

Multi-sectoral coordination and inter-departmental roles

Jal Nigam

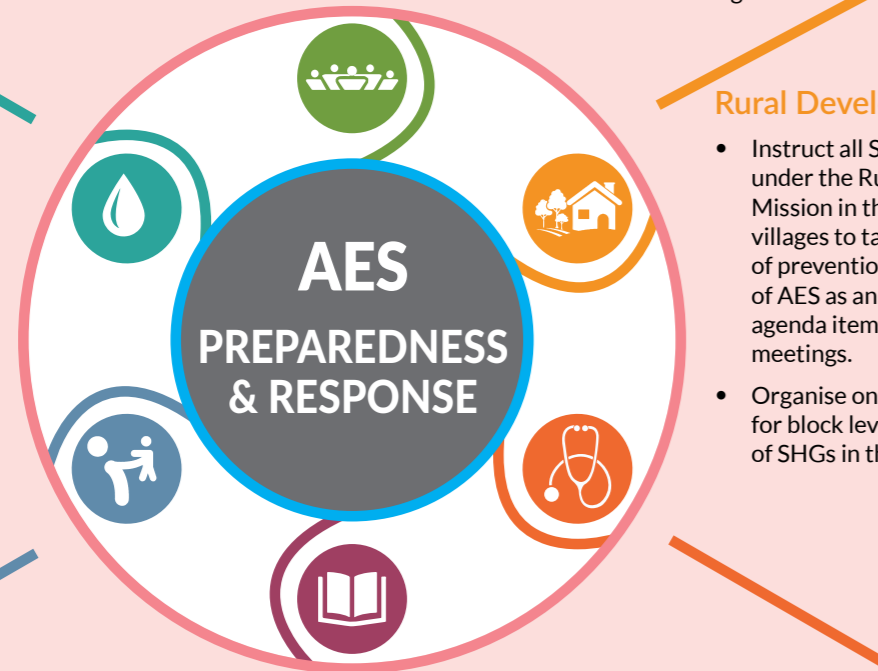
- Initiate special drive for water quality testing of all drinking water sources in high risk villages.
- Use drinking water only from India Mark II handpump and not shallow pump.
- Based on the result of water quality test, take appropriate measures for chlorination of drinking water sources in high risk villages.
- Special drive for maintenance of broken platforms of all the hand pumps in these villages.

Department of Panchayati Raj

- Identify families practicing open defecation in these high risk villages (Gramin) and link them with Swachh Bharat Mission and construct household toilets for them.
- Promote handwashing with soap after using toilet and before touching food.
- Prioritise these high risk villages to make them ODF villages.
- Initiate special drive for environment cleanliness, identifying places of water logging in these villages and take appropriate measure to control it.
- Prepare a plan of action for fogging in these high risk villages.
- Coordinate with Health and other departments for rodent control drives in villages.

Women & Child Development

- Organise meeting of mothers at all the Anganwadi centre, weekly, to orient them about AES/JE. For this they can use the tools developed by the government, partners and UNICEF.
- Instruct all anganwadi workers and attendants to conduct home visits for dissemination of information related to AES.
- Keep a vigil on the malnourished kids as their susceptibility to disease is higher.



Rural Development

- Instruct all SHGs formed under the Rural Livelihood Mission in these high risk villages to take up the issue of prevention and treatment of AES as an important agenda item in their weekly meetings.
- Organise one-day training for block level associations of SHGs in these blocks.

Education Department

- Identify one teacher as health nodal teacher in schools falling in these high risk villages.
- Coordinate with the Health Department for orientation of identified nodal teacher.
- Instruct school to introduce message on prevention and treatment of AES during school prayer.
- Instruct schools to organise events such as quiz, painting competitions etc. in schools to orient students on AES.
- Organise special classes, especially in upper primary schools on prevention and treatment of AES.

Health Department

- Organise special drive for JE vaccination.
- Organise one-day orientation of FLWs from identified high risk villages by trained HEOs.
- Ensure that all the IEC materials are available with the FLWs in the high risk villages.
- Organise monthly meeting on progress of activities in these high risk villages.
- Use of reporting formats by FLWs at the village level and monitoring checklist for HEOs.
- Establish an AES/JE War Room in the district for day-to-day monitoring of actions in these high risk villages.
- Ensure that all Encephalitis Treatment Centres (ETC) and other facilities are equipped with services and supplies to address the demand for fever treatment.



DASTAK

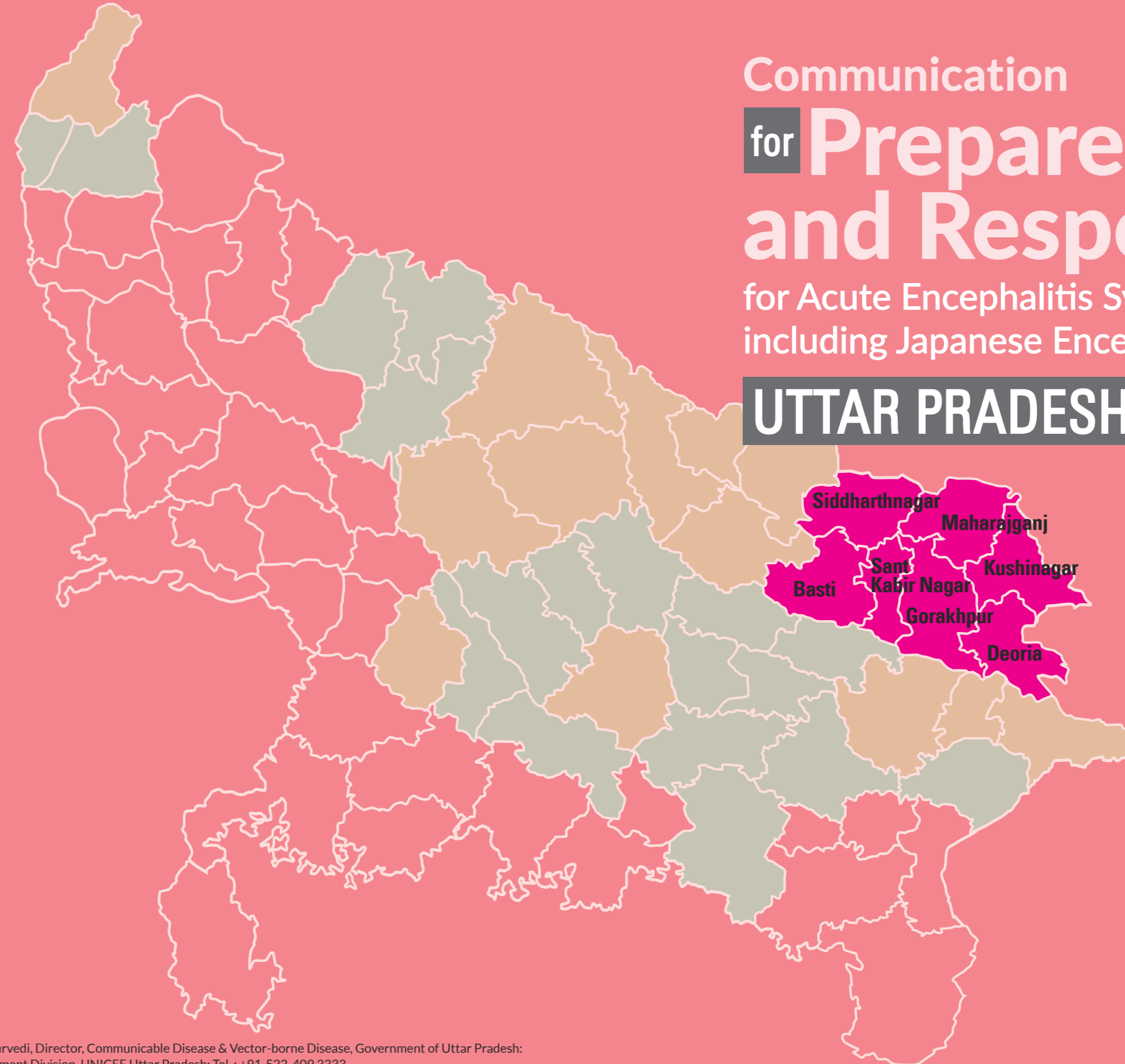
KNOCK AT THE DOOR, KNOCK OUT AES INCLUDING JE

Communication

for Preparedness and Response

for Acute Encephalitis Syndrome including Japanese Encephalitis in

UTTAR PRADESH



Map not to scale

The disease burden

Acute Encephalitis Syndrome (AES) is defined as the acute onset of fever with change in mental status (including symptoms such as confusion, disorientation, coma, or inability to talk and is often accompanied with new onset of seizures (excluding simple febrile convulsion). It is a disease of epidemic potential and is caused by more than 100 different pathogens such as viruses, bacteria, fungi, parasites, spirochetes and others. It has a high case fatality rate (CFR) ranging from 20 to 25 per cent.

In India, the worst affected parts of AES outbreak are border districts of eastern Uttar Pradesh and in Bihar. Eastern UP has been reeling with the recurrent outbreaks of AES including Japanese Encephalitis (JE), Scrub typhus and Enterovirus encephalitis for more than four decades. This region contributes about 60 per cent of the total AES cases occurring all over the country. In 2016, Indian Council of Medical Research (ICMR) reports that 58.3 per cent of cases are of Scrub-typhus, 8.3 per cent of Japanese Encephalitis and 38 per cent are from unknown AES¹.

AES outbreak in Uttar Pradesh

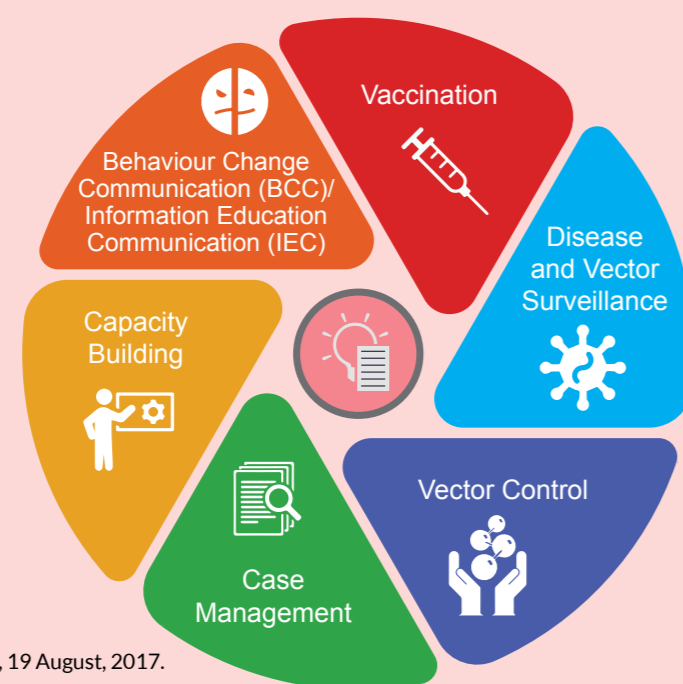
Cases reported from **38 districts**

Epidemic region **20 districts**

High priority **7 districts** of Gorakhpur & Basti divisions

Preparedness and control strategies

AES including JE and Scrub Typhus



¹ICMR presentation to Department of Health and Family Welfare, Uttar Pradesh, 19 August, 2017.

Who is the most vulnerable

It affects children primarily in the age range of 1 year to 15 years but **85 per cent** of the reported cases are under the age of 10

Cases are more in male child as compared to female (**55 per cent**)

Predominance is more in low socio-economic families

DASTAK CAMPAIGN 2018

KNOCK AT THE DOOR, KNOCK OUT AES INCLUDING JE

BARRIERS

Knowledge and awareness: Symptoms of AES including JE, about transportation of the sick child to the health center and lack of target specific communication materials

Service seeking behaviour: Lack of trust about quality government services, delay in treatment from a competent health service provider and inappropriate treatment by the RMPs, quacks and faith healers

Personal and environmental hygiene: Open defecation and unsafe drinking water; and lack of knowledge of safe health services related to clean drinking water, sanitation, hygiene

Capacity for effective communication: Lack of IPC skills among FLWs, school teachers, PRIs and others; and capacity to effectively inform and persuade communities

Inter-sectoral/Inter-departmental action: Lack of coordinated communication efforts by stakeholders, ad-hoc planning and monitoring, and sensationalized media

Dastak Communication for reaching families and communities of children of 1- 15 years of age

Pillar 1: Mass media	Pillar 2: Community mobilisation	Pillar 3: House-to-house visits & group meetings	Pillar 4: School to family
<p>TV public service announcements in Hindi and Bhojpuri on Doordarshan, cable and satellite channels 75 Districts</p> <p>Radio public service announcements in Hindi and Bhojpuri, E-E Programme, Celebrity Call Outs and Radio Jockey announcements on AIR FM, Radio Mirchi and Community Radio Station 38 Districts</p> <p>Print Ads in daily newspapers in select editions (DanikJagran, Amar Ujala and Hidustan) 38 Districts</p> <p>Monitoring Concurrent media monitoring statewide</p>	<p>Faith healers Orient faith healers on AES and reporting any case of fever at the nearest health center 7 Districts</p> <p>IEC materials AES poster and sticker on fever reporting for faith healers 7 Districts</p> <p>PRIs and village head men PRIs and community leaders' meetings on AES to advocate for toilet construction at household level 7 Districts</p> <p>Meetings of village heads and sanitation workers to ensure safe drinking water and environmental sanitation</p> <p>Monitoring Campaign monitoring and reporting of the activities Analysis of fever tracking and epidemiological and social data for course correction</p>	<p>Door-to-door visits 41,899 trained ASHAs, AWWS and ANMs will contact 31,67,141 households throughout 2018 7 Districts</p> <p>IEC materials 1,65,30,032 families and caregivers will have access and use of IEC materials 7 Districts</p> <p>Celebrity household visits 4 celebrity household visits in endemic region 7 Districts</p> <p>Monitoring Campaign monitoring and reporting of the activities Analysis of fever tracking and epidemiological and social data for course correction</p>	<p>Sensitisation of 16 lakh school children to keep a watch for fever in school children 7 Districts</p> <p>School sanitation kits for 600 schools in high vulnerable districts 7 Districts</p> <p>SMCs Sensitisation of members of the School Management Committees and their engagement with community on the issue 7 Districts</p> <p>Monitoring Campaign monitoring and reporting of the activities Analysis of fever tracking and epidemiological and social data for course correction</p>

Dastak Communication: Building capacities of the service providers including Field Level Functionaries (FLF), Health Education Officers (HEOs), schools, Block Community Process Managers (BCPMs)

Pillar 5: Capacity building	Barriers	Training & Refresher	Reach	Districts
	<ol style="list-style-type: none"> Lack of appropriate capacity building in inter personal communication for field level functionaries, schools, and PRIs Field level functionaries have limited capacities to effectively plan, inform and persuade the communities 		41,899 AAAs 193 Block Supervisors and BCPMs 14 DHEIOs and DCPMs	7 Districts

Note: AES communication package will be in use by all 38 districts extensively.