	15	4
	Chirang	38	329	248	0	3	1
	Kokrajhar	56	459	459	0	3	0
Tripura	North Tripura	44	1329	0	69	216	17
	Unakoti	42	401	0	34	48	0
	South Tripura	62	875	0	98	86	3
	Gomati	74	867	0	77	24	0
Manipur	Imphal East	134	603	129	0	2	1
	Chandel	148	318	1	0	0	0
	Tamenglong	171	441	0	0	0	0
Arunachal Pradesh	East Siang	56	428	101	102	0	12
	West Siang	21	273	9	87	0	0
	Lower Subansiri	58	464	76	41	0	1
Total		1074	7520	1324	508	397	39

Supervisory Visits :

14 nos of villages were visited from RPMU in this quarter viz: 3 nos in East Siang, 3 nos in West Siang, 4 nos in North Tripura and 4 nos in South Tripura. Besides there were 29 Supervisory visits by DPOs.

Important Events during P 20

Bi- Annual Planning and Review Meeting of the Consortium

VHAI Project staff attended Biennial Planning and Review Meeting on 9th and 10th September conducted by Caritas India Consortium for activities to be conducted for closure of IMCP II and rolling out IMCP III.

Annual Planning and Review Meeting of VHAI

Under the chairmanship of Strategic Advisor of VHAI, there was a planning cum review meeting for the project staff under VHAI to discuss the procedures for implementation for rolling out IMCP III.

A glance of the success stories of P 20

FS is Molding Active CHVs in Goalpara

Field Supervisors are the key contact points for CHVs. Good Performance of a CHV is the reflection of a good leadership of a field supervisor. FS Sangita K Sangma is a testimonial to this. She joined in January, 2015 and was allotted 22 villages under Rangjuli PHC of the district. Though a new entrant in this project, she picked up her work successfully in a short span of time. Her active guidance and support made the CHVs to perform well, who were previously not so active in RDT screening. This has as well led to the highest no. of Pf positive case detection from her area. She is also well monitoring the

BCC activities of the CHVs to ensure quality. Sangita has not even attended formal training, but still IMCP 2 is getting scintillating performance from her. Till the month of July 338 RDT screening were conducted by the CHVs under her jurisdiction and 24 Pf cases were diagnosed and treated. Kudos to her dedication and commitment.



Witness the true colours of a CHV from Pasihat

Hardworking, dedicated and committed CHVs have so much to offer to the community through IMCP2. Mr. Tapun Tamat, CHV of Takilalung village of East Siang is a glaring example of this. He has been in IMCP since the inception of the project. Not only the people from his village but his hard work for Malaria Prevention and Control ropes in fever cases from nearby villages too where there is sub-centre as it does not open on time. Even if it is late night, he conducts RDT Screening. If directly comes to DPMU with the indent for RDT, Slide or Medicine if he sees the process of getting them through Field Supervisor will be delayed. In evening time, when he is free, he usually calls the villager and discuss about prevention and control of malaria. In this July month when East Siang was under dengue outbreak he called the villagers and inform about dengue disease signs and symptoms and where to go for diagnosis. Kudos to Mr Tapun Tamut who is a Community Health Volunteer in the truest sense.