NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

About NVBDCP:

Under NVBDCP, following six diseases are addressed; Malaria, Filariasis, Dengue, Chikungunya, Japanese Encephalitis and Kala-azar. NVBDCP is a major National Disease Control Programme, functioning as an integral part of the National Health Mission (NHM). In Odisha malaria poses major public health problem, with high morbidity and mortality followed by Filariasis and Dengue.

To provide technical support to the Programme, NVBDCP project office is functioning with Additional manpower at state and district level. The project office is equipped with Technical Experts in the field of Public Health, Entomology, Monitoring and Evaluation, Training, Procurement & Supply chain, IEC & BCC and Social Mobilization and support staff. The state NVBDCP is responsible for formulating guidelines for both operational and financial components and guides the districts for implementation.

• At the district level, District Malaria Offices have been established in all the 30 districts. These offices are functioning under the administrative control of District Medical Officer. The District Malaria Officers are being supported by one VBD consultant, Finance and Logistic Asst and Data entry operator.
• At the Community Health Centres (CHC) level one technical supervisory staff (Malaria technician Supervisor) has been provided (he/she serves more than one block).
• At CHC and hospital level Malaria Laboratories are functional.
• Malaria active surveillance is conducted by Health Workers.
• At the village level ASHAs functioning as fever treatment depot (FTD) holders. They use rapid diagnostic kits and appropriate Anti-malaria tablets to diagnose and treat uncomplicated malaria cases.
• In an effort to strengthen research on malaria and to meet the threat posed by resurgence of malaria and emergence other vector borne diseases, NVBDCP Odisha collaborates research institutions like RMRC, VCRC & NIMR and Medical Colleges.
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Major Program Components under NVBDCP, Odisha:

MALARIA CONTROL:

Strategies:

1. Early Diagnosis and Complete Treatment:
   - Deployment of ASHA and other volunteers as Fever Treatment Depot holders (FTD) at the village level to ensure early diagnosis and complete treatment at the grass root level. Already 39,000 ASHAs have been trained and involved as FTDs.
   - Around 400 Forest Animators have been trained and functioning as FTDs in the forest and forest fringe areas.
   - Bivalent Rapid Diagnostic Test (RDT) kits and Artinmesinin Combination Therapy (ACT) have been provided to ASHAs (Fever Treatment Depot) & Forest animators and all health Facilities for early diagnosis and treatment of malaria.
   - Sentinel site laboratory (84 nos) are functioning at DHH/SDH/CHC level to track severe and complicated malaria.
   - Around 400 malaria microscopy centers are functioning for malaria blood slide examination (Block CHC, SDH, DHH level).
   - Injection Artesunate has been made available for treatment of severe and complicated malaria at CHC, SDH and Dist. HQs. Hospitals.

2. Integrated Vector Management (IVM):
   - Distribution of Long Lasting Insecticidal Nets (LLIN) in high endemic areas following cluster approach. Total 43,92,768 family size LLINs have been distributed since 2009-10.
   - State has adopted a special scheme for protection of pregnant women called “MO Mashari Scheme”. This is now being implemented in 12 high malaria burden Tribal districts. Total 6,79,850 family size LLINs have been distributed since 2010-11. Also under the same Mo-Moshari scheme boarders of tribal residential Schools and orphanages in the entire state are being protected. For this 2,54,000 Insecticide impregnated Mosquito nets and 98,988 single size LLIN have been distributed.
   - Indoor Residual Spray (IRS) operation is being conducted twice a year to protect around 65 lakh population residing in high endemic areas.
   - Besides community bed nets are impregnated with insecticide through public private partnership both in urban slums and rural areas.

3. IEC, BCC & Social Mobilization:
• Social Mobilization and BCC Campaign for up-scaling the use of LLIN are being conducted at community level.

• Mass media campaign through Print, Electronics and IPC Media is done during transmission season under observance of Anti Malaria Month

• Posters and leaflets are used at health facilities, common places and community level.

• Sensitization programme for Para medical and community level leaders and volunteers including Gaon Kalyan Samiti members and school children

• Malaria, Dengue & Diarrhea (MDD) Campaign is being conducted throughout the state in collaboration with State Institute of Health & Family Welfare.

4. Capacity Building:
    
    Capacity building of Doctors, pharmacist, Paramedics and Health Supervisory staff, Lab technicians Health workers, ASHAs, HWs, MTS, SSMTC, Spray workers, NGO/CBO and Community volunteers.

    Training programme are conducted with the expertise of Govt. Medical College, Sr, RD ROH & FW office of Govt. of India, IGH, Rourkela and ICMR institutions like RMRC, NIMR and VCRC.

PREVENTION & CONTROL OF DENGUE and CHIKUNGUNYA

• Sentinel site laboratories are functional for diagnosis of Dengue and Chikungunya at three Govt., Medical Colleges, Capital Hospital and six Dist HQs Hospitals. More such facilities will be made available in 2014-15.

• During transmission season special volunteers (around 2090) are engaged in most vulnerable areas for awareness generation and source reduction.

• Mass Media Campaign (MDD campaign) using print, electronics and folk media

• Every year Month of July is observed as Anti Dengue month involving related Govt. Deptts., and other sectors including public, private sectors, NGOs & CBOs for community awareness.

• Training of Doctors at Medical Colleges for management of complicated dengue cases. Special dengue wards in major hospital where both diagnosis and treatment are made free.

ELIMINATION OF LYMPHATIC FILARIASIS (ELF):

• Mass Drug Administration (MDA) with DEC and Albendazole is conducted in 20 high endemic districts for elimination of Lymphatic Filariasis
Along with MDA, morbidity management, hydrocele operation and care of lymphodema are given emphasis at community level.

*For prevention, control and surveillance of lymphatic filariasis, there are 15 NFCP units and 15 NFCP clinics are functioning across the state.*

The major functions of NFCP units are Vector control through Anti-larval and Anti adulticide operations. The NFCP clinics are meant for surveillance (Night blood survey and examination) and treatment to positive cases. Besides 3 Urban Malaria Units are functioning in Berhampur, Sambalpur, Rourkela. The major activities are Anti-larval and Anti adulticide operations.

**Archive Section:**

- Annual Report, NVBDCP Odisha, 2013-14
- National Drug Policy for Malaria, 2013
- Sentinel Surveillance for Malaria guideline

**Who’s Who:**

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