प्रेषक,

मिशन निदेशक,
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन,
उत्तर प्रदेश, लखनऊ।

सेवा मे,

मुख्य चिकित्सा अधिकारी,
बस्ती, संत कबीर नगर, सिद्धार्थनगर, गोरखपुर, देवरिया, कुशीनगर, महाराजगंज, बहराइच एवं लखीमपुर खीरी ।

पत्र सं0: एस0पी0एम0यू0/NVBDCP/JE/AES/16/2012–13/2545-9 दिनांक: 21/12/.2012

विषय: नेशनल वेक्टर बार्न डिजीज़ कन्ट्रोल प्रोग्राम के अन्तर्गत वित्तीय वर्ष 2012–13 के लिए जे0ई/ए0ई0एस0 हेतु अवमुक्त धनराशि एवं तद्सम्बन्धी दिशा–निर्देश के संबंध में।

महोदय,

राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के नेशनल वेक्टर बॉर्न डिजीज़ कन्ट्रोल प्रोग्राम के अन्तर्गत जे0ई/ए0ई0एस0 हेतु जे0ई/ए0ई0एस0 प्रभावित 9 जनपदों (बस्ती, संत कबीर नगर, सिद्धार्थनगर, गोरखपुर, देवरिया, कुशीनगर, महाराजगंज, बहराइच एवं लखीमपुर खीरी) में 10 शैय्याओं वाले इन्टेन्सिव केयर यूनिट का निर्माण, उपकरणों की व्यवस्था एवं आवश्यक संविदा कर्मी की तैनाती हेतु कुल ₹ 2301.22 लाख (तेईस करोड़ एक लाख बाइस हजार मात्र) की धनराशि तथा भारत सरकार द्वारा जनपद कुशीनगर हेतु अनुमोदित की गई मॉडल कार्ययोजना के अनुरूप जे0ई/ए0ई0एस0 प्रभावित आठ जनपदों तथा राज्य मुख्यालय हेतु कुल ₹ 481.284 लाख (चार करोड़ इक्यासी लाख अट्ठाइस हजार चार सौ मात्र) की धनराशि का अनुमोदन भारत सरकार के पत्र संख्या 10 (33)/2011–एन0आर0एच0एम0–1 दिनांक 21.12.2011 द्वारा प्रदान किया गया है।

2. महानिदेशक, चिकित्सा एवं स्वास्थ्य द्वारा निम्नलिखित तालिका के अनुसार सम्बन्धित जिला स्वास्थ्य समिति/महानिदेशक, चिकित्सा एवं स्वास्थ्य के खाते में धनराशि अवमुक्त किए जाने का अनुरोध किया गया है–

क सं	जनपद का नाम	चिकित्सालय का नाम	10 शैय्याओं हेतु जनपदों को कुल अवमुक्त की जा रही धनराशि	आई0ई0सी0/ बी0सी0सी0 हेतु जनपदों को कुल अवमुक्त की जा रही धनराशि	अवमुक्त की जा रही कुल धनराशि
1	बस्ती	जिला चिकित्सालय	242.86	51.19	536.91
		ओपेक चिकित्सालय, कैली	242.86		
2	सन्तकबीरनगर	जिला संयुक्त चिकित्सालय	242.86	43.94	286.80
3	सिद्धार्थनगर	जिला संयुक्त चिकित्सालय	242.86	61.65	304.51
4	गोरखपुर	जिला चिकित्सालय	115.48	91.01	206.49
5	देवरिया	जिला चिकित्सालय	242.86	51.54	294.40
6	कुशीनगर	जिला संयुक्त चिकित्सालय	242.86	0.00	242.86
7	महाराजगंज	जिला संयुक्त चिकित्सालय	242.86	65.56	308.42
8	बहराइच	जिला चिकित्सालय	242.86	60.00	302.86
9	लखीमपुर खीरी	जिला चिकित्सालय	242.86	52.39	295.25
महानिदेशक, चिकित्सा एवं स्वास्थ्य के खाते में अवमुक्त किए जाने हेतु प्रस्तावित धनराशि			0.00	4.00	4.00
कुल धनराशि (₹ लाख में)			**2301.22**	**481.28**	**2782.50**

3. महानिदेशक, चिकित्सा एवं स्वास्थ्य के प्रस्ताव के क्रम में महानिदेशक, चिकित्सा एवं स्वास्थ्य हेतु आई0ई0सी0/बी0सी0सी0 मद में प्रस्तावित धनराशि ₹ 4.00 लाख को छोड़कर (महानिदेशालय स्तर पर खाते बन्द होने के कारण) उपर्युक्त तालिका के अनुसार राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अन्तर्गत वर्ष 2011–12 में उपलब्ध

मिशन फ्लेक्सीपूल की अनकमिटेड अस्पेन्ट धनराशि से सम्बन्धित जिला स्वास्थ्य समिति को अवमुक्त की जा रही है।

4. अवमुक्त की जा रही धनराशि का उपयोग महानिदेशक, चिकित्सा एवं स्वास्थ्य द्वारा उपलब्ध कराए गए जनपदवार गतिविधिवार मदवार फांट के अनुसार (विवरण संलग्न) भारत सरकार द्वारा प्रेषित "ऑपरेशनल गाइडलाइन फॉर फाइनेन्सियल मैनजमेण्ट" में निहित प्राविधानों तथा दिशा–निर्देशों के अनुरूप ही किया जाए।

6. कार्यक्रम से सम्बन्धित भौतिक एवं वित्तीय प्रगति रिपोर्ट निर्धारित प्रपत्र पर समयान्तर्गत मिशन निदेशक तथा महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, उ0 प्र0 को नियमित रूप से प्रेषित की जाये।

संलग्नक–यथोक्त

भवदीय,

(मुकेश कुमार मेश्राम)
मिशन निदेशक

पत्र सं0: एस0पी0एम0यू0/NVBDCP/JE/AES/16/2012–13/8115-9-6 तद्दिनांक

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

1. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवाएं, स्वास्थ्य भवन, उ0 प्र0, लखनऊ।
2. महानिदेशक, परिवार कल्याण, उ0 प्र0, लखनऊ।
3. सम्बन्धित मण्डलायुक्त।
4. सम्बन्धित जिलाधिकारी।
5. सम्बन्धित मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण।
6. निजी सचिव, प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ0प्र0 शासन को प्रमुख सचिव महोदय के अवलोकनार्थ प्रेषित।

(मुकेश कुमार मेश्राम)
मिशन निदेशक

Table-2

Fund transfer for 10 beded ICU Establishment/functioning in 10 hospitals in 9 AES/JE affected districts

S.no.	Name of Districts/Society	Hospital	Amount to be transferred in Lacs
1	Gorakhpur	District Hospital	115.48
2	Maharajganj	District Hospital	242.86
3	Deoria	District Hospital	242.86
4	Kushinagar	District Hospital	242.86
5	Basti	District Hospital	242.86
		Opec Hospital, Kaili	242.86
6	Siddharthnagar	District Hospital	242.86
7	Santkabir Nagar	District Hospital	242.86
8	Baharaich	District Hospital	242.86
9	Lakhimpur Kheri	District Hospital	242.86
Total			2301.22

Amount :- Twenty Three Crores one lacs and Twenty Two Thousands Only:

Director General
Medical & Health Services

निदेशक
संचारी रोग / वेक्टर
स्वास्थ्य सेवा महा
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Sl No.	Components	Activity	No. of Participants	No. of Batches	Gorakhpur	Maharajganj	Deoria	Basti	St Kabir Nagar	Siddharth Nagar	Baharich	Lakhimpur Kheri	State Head Qtr.	Amount (In Rs.)
1	Disease Surveillance	(i) Capacity building and case management	25 / batch for 8 Districts	16	315000	100000	100000	100000	100000	100000	150000	100000		1065000
2	Diagnosis facility	(i) Training	10 / batch for 8 Districts	8	45000	9000	9000	10000	10000	9000	9000	10000		111000
		ii) Reagent, etc.	--	--	150000	50000	150000	50000	50000	50000	100000	50000		650000
3	IEC / BCC	**Advocacy Meeting --** i) ASHa/AWW.	3000 / Distt. For 8 distt. = 18000	100 / distt. For 8 distt. = 800	642000	411000	531000	300000	200000	270000	915000	300000		3569000
		ii) Traditional Healer	200 / distt. For 8 distt = 1200	4 / distt. For 8 distt. = 32	40000	20000	20000	20000	20000	20000	30000	20000		190000
4	Disease Surveillance	Incentives for ASHAs	--	--	100000	60000	80000	100000	100000	60000	100000	100000		700000
5	Vector Control	(i) Surveillance Technical Malathion (4 MT)	4 MT per distt. For 8 distt.	32 MT for 8 Districts	500000	625000	500000	500000	375000	625000	600000	500000		4225000
		(ii) Diesel and Pertrol for running foging machine.	For 8 Districts	--	900000	210000	895000	100000	100000	210000	100000	100000		2615000
		(iii) Tiffa machine	For 8 Districts	1 for each District	1200000	1100000		1200000	1200000	1100000	1100000	1200000		8100000
		(iv) Vehicle hiring for Tiffa machine	For 8 Districts	2000 per day for 40 days	80000	80000		80000	80000	80000	80000	80000		560000
		(iv) Pulse fog machine.	20 per District	80 for 8 Districts	1200000	800000	500000	600000	600000	800000	500000	600000		5600000
		(v) Wages fo spray man.		For 8 Districts	324000	300000	124000	124000	124000	300000	308400	124000		1728400
6	IEC/BCC	(i) Community Education and Printing Material.	For 8 Districts.	20000 / PHCs	2855000	1555000	1815000	1695000	1195000	1555000	1695000	1815000		14180000
		(ii) Nukad Natakat, at Block PHC.	--	--										
		(iii) Other Prominent Places	--	--										
		(iv) Advocacy Workshop.	150 / District for 8 Districts	6 baches / District for 8 districts = 48										

स्वास्थ्य सेवा

Sl No.	Components	Activity	No. of Participants	No. of Batches	Gorakhpur	Maharajganj	Deoria	Basti	St Kabir Nagar	Siddharth Nagar	Baharich	Lakhimpur Kheri	State Head Qtr.	Amount (In Rs.)
7	Monitoring and Supervision	Vehicle Hiring for District	–	20 / Distt. For 8 Districts = 160	300000	936000	180000	90000	90000	936000	63000	90000		2685000
		For State Head Qtr	--	--									300000	0
8	Contingency	(i) Three entomological kits, cage, traps, vials, test tubes, stationery and postage etc.			450000	300000	250000	150000	150000	50000	250000	150000		1750000
		(ii) For State Head Qtr. For stationary, computer accessories etc.											100000	0
TOTAL					9101000	6556000	5154000	5119000	4394000	6165000	6000400	5239000	400000	48128400

निदेशक
संचारी रोग / वेक्टर
स्वास्थ्य सेवा महा
स्वास्थ्य भवन

प्रदेश में विशेष रूप से प्रभावित गोरखपुर एवं बस्ती मण्डल के चिकित्सालयों में जे0ई0/ए0ई0एस0 रोगियों हेतु 10 शैय्यायुक्त आई0सी0यू0 वार्ड की स्थापना एवं संचालन हेतु वार्ड निर्माण, आवश्यक उपकरण एवं मानव संसाधन पर अनुमानित व्यय

क्र.सं.	चिकित्सालय का नाम	10 शैय्या युक्त जे0ई0/ ए0ई0एस0 रोगियों हेतु आईसी0यू0 वार्ड के निर्माण पर अनुमानित व्यय (रू0 24.12 लाख)		आई0सी0यू0 वेन्टीलेटर (दर रू0 8.75 लाख प्रति नग)		मल्टीपैरामानीटर (10 नग विद सी0एन0एस0) (दर रू0 10.00 लाख प्रति नग)		नेबुलाइजर (दर रू0 0.04 लाख प्रति नग)		डिफीबिलेटर (दर रू0 2.50 लाख प्रति नग)		सेन्ट्रल ऑक्सीजन डिस्ट्रीब्यूशन सिस्टम फार मेडिकल ऑक्सीजन, कम्प्रेस मेडिकल एयर एवं मेडिकल वैक्यूम (रू0 15.00 लाख)		आई0सी0यू0 बेड, विद बेड साइड लॉकर, आई0वी0 स्टैण्ड एण्ड स्टूल (दर रू0 0.50 लाख प्रति सेट)		15 के0वी0ए0 इन्वर्टर (वेन्टीलेटर के निर्बाध संचालन एवं आवश्यक प्रकाश व्यवस्था हेतु) (रू0 7.50 लाख)		कुल अनुमानित अनावर्तक व्यय (रू0 लाख में)	10 शैय्या युक्त जे0ई0/ ए0ई0एस0 रोगियों हेतु आईसी0यू0 वार्ड के संचालन हेतु आवश्यक मानव संसाधन पर अनुमानित वार्षिक आवर्तक व्यय (रू0 लाख में)	कुल अनुमानित अनावर्तक +आवर्तक व्यय (रू0 लाख में)
		मात्रा	मूल्य	मात्रा	मूल्य	मात्रा	मूल्य	मात्रा	मूल्य	मात्रा	मूल्य	मात्रा	मूल्य	मात्रा	मूल्य	मात्रा	मूल्य			
1	2	3		4		5		6		7		8		9		10		11	12	13
1	जिला चिकित्सालय, गोरखपुर			12	105.00			12	0.48	1	2.50					1	7.50	115.48		115.48
2	जिला चिकित्सालय, देवरिया	1	24.12	10	87.50	1	10.00	10	0.40	2	5.00	1	15.00	10	5.00	1	7.50	154.52	88.34	242.86
3	जिला संयुक्त चिकित्सालय, कुशीनगर	1	24.12	10	87.50	1	10.00	10	0.40	2	5.00	1	15.00	10	5.00	1	7.50	154.52	88.34	242.86
4	जिला संयुक्त चिकित्सालय, महराजगंज	1	24.12	10	87.50	1	10.00	10	0.40	2	5.00	1	15.00	10	5.00	1	7.50	154.52	88.34	242.86
5	जिला चिकित्सालय, बस्ती	1	24.12	10	87.50	1	10.00	10	0.40	2	5.00	1	15.00	10	5.00	1	7.50	154.52	88.34	242.86
6	ओपेक चिकित्सालय, कैली, बस्ती	1	24.12	10	87.50	1	10.00	10	0.40	2	5.00	1	15.00	10	5.00	1	7.50	154.52	88.34	242.86
7	जिला संयुक्त चिकित्सालय, संतकबीरनगर	1	24.12	10	87.50	1	10.00	10	0.40	2	5.00	1	15.00	10	5.00	1	7.50	154.52	88.34	242.86
8	जिला संयुक्त चिकित्सालय, सिद्धार्थनगर	1	24.12	10	87.50	1	10.00	10	0.40	2	5.00	1	15.00	10	5.00	1	7.50	154.52	88.34	242.86
																				1815.50

(महायोग रू0 अठ्ठारह करोड़ पन्द्रह लाख पचास हजार) मात्र

MODEL ACTION PLAN FOR KUSHINAGAR DISTRICT ON PREVENTION AND CONTROL OF AES/JE

1. INTRODUCTION

Japanese Encephalitis (JE) is caused by a virus and is transmitted through mosquitoes. The main reservoirs of the JE virus are pigs and water birds and in its natural cycle, virus is maintained in these animals. Man is an accidental host and does not play role in JE transmission. Children below 15 years are mostly affected. JE is an outbreak prone viral infection having cyclic trend with seasonal phenomenon. Outbreaks of JE usually coincide with the monsoons and post monsoon period when the density of mosquitoes increases. The Case Fatality Rate (CFR) ranges from 20% to 52%.

During the year 2009 a total of 4482 cases and 774 deaths due to AES/JE were reported from 12 states in the country. During 2010, uptil 21th December 4932 AES/JE cases and 678 deaths have been reported in the country. Table below provides epidemiological details of AES/JE cases in the country visa vis districts Gorakhpur and Kushinagar.

	Country		Uttar Pradesh		Kushinagar		Gorakhpur	
Year	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
2008	3839	684	3012	537	768	128	755	137
2009	4482	774	3073	556	785	124	756	144
2010 *	4932	678	3532	492	981	128	1014	129

*Upto 21th Dec. 2010

2. Justification

As is evident from the table above, district Kushinagar is contributing almost identical number of cases and deaths as district Gorakhpur. Both these districts together contribute 55% AES/JE cases 53% deaths in the state of Uttar Pradesh. Government of India has provided many inputs like establishment of Sub Office of Regional Office for Health & Family Welfare, Lucknow, Vector Borne Disease Surveillance Unit and National Institute of Virology at Gorakhpur, besides providing financial assistance of Rs. 5.88 crores for upgradation of BRD Medical College, Gorakhpur which admits approximately 80% of AES patients from Gorakhpur and Basti divisions. It is pertinent to mention here that all the programme components need to be strengthened in district

Kushinagar for creating a significant dent thereby reducing the disease incidence. A good and serious monitoring and supervision will definitely pave the way for achieving the desired target of decreased mortality and morbidity.

3. District Profile

Elucidations of Kushinagar where Gautum Buddha attained Mahaparinirvana (Salvation) can be found in the pages of history. Extending from latitude 26° 45´ North and 83° 24´ East longitude, Kushinagar District of Uttar Pradesh is only 336 km away from the capital city of Lucknow. Spread over an expanse of 2873.5 sq. km, Kushnigar District is flanked by Mahrajganj in the west, Gorakhpur in the southwest, Deoria in the south and Bihar in the east, respectively.

With a populace of 34,77,652, agriculture forms Kushinagar's economic backbone. The district grows sugarcane, paddy, wheat, fruits, and turmeric and also contains a few sugar mills and one distillery. The demographic profile of the district is given below:

°	Population	=	34,77,652
°	Revenue villages	=	1.623
°	Gram Sabhas	=	956
°	Villages/Hamlets	=	3,092
°	Blocks	=	14
°	C.Distt. Hospital	=	1
°	Male /Eye Hosp.	=	1
°	Women Hospital	=	1
°	CHCs	=	6
°	Block PHCs	=	8
°	New PHCs	=	53
°	Sub Centres	=	358
°	ASHAs	=	2912
°	AWW	=	2844

Keeping in view the fact that the state of U.P. contributes approximately 70-75% AES cases and deaths as compared to the total number of cases reported from the rest of the country, a one day National Consultation Workshop was organized by Directorate NVBDCP at district Kushinagar, Uttar Pradesh on 11th December, 2010 under the Chairmanship of Dr. R. K. Srivastava, DGHS, Government of India. The workshop was attended by experts from DGHS, MOH&FW, ICMR, WHO, State Health Authorities, NGO and BRD Medical College. Since Kushinagar contributes large number of AES/JE cases and deaths as is evident from the above table, it was decided that a Model Action Plan for prevention and control of AES/JE with budgetary provisions wherever feasible be prepared and state guided accordingly. A Model Action Plan based on the existing programme strategy has been prepared and is described as under.

4. Disease Surveillance

Presently the district hospital needs to be strengthened for surveillance. JE ward already identified is required to be expanded and upgraded. There is a need to set up a state of art ICU, in district hospital. Drugs and other medicines are required to be procured by the state. Government of India will only cater to capacity building of the pediatricians of the hospital.

Similarly, we require to upgrade CHCs in the district. At present no admissions are reported in the CHCs and the moderately sick patients also are referred to BRD Medical College for treatment. In order to take the patient load off from BRD Medical College and to restore confidence in the public it is mandatory that moderately sick patients of AES get admitted in CHCs. In each CHC atleast 5-10 beds need to be dedicated for treatment of AES/JE patients. Therefore, provision of trained manpower (Clinicians, staff nurses and ward boys) is an important exercise which is required to be carried out besides provision of adequate drugs and other medicines.

In Uttar Pradesh each CHC has been provided with a Health Education Officer (HEO) however, no adequate training has been provided to the officer for dissemination of information to the community on AES/JE prevention and control. It is an irony that HEO often interacts with ASHAs and community members but no efforts are made to educate ASHAs and community on symptoms, personal protection measures, proper sanitation and hygiene as well as early referrals of the patients to PHCs/ CHCs.

Under NRHM ambulances have been provided at PHCs/CHCs for safe transportation of pregnant women, accident victims, serious patients, etc., these transport facilities need to be extended to children suffering from AES/JE symptoms.

Though the focus of primary admission should rest with the CHCs, however, arrangements should also be made to strengthen PHCs where patients with early signs and symptoms be given the treatment and be monitored and supervised by PHC medical officers. Only moderately sick children need to be referred to CHCs. For achieving this objective, ASHAs need to be seriously oriented and encouraged to advise

parents to immediately refer the sick child to the nearest PHCs and not to resort to seeking treatment from faith healers. For this purpose incentive for ASHAs may be provided.

5. Entomological Surveillance & Vector Control for Japanese Encephalitis

Vector Surveillance is an important component of AES/JE programme strategy. Through there is no direct relationship of vector density with impending outbreak of JE, it is needless to mention that vector densities are required to be reduced significantly for avoiding outbreak situations. There is no entomological unit in district Kushinagar nor is there any National Filaria control unit, hence 2 insect collectors each from VBDSU and NIV Gorakhpur unit respectively need to be drawn for carrying out monthly densities during pre-monsoon season and weekly during monsoon season. Based on this entomological input, the district authorities shall carry out fogging operations with technical Malathion in those villages which have reported significantly higher densities. The vector density should include the following methodology:

(A) **Monitoring of vector density**

i. Adult collection of vector of JE by
   a) Indoor resting collection by suction tubes and torch light method. Density to be determined as per man hour density.
   b) Outdoor collection from resting places by HOP cage method. Density to be determined per 10 HOP cage.
   c) Evening bait collection by suction tubes and torch light method. Density to be determined as per man hour.

ii. Larval collection from the probable breeding sites and determination of larval density as per dip for vector of JE.

Note: Adult and larval collection has to be done on weekly basis from two villages of four most affected PHC's in the district.

(B) **Detection of antigen of JE virus in vector mosquitoes for early warning signals.**

a) Adult mosquitoes collected from the field by above method would be sent to NCDC on monthly basis for detection of JE virus antigen in mosquitoes.
b) Based on the antigen detection early warning signals if any would be communicated to state health authority.

(C) **Manpower and logistic required for Khushinagar district**

i. One Entomologist
ii. Two insect collector
iii. One laboratory attendant
iv. One vehicle on hiring basis for 20 days (Approx. 200 Km . per day)
v. Three Entomological kits (Rs. 6000 x 3)

vi. Rs. 50,000/- for miscellaneous items for entomological lab (Cage, Traps, Vials, Test tubes etc.) On yearly basis

vii. Rs. 5000/- contingency expenditure per month for day to day work, forwarding of samples, postage etc.

viii. Two rooms for Entomological Lab in DMO office.

(D) Vector control for JE

i. Fortnightly fogging of malathion by pearls fog machine in the villages reporting JE cases from last 2-3 years

ii. Focal spray/fogging of malathion around 50 houses of a JE case to kill infective mosquitoes and prevent further transmission, if any

(a) The above control measures may be instituted during transmission period and in case of emergencies / outbreak.

6. Diagnostic Facilities

At present district Kushinagar is equipped with a sentinel site which acts both as surveillance as well as sentinel centre. District hospital Kushinagar (Pathology Department) carries out the laboratory diagnosis with the kits supplied from NIV, Pune. However, Pathologist and Senior Technician need to be trained which can be assigned to NIV Gorakhpur Unit. We may support the sentinel site with Rs.50,000/- (Rupees Fifty Thousand) for catering to the maintenance of equipments and for procuring small reagents, if any to be used during the process of processing CSF/ sera samples. For quick results and timely feedback the Nodal Officer (Clinician) in the pediatric department should have a perfect coordination with the pathologist for dispatch of samples along with full details to be recorded on Case Investigation Form and Laboratory Request Form which have already been discussed and circulated in the form of Surveillance Guidelines by Directorate NVBDCP. These guidelines can also be uploaded from NVBDCP website (www.nvbdcp.gov.in).

7. Case Management

Case management occupies a very important role in minimizing morbidity and mortality due to AES/JE infection. In order to achieve better results all the PHCs/CHCs should encourage attendants of the sick children to admit them in the nearest PHCs. Each PHC should have a treatment facility with 1-2 beds dedicated for AES/JE treatment and be equipped with appropriate drugs for treatment (diazepam, mannitol, paracetamol, Intravenous fluids etc.). ANMs at PHCs are required to be trained for handling such patients. Similarly CHCs should also have an identifical facility with more bed strength and dedicated nursing staff as nursing care is considered to be an important input for reducing the mortality as most of the afflicted children remain in semiconscious or unconscious condition. The staff nurses provided at each centre along with district/ sub-

district hospital staff requires a special training on patient care which can be imparted with the help of specialists at BRD Medical College, Gorakhpur, Uttar Pradesh.

Though large number of clinicians and medical officers posted in district hospitals/PHCs and CHCs have been trained on newer treatment strategy which has also been posted on NVBDCP website, however a re-orientation training programme is required to be organized for pediatricians of Kushinagar district hospital and medical officers of PHCs/ CHCs. This can also be worked out in collaboration with BRD Medial College.

7.1 Role of traditional Healers in promoting case management

It has been observed that the presents of sick children initially seek treatment facility from local traditional healers which results in late referrals as the treatment provided does not help in curing the patient but only further aggravating disease situation with a bad prognosis. It is strongly felt that these traditional healers be advocated/advised to further guide such sick patients for admission to peripheral/ tertiary care hospitals.

7.2 Role of ASHAs

ASHA can play an important role in educating people to immediately refer the sick children to the health care institutions. Even if the patients are referred to PHCs, for initial treatment, the attending medical officer based on his clinical acumen can attempt to treat moderately sick patients and refer serious cases to tertiary hospital.

8. Circulation of non JE viruses in Gorakhpur division

National Institute of Virology, Pune has established the circulation of non JE viruses like entero-viruses (EV-76 & 89 strains) as out of 302 sera/CSF samples collected during 2005 outbreak, 20% of (EV-76 & 89)strains were detected & isolated through RT-PCR. After establishment of NIV field station at Gorakhpur approximately 2% of entero-viruses have been detected since 2008 alongwith 16-20% EVs from rectal swabs. These results indicate that a two pronged attack towards prevention of water borne and vector borne diseases is to be launched with a renewed vigor. For control of entero-viruses, the following steps are to be taken immediately.

- Provision of India mark II hand pumps in all the villages
- Convergence with school health programmes for disseminating information on causation and prevention of AES. An intensive IEC/BCC campaign at community level highlighting importance of proper sanitation and hygiene.

9. IEC/ BCC

This is very important strategy for seeking maximum community participation. As JE as well as non JE viruses are circulating in district Kushinagar, and integrated IEC/BCC approach is required to the under taken in which the focus has to be made on Inter Personal Contact with community. HEOs in each CHC have to carry out this campaign

along with ASHAs in each endemic village. The information on causation and prevention of the disease has to be deliberated by wrong flip charts. VHSCs also have been given responsibility of arranging community fairs/ meetings wherein causation, prevention and control becomes the primary focus of the meeting.

The following information needs to be disseminated at village level:

A. <u>For JE</u>

- Disease causative agents and preventive action.
- Use of mosquito nets for children and infirm.
- Use of repellents like producing smoke with cow dung, use of window and door screens, repellents etc. Simple information on closing doors and windows during dusk time will also be beneficial.
- Children with symptoms of the disease to be immediately taken to nearby health facility for treatment.

B. <u>For AES</u>

Circulation of both JE as well as non JE viruses has been proven by NIV Pune and subsequently by NIV Unit Gorakhpur. Dr. Milind Gore, Scientist (F) during his presentation emphasized that there is direct correlation between AFP and AES cases however no correlation has been established between AFP and JE cases, hence steps are required to be taken towards prevention and control of water borne diseases like entero viruses for which the community is to be given the following messages.

- Proper sanitation and hygiene in and around villages.
- Use of water from India Mark II hand pumps only if installed in village.
- Washing hands with soap after defecation and before taking meals.
- Clipping of nails on regular basis.
- Avoiding washing clothes and bathing in village ponds.

Budgetary Outlay For Kalahandi special project to control JE

No.	Component	Activity	No. of Participants	No. of Batches	Rate	Amount
1	Disease Surveillance	Capacity Building in Case management	25	2	50000 per Batch	100000
2	Diagnostic faculty	i) Training	5	1	9000 per Batch	9000
		ii) Reagent, etc.	-	-	-	50000
3	IEC/ BCC	Advocacy Meetings				
		i) ASHA/ AWW	3000	100	3000 per Batch	300000
		ii) Traditional Healers	200	4	5000 per Batch	20000
4	Disease Surveillance	Incentive for ASHAs	-	-	100 per case	100000
	Vector Control	i) Surveillance Technical Malathion 3 MT	-	-	1.25 Lakhs per MT	375000
		ii) Diesel and Petrol for running machines	-	-	10000 per machine for 30 rounds	100000
		iii) Tiffa machine	-	-	11 Lakhs per machine	1100000
		iv) Vehicle Hiring for Tiffa Machine	-	-	2000 a day x 40 days	80000
		v) Pulse fog machine	-	10	50000	500000
		vi) Wages for spray men	-	-	200 per person for 620 men days	124000
	IEC/BCC	i) Community Education Printing Material	-	-	20000 per PHCs x 14 PHCs	280000
		ii) Nukkad Natak at Block PHCs and other	-	-	50000 per PHCs x 14	700000
		iii) prominent places	-	-	20000 x 20	400000
		iv) Advocacy workshops	25	6	50000 x 6	300000
	Monitoring and Supervision	Vehicle Hiring	-	20	1500 x 3 days x 20	90000
	Contingency	Three entomological kits, Cage , Traps, vials. test tubes stationery and postage etc.			150000	150000
	Total					4778000

ost of Rs 47.78 lacs of the total budget →

s per proposal of State Programme Officer/ Director NVBDCP -

e budget which is being released to DE(MEH) for Procurement and supply to distt

9

echnical Malathion 3MT - Rs 3.75 lacs
s 1.25 lacs / MT)
iffa Machine 1 - Rs 11.00 lacs
ke Fog Machine 10 - Rs 5.00 lacs — 12 —
: 50000 per Machine

} Total 19.75 lacs