



9th NATIONAL SUMMIT ON GOOD, REPLICABLE PRACTICES AND INNOVATIONS IN PUBLIC HEALTHCARE SYSTEMS IN INDIA



Replicable Practices to Improve Quality of Mass Drug Administration Against Lymphatic Filariasis: Odisha, 2022-25

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LYMPHATIC FILARIASIS (LF) AND ITS BURDEN IN ODISHA

- 100% districts endemic - Only state with two types of parasites
- 3rd in India with its disease load (lymphoedema and hydrocele)
- Mass drug administration (MDA) started in 2004, but only 1/30 (3%) district could stop transmission till 2019

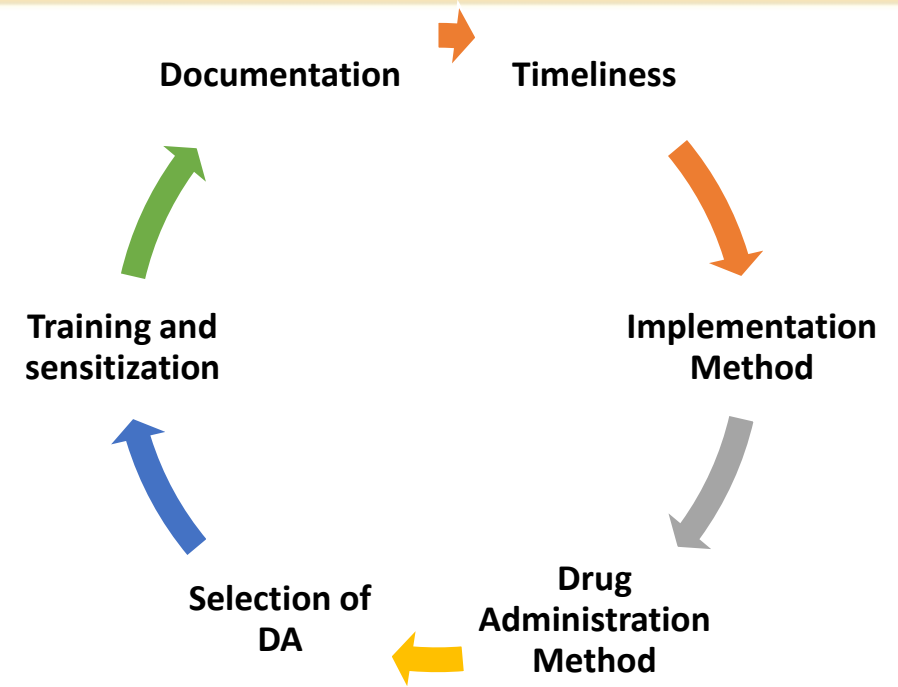
How We Started in Odisha.....

- Guiding principle - Lesson learnt from each campaign
- Collaboration at each level: NVBDCP, RoHFW, WHO, PCI, GHS
- Transparency in data sharing & timely feedback with timely response
- Cohesive action in execution of plan & mid-course correction
- Ensured coverage evaluation by medical colleges



Steps Taken.....

- Developed detail MDA guidelines, microplan and reporting formats
- Started MDA preparations on time with tracking from state and district level
- Set timeline for each activity and reviewed fortnightly for actions
- Started community mobilization from day 1 of preparation
- Focus on planning, training, periodic review, and action taken report as per set timeline



Time-line for Block Level Activities

		Timeline	END Date
I.1	Night Blood Survey In Implementation Units		
I.1.1	Completion of slide collection at all sites of the IU	120 Days prior to MDA	12-Apr
I.1.2	Completion of Slide examination at all sites of the IU	120 Days prior to MDA	12-Apr
I.1.3	Completion of Slide cross checking at all sites of the IU	90 Days prior to MDA	12-May
I.1.4	Completion of Drug Administration to positive cases at all sites of the IU	Immediate after Result	Immediate
I.1.5	Sharing of NBS report of at all sites of the IU with district	90 Days prior to MDA	12-May
I.1.6	Updation of Line list of LF Morbidity cases by ASHA/DA prior to MDA	30 Days prior to MDA	11-Jul
I.2	Block Coordination Committee meeting		
I.2.1	Pre MDA Block Coordination Committee Meeting (BCC Meeting-1)	60 Days prior to MDA	11-Jun
I.2.2	Pre MDA Block Coordination Committee Meeting (BCC Meeting-2)	15 days prior to MDA	26-Jul



Activities on Drug Administrator (DA) Empowerment

Before 2022-23

- One DA per 250 population for House-to-House (HtH) activity
- No guidance on mobile/fixed site DA (school, colleges, offices, hospitals)
- One training of trainer's (ToT) batch per district
- One day DA training covering all topics

After 2022-23

- Two DA per 1000 population for House-to-House (HtH) activity
- One DA for 500 population with remuneration **(unique in Odisha)**
- Rationalization of ToT batches based on IUs in a district **(unique in Odisha)**
- Biphasic DA training with separate curriculum and pre-MDA community survey/mobilization **(unique in Odisha)**



Demand Generation and Community Participation

Before to 2022-23

- Completely driven by IEC like banner, posters, leaflets etc.
- Only ASHAs were responsible for awareness
- No special support in Urban and peri Urban areas
- No concept of village level social mobilisers
- Funds for high priority village sensitization meeting

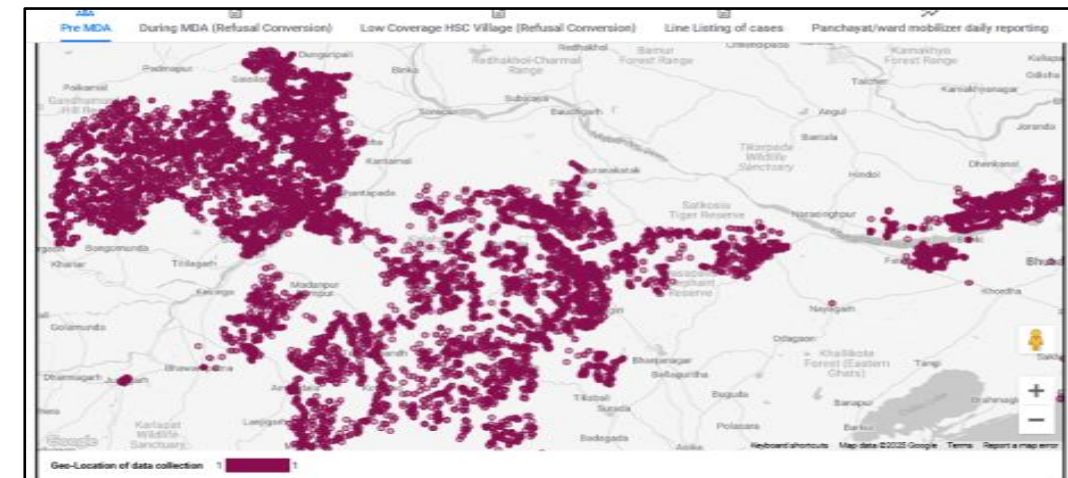
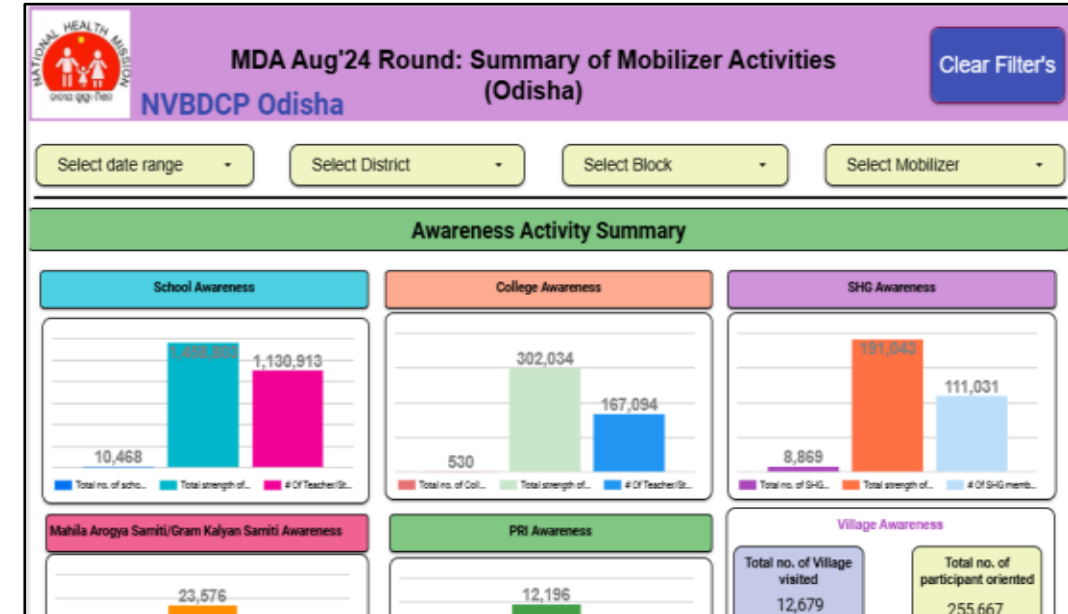
After 2022-23

- Focus shifted to IPC by empowering DAs with logistics and training 1 month prior to MDA (**unique in Odisha**)
- Engaged field functionaries of Education, W & CD, mission shakti department PRI members, popular doctors
- Involved of Rotatory International in urban areas (**unique in Odisha**)
- Engaged one social mobilisers per 2-3 panchayats/urban wards (**unique in Odisha**)
- All village level sensitization meeting without extra financial burden (**unique in Odisha**)



Model of Social Mobilization & Community Participation

- 1 Mobilisers per 2-3 panchayats/wards
- Activities
 - School/College/Officer sensitization
 - Village level sensitizations
 - PRI member sensitization
 - SHG sensitization
 - Community meetings
- At least 4 activities/day, tracked on real-time basis by mobile app with geo-tagging



Improved Documentation and Use of Data for Action

Prior to 2022-23

- No formal daily coverage reporting by drug administrator
- No formal daily coverage reporting by supervisor
- No tracking of coverage, refusals and drug side effects
- No formal review of campaign preparedness and mid-MDA review

After 2022-23

- Formal daily coverage reporting ensured with intense monitoring
- Online supervisor coverage reporting system introduced (**unique in Odisha**)
- Daily supervisor (village wise) tracking of refusals, side effects and coverage done, list of high priority areas identified (**unique in Odisha**)
- Fortnight review by senior state officials based on tracking sheet as per set timeline and coverage (**unique in Odisha**)



Implications on Program Management

Implication	Result	Benefits
• DA requirement	Decreased	Accountable manpower ensured
• Training load	Decreased	Training quality improved
• Logistics load	Decreased	Timely procurement ensured
• Supervisor requirement	Decreased	Better quality supervisor engaged
• Incentive to DA	Increased	Rational payment, motivated DA
• Ownership at all level	Increased	Timeline met; Responsibility shared
• Positive competition among districts for improvement	Increased	Campaign at night when maximum family members present at home (unique in Odisha)



Trend of MDA Campaign Achievement, Odisha 2021-24

Avg. Mf Rate 2021	MDA 2021 Compliance (%)			Avg. Mf Rate 2022	MDA 2022 Compliance (%)			Avg. Mf Rate 2023	MDA 2023 Compliance (%)			Avg. Mf Rate 2024	MDA 2024 Compliance (%)		
	Govt.	WHO	Medical College		Govt.	WHO	Medical College		Govt.	WHO	Medical College		Govt.	WHO	Medical College
6	88	78	84	3	85	79	86	0.88	87	77	81	0.31	88	78	84

Variation between administrative coverage and independent evaluated coverage is $\leq 10\%$ with decline in overall microfilaria rate (**unique in Odisha**)



Block Wise Evaluated Compliance, 2022-2024

2022

No. of District = 16

79%

2023

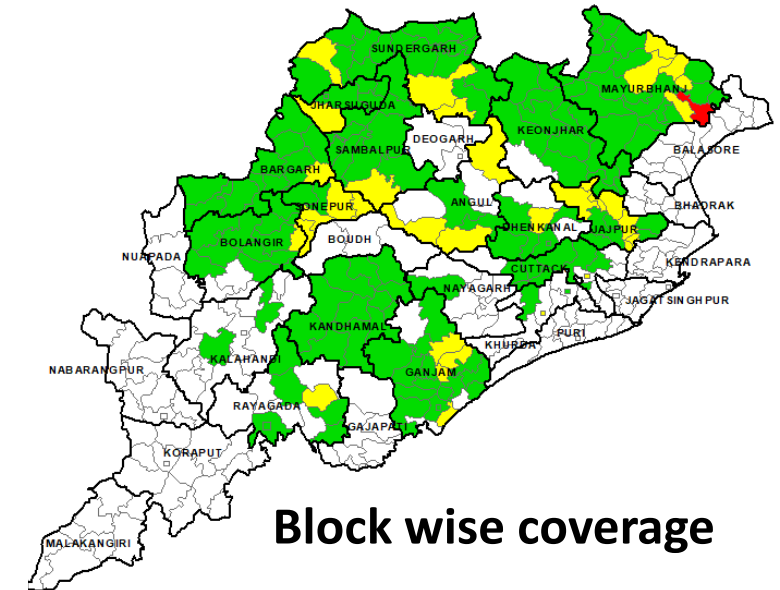
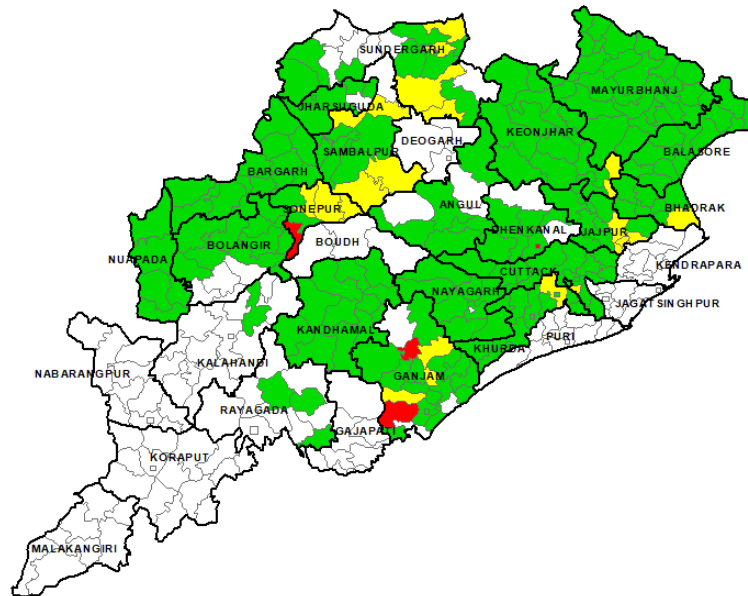
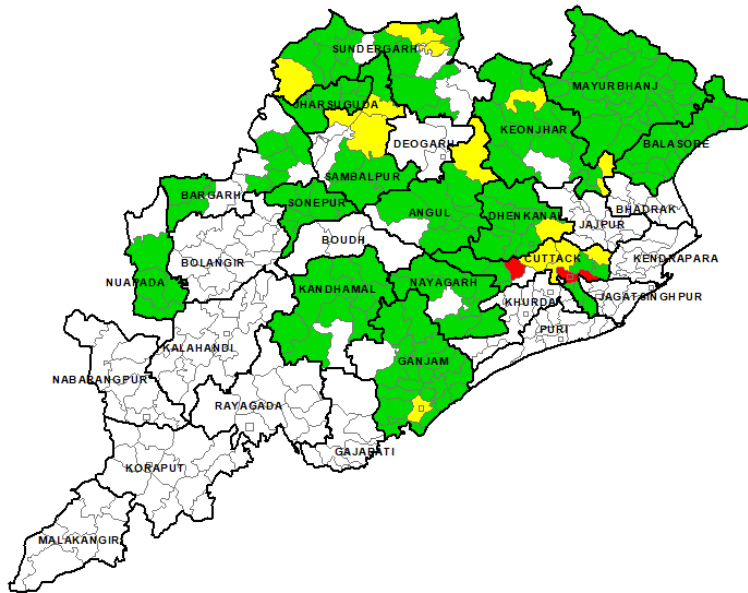
No. of District = 21

77%

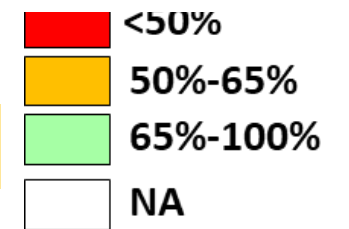
2024

No. of District = 18

78%



Block wise coverage



Quality of Coverage is sustained over the years as per independent evaluation

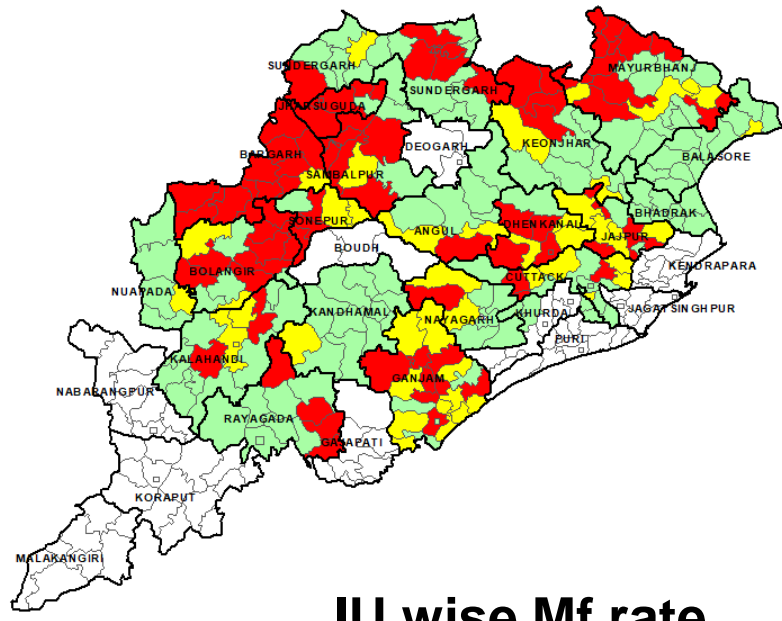
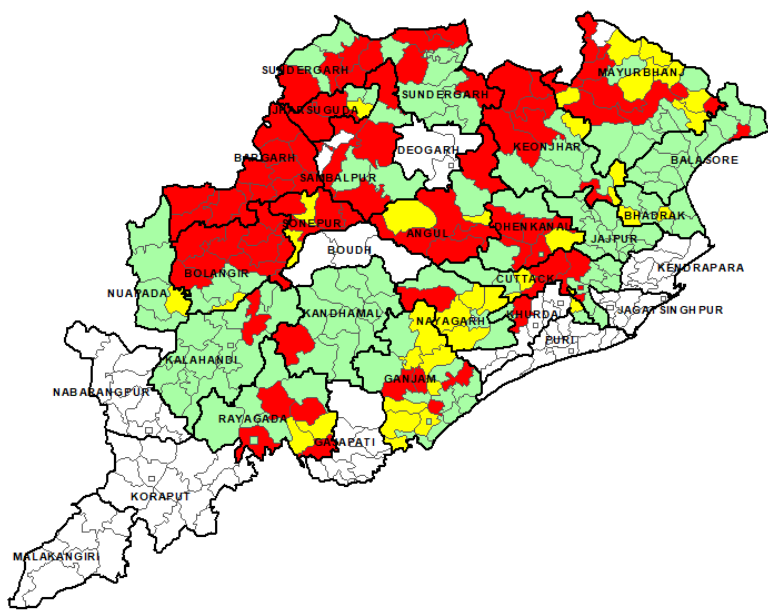
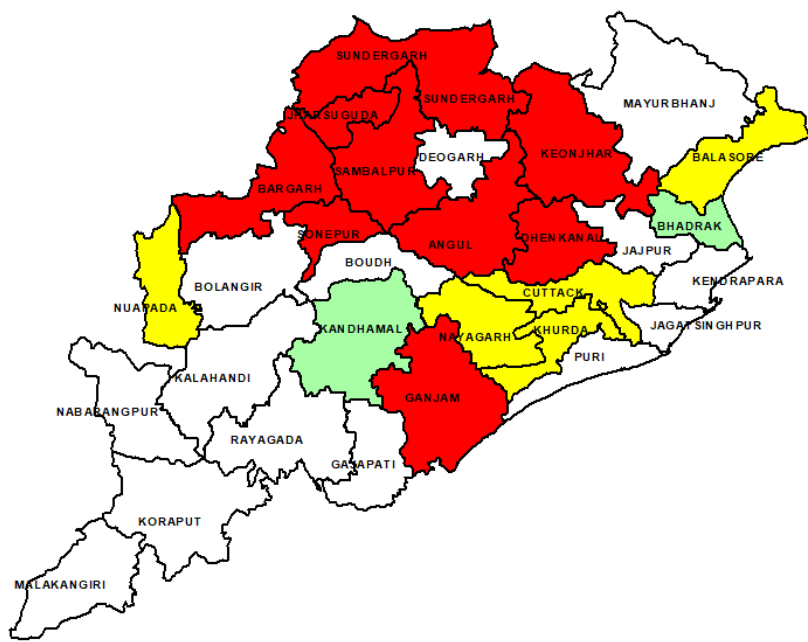


Trend of Micro-filaria Rate, Odisha 2022-24

2022

2023

2024



IU wise Mf rate

- Mf rate 0
- Mf rate <1
- Mf rate ≥ 1
- NA

Transmission is in decreasing trend as evident from yearly microfilaria survey



What We Have Achieved So Far.....

- **Till 2019, 1/30 (3%) stopped transmission, in 2024, 9/30 (30%) districts stopped transmission**
- **Till 2019, 482 IUs had implemented MDA , in 2024, 244 IUs are implementing MDA**
- **6 districts already submitted dossier for state level validation of filaria elimination**
- **100% schools, colleges and village level health and sanitation committees sensitized in MDA campaign areas for improved drug compliance**



Ensuring Quality of Monitoring

- GPS enabled app-based data collection with multiple internal checks
- Real time feedback sharing in official WhatsApp groups at block and district level for immediate action
- Real time GPS based location tracking of campaign monitors

Upload Results

consequent 2025-02-25 mediakia muchudikia - Success

consequent 2025-02-25 rebingia balakia - Success

consequent 2025-02-25 rebingia salakia - Success

consequent 2025-02-25 mediakia sitapadi - Success

consequent 2025-02-25 mediakia nuasahi - Success

OK

Mobile App data collection

WHO Monitoring To Evaluate MDA Preparation and Team Efforts: MDA February 2024, Odisha

World Health Organization India

STATE: ODISHA
STATE COORDINATOR: DR BISWA PRAKASH DUTTA
REPORT TYPE: COMULATIVE (DAY 11)
REPORT DATE: 20 February 2024

Team Monitored			Household Monitored	
District	No. Team Monitored	% Team Found Working	District	Household Monitored
KALAHANDI	57	100	BMC	540
CUTTACK	382	100	BOLANGIR	3293
KHORDHA	111	99	CMC	230
RAVAGADA	258	99	CUTTACK	1991
BOLANGIR	623	99	KALAHANDI	325
KANDHAMAL	510	98	KANDHAMAL	2718
NAVAGARH	81	96	KHORDHA	620
BMC	97	96	NAVAGARH	445
CMC	45	91	RAVAGADA	1620
Total	2164	98	Total	11782

Drug Administration efforts by Team (% household monitored)

State: Consumption (12%), Distribution (4%), Both

District-wise		
District	% Consumption	% Distribution
CMC	78	12
CUTTACK	67	9
KANDHAMAL	77	6
KHORDHA	67	5
BMC	80	5

Real-time dashboard sharing

Geo-location tracking of monitors



Inauguration of MDA by Hon'ble Health Minister, Odisha



MDA August 2024, Angul district



MDA Feb 2025, Kandhamal district



Review, Analysis and Action to Improve

State level review meetings by senior officials



Review, Analysis and Action to Improve

Review by District Collector



Review at block by Medical Officer



Night MDA and Refusal Conversion at Night



Cost Implications, Replicability, Scalability

- No extra budget allocated other than NHM PIP approved budget
- Focussed planning at each level, timely preparations, regular review, inter sectoral collaboration and accountability ensured at all level
- This can be replicable and scalable against all constraints in all states



Challenges and Way Forward

Challenges

- As the elimination process is of 8 -11 years, persistent focus and momentum till elimination should be maintained
- Number of tablets (4-8) per person is a psychological barrier for community for consumption, suggested to increase the strength of tablets
- Less payment to drug administrators and supervisors

Way Forward

- Continued advocacy, persistent action
- Robust preparatory phase and use of technology to ensure quality
- To establish MMDP clinic at Ayushman Arogya Mandir
- Post validation surveillance for those districts who have stopped transmission





Elimination cannot happen in one day, but it will happen one day



Let's Collaborate to Eliminate Lymphatic Filariasis From India

