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Malaria Mukh Bastar

2020



UNICEF/Dantewada/Avimash_Bawankar

- Campaign Analysis Report -

CHHATTISGARH, INDIA



मलेरिया
मुक्त
बस्तर



It is heartening to see the Malaria Mukht Bastar campaign become a major success after the second phase. The number of malaria cases this year is 65 percent lower than last September. The contribution made by the Health Department team to this campaign in inaccessible and remote areas of the region is commendable. In times of covid, this unique mass campaigned reached 23,75,000 people in the Bastar region and mobilized them to adopt the malaria appropriate behaviors via various social and behavioral change strategies. As part of the Malaria Free Bastar Campaign, the health department team at both stages has ensured, conducting the malaria screening at doorstep of every person in the inaccessible and remote areas of Bastar surrounded by dense forests and difficult terrains. Immediate treatment was offered when they were found to be malaria positive. The Malaria Free Bastar Campaign is also playing an important role in alleviating malaria along with anemia and malnutrition.

- T.S. Singh Deo
Hon'ble Health Minister
Chhattisgarh



Malaria Mukh Bastar (Malaria Free Bastar) is a flagship program of the Department of Health and Family Welfare, Government of Chhattisgarh. The government aims to eradicate malaria from the Bastar region by 2024 and with the dedication of district(s) administration and frontline workers, it has achieved significant results in just one year of implementation. The current COVID-19 pandemic has made the task further challenging for the Health Department, however, it is during these difficult times that the health and well-being of our people are even more important.

Amidst the heavy rainfall, difficult terrains, and scattered habitations, we have ensured testing of 95% of the targeted population in Bastar, without compromising our on-ground staff's health concerning COVID-19. On one hand, where testing and treatment is pivotal for malaria, we are equally focused on its prevention by nudging the community towards adapting the rightful behaviour. From the use of mosquito nets to the management of stagnant water, our frontline workers are continuously counselling them. I would also like to appreciate UNICEF's support in making this mass campaign a success. Their support in social and behaviour change communication to reach our target population has been unparalleled. Malaria is one of our urgent public health priorities, and I am sure with the commitment of all the involved stakeholders, we will surely make Bastar, Malaria Mukh soon.

- Renu G Pillay, IAS
Additional Chief Secretary
Chhattisgarh



Malaria is one of the worst endemics globally. It not only drains people physically but also traps them financially, pushing them further towards suffering and poverty. Particularly dangerous for pregnant women and children, malaria has multiple fallouts, such as increased malnutrition and adverse effects on education.

The government of Chhattisgarh's Malaria Mukh Bastar campaign is a unique initiative which focuses on eradicating malaria from all seven districts of Bastar Division, which collectively have an API lower than 10. This is one of the biggest mass screening campaigns across the country, wherein everyone in the identified region is tested for malaria, and treatment of those found positive starts on the spot.

UNICEF has been providing strategic support to the Department of Health & Family Welfare, Government of Chhattisgarh in developing the communication strategy for the campaign along with the rollout of effective prevention and treatment tools. The said strategy, at its core, places the utmost importance on behaviour change and lays out multiple practices to ensure sustainability in the long run.

Understanding the dynamics and challenges which COVID-19 brings in today's times, it is even more important to keep our women and children healthy and safe. With the undying efforts of the Government and health officers on the field, progress in malaria control over the last year is nothing short of remarkable. Let us not lose momentum. Together, we can transform the health, well-being, and livelihood of people of Bastar.

- Job Zachariah
Chief UNICEF, Chhattisgarh



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Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female *Anopheles* mosquitoes. According to the WHO World Malaria Report 2019, there were an estimated 228 million malaria cases and 4 lakh 5 thousand deaths, across 89 countries. Children aged under 5 years are the most vulnerable group affected by malaria; in 2018, they accounted for 67% of all malaria deaths worldwide. About 90% of all malaria cases and deaths occur in Sub-Saharan Africa, most among children under the age of five. It is estimated that a child dies of malaria every 30 seconds in this area. Malaria is also particularly dangerous for pregnant women. Around 50 million pregnant women are exposed to malaria each year. During pregnancy, it contributes to nearly 20 per cent of low-birthweight infants in endemic areas, including risks of anaemia, still-birth and maternal deaths.

India represents 3% of the global malaria burden. However, there was a significant reduction in reported cases of 51% compared with 2017 and of 60% compared with 2016, as per the above cited report. It is preventable and curable, and with increased efforts to do so across the world, the numbers have reduced. Progress towards malaria eradication is expected to have a positive effect on selected Sustainable Development Goals (SDG) and targets too. SDG 3, good health and wellbeing, includes two targets with direct links to malaria: Target 3.3 aims to end the epidemic of AIDS, tuberculosis, malaria. and Target 3.2 aims to end preventable deaths and reduce mortality rates of neonates and children younger than 5 years. Additional SDGs that will probably accelerate, and be accelerated by, progress toward malaria eradication are Target 3.8 (achievement of UHC), SDG 1 (end poverty), and SDG 10 (reduce inequalities).

Annual Parasite Index (API)

The number of confirmed new cases from malaria registered in a specific year, expressed per 1,000 individuals under surveillance, for a given country, territory, or geographic area. Annual parasite index (API) refers to high and moderate malaria transmission risk areas.

Transmission

Most of the malaria causing vectors bite between dusk and dawn and the intensity of transmission depends on factors related to the parasite, the vector, the human host and the environment. Each species of the Anopheles mosquito has its preferred aquatic habitat; for example, some prefer small, shallow collections of fresh water, such as puddles, which are abundant during rainy seasons in tropical countries. Transmission also depends on climatic conditions that may affect the number and survival of mosquitoes, such as rainfall patterns, temperature and humidity. In many places, transmission is seasonal, with the peak during and just after the rainy season. Human immunity is another important factor, especially in areas of moderate to intense transmission conditions; this is one reason why children are at a higher risk.

Prevention

Vector control is the main way to prevent and reduce malaria transmission. WHO recommends protection for all people at risk of malaria with effective malaria vector control. Two forms of vector control – insecticide-treated mosquito nets and indoor residual spraying – are effective in a wide range of circumstances. Antimalarial drugs and early diagnosis and treatment help prevent deaths.

Effective surveillance is required at all points on the path to malaria elimination. Strong malaria surveillance systems enable a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences, to track progress, and to hold necessary stakeholders accountable.

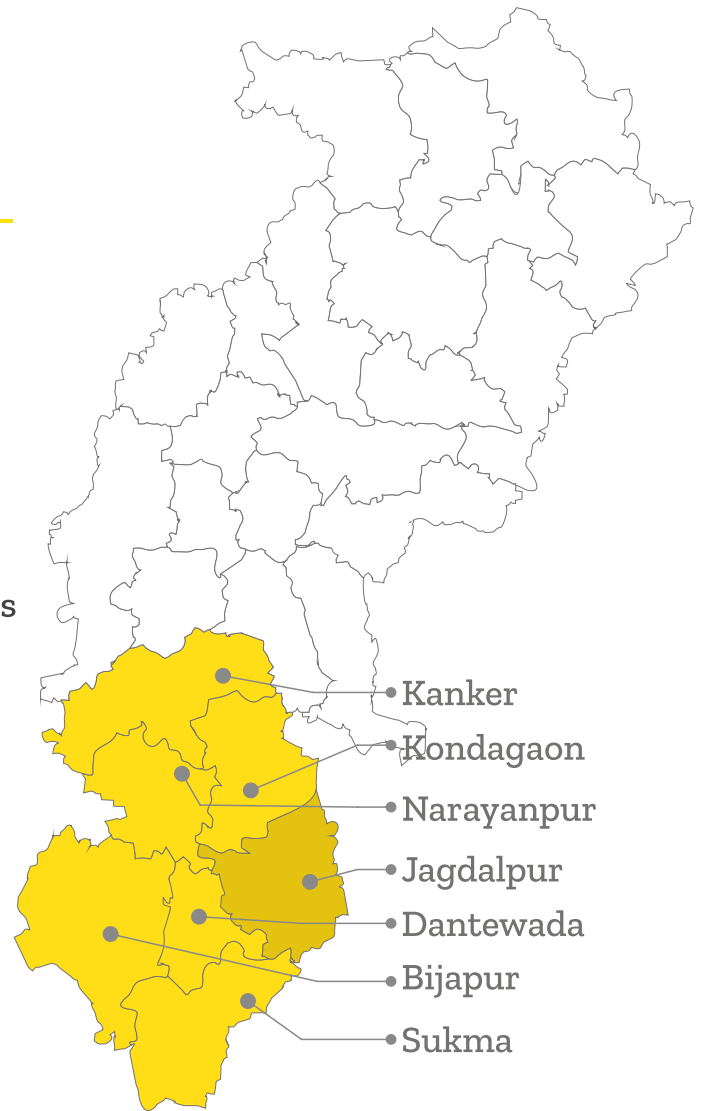


BASTAR

CHHATTISGARH (INDIA)

Bastar Division in Chhattisgarh is the southern part of the state and comprises of 7 districts: Bastar, Bijapur, Dantewada, Kanker, Kondagaon, Narayanpur and Sukma. Together these 7 districts border parts of Maharashtra, Odisha, Telangana and Andhra Pradesh and various cultural and historic influences of these states can be seen in the land and people of Bastar. This forested, mineral-rich region is home to some of the most vulnerable primitive tribal groups of India and to a variety of languages and dialects. Halbi and Gondi are the most common tribal languages of this region and are spoken by majority of the tribes. The land of diverse tribes, is rich in natural resources and pristine natural beauty. It is surrounded by dense forests, hills, rivers, waterfalls, natural caves, and is a hub of ancient tribal art and culture.

However, the Bastar region has been facing Left Wing Extremism violence for years, which has made delivery of public services a challenge.



SOCIAL AND BEHAVIOURAL CHALLENGES

- Multiple tribal languages
- Lack of hygiene awareness
- Delayed complementary feeding
- Lack of institutionalised delivery
- Preference for traditional healers
- Malnutrition is mistaken for temporary weakness
- Limited food basket results in malnutrition
- Interrupted food supply due to seasonal floods
- Unsafe drinking water sources
- Limited agriculture- dependence on forest produce

GEOGRAPHICAL CHALLENGES

- Tough terrain
- Inaccessibility, cut-off during rainy season
- Scattered habitations
- Poor communication, transportation and electricity infrastructure

SYSTEMIC CHALLENGES

- Insufficient number of government service providers
- Limited skills and training
- Security threats to service providers
- Disturbances to service providers due to bandhs, strikes and rains
- State level strikes of Front Line Health Workers
- Absence of patient transportation services (102, 108 ambulances)

Efficient delivery of welfare services amidst these issues have always been a challenge for Bastar and with the on-going COVID-19 Pandemic, problems have hit a new low.



MALARIA MUKT BASTAR

In November 2000, when the state came into existence, the state's API was 16.80, however by 2019, due to several interventions and effective care, the API dropped to 1.97. But, the case in Bastar region remained unchanged with 16 blocks accounting for 65% of the state's total malaria cases. The Bastar region is area wise bigger than the state of Kerala and is among the few geographical locations endemic to malaria parasites. It has an API of over 10, which is equivalent to 10 cases per thousand people. The Department of Health and Family Welfare, Government of Chhattisgarh, has set a target of zero transmission of malaria parasite by the year 2024 and with the aim to eradicate malaria from Bastar, launched Malaria Mukh Bastar Campaign in January, 2020.

The campaign follows a 3T approach, wherein the focus is on:

- **TEST**- 100% screening of people for Malaria
- **TREAT**- On spot treatment of positive cases
- **TEACH**- Counselling and behaviour change communication to prevent malaria from spreading

A two-member team comprising of a health supervisor and a mitanian/anganwadi worker visit all the identified households and ensure 100% screening. Every member of the family is tested for malaria, irrespective of symptoms via the Malaria Rapid Diagnostic Test. An inedible ink is marked on the left big toe after testing, for further monitoring. Treatment of those found positive starts on the spot and the sever cases are immediately referred to the nearest health facility. Mitanian/Anganwadi Workers follow up the positive cases in subsequent days to ensure they are regularly taking the prescribed medicines. The health team revisits the positive cases after a month and conducts due tests to ensure the patient is malaria free. During home visits, the two-member team extensively counsels and educates people on various aspects of malaria, from transmission to prevention. Use of mosquito nets while sleeping, avoiding water clogging, wearing fully covered clothes, etc. are a few behavioral changes communicated.

Phase 1

15th January- 14th February, 2020

The first phase of Malaria Mukht Bastar was implemented in 430 Sub-Health Centres across 7 districts of Bastar Division and 1700 teams were deployed by the Health Department. The campaign covered over 14 Lakh people across 2 Lakh 75 Thousand households and institutions.

The campaign was a success with respect to the preparedness of the Government officials and frontline teams. Day to day micro planning of schedule, logistics, supplies of testing kits and medicines were up to the mark. There was little to no resistance from the community to get tested and consume the prescribed drugs; they were well aware of the objectives the campaign aimed to achieve. The health facilities were also duly prepared to attend to the sever patients.

However, the teams in the first phase only consisted of health workers and there was no focus on preventive counselling. There was a clear lack in use of IEC material to educate people to follow correct behaviour to avoid malaria. Practices such as use of mosquito nets and proper management of stagnant water were not communicated enough. Follow-ups and monitoring of positive patients was also weak. The campaign primarily focused on testing and treatment.

At the end of phase 1, 4.6% of those tested were found positive



Phase 2

10th June – 31st July, 2020

The second phase of the campaign started in July. Witnessing the overall success in phase one, the campaign was conducted yet again after four months, to reach more people by addressing the missing components primarily, concerning counselling and monitoring. UNICEF, India provided dedicated support to the Government of Chhattisgarh by first understanding the wins and losses of phase 1. A thorough study was conducted by UNICEF on preparedness, implementation, and follow-up by the health teams in the first phase. Team of health specialists and communication professionals during the phase 1 were in field to gather the evidence and understand the gap to be filled. Focused group discussion and observation in the field stressed upon some gaps. One of the most significant lacunae was absence of intensive use of IEC material for behavioural change amongst community. The lack of consistent branding for recall was also prominent. The counselling session after the testing phase emerged as the most important time duration to sensitize individual and family for the appropriate behavioural change. The need of capacitating the cadre and officials at all three levels; state, district and block was observed. Overall visual identity of the campaign needed to be strengthened. The frequency and consistency was missing in first phase. A well concrete SBCC strategies was needed going forward.





The second phase of Malaria Mukta Bastar unexpectedly met with COVID-19 pandemic, which made the implementation of it even more challenging. With majority of the frontline health workers deployed in COVID-19 management, heavy monsoons, difficult terrains and inaccessibility to reach interior areas, Phase 2 of the campaign came with additional set of challenges. Keeping all these challenges in mind and yet intending to reach more number of people in phase 2, UNICEF, India submitted a detailed communication and outreach plan to the Health Department, focussing on social and behaviour change communication, along with COVID-19 risk communication plan for the on-ground team.

360° Communication Planning & Support to Malaria Mukht Bastar Abhiyaan

1 Key Narrative of the campaign

- Awareness on Malaria, including transmission and prevention
- Preventive Counselling- Focus on correct behaviour change practices such as use of mosquito net, management of stagnant water, wearing fully covered clothes, etc.
- Malaria prevention in times of COVID-19 pandemic
- COVID-19 precaution to be taken by the health team during home visits

2 Branding & Communication Collaterals

Effective branding of the campaign including a unified logo, consistent messaging and uniform look and feel across communication collaterals. Over 35 IEC material (print and dynamic) developed in English, Hindi, Halbi and Gondi, for maximum reach and comprehension. All the messages were action-oriented, educating the people on malaria and its prevention. Detailed and informative leaflets were prepared to be distributed at home during screening visits.

- Communication materials consisted of unified branding for recall

3 Digital Outreach

Social Media and Online chat tools such as Whatsapp and Telegram were extensively used to disseminate the messages.

- Official Twitter handles and Facebook pages of Chief Minister's Office, Chhattisgarh's Health Minister, Chhattisgarh Department of Health and Family Welfare, 7 Districts and personal pages/handles of health secretary, mission director, NHM, respective district collectors & Unicef, India's Chhattisgarh CFO, were a few noted properties to further the message of Malaria Mukht Bastar.
- Whatsapp and Telegram groups were used to push the messages to the last man. Starting from the state to districts to blocks and finally till villages, various government and non-government groups were explored to educate and inform people about the campaign, to create awareness on malaria and ways to prevent it. The said messages were thoughtfully prepared in Hindi, Halbi and Gondi for easy comprehension and acceptability.

4 Leveraging Influencers

Key influencers from the state, district and gram panchayats were roped in to further educate people on rightful behaviours to prevent malaria. Over 15 video bytes of influencers such as from Honorable Health Minister of Chhattisgarh State, Mr TS Singh Deo; Minister of Commerce and Industry, Mr Kawasi Lakhma; Secretary, Health and all 7 District Collectors were recorded and disseminated across districts and concerned blocks. All messages were recorded in Hindi, Halbi and/or Gondi to create a direct connect with the audience.

4 Capacity building for appropriate application of IEC materials

Online trainings for health officers were conducted on the said communication strategy and campaign protocol, to ensure consistency in message delivery. The trainings had a dedicated module on COVID-19 precautions, primarily for the frontline/on-ground team.

Ministry of Health
#SwasthaBharat
On foot, boats health workers visit 1.8 lakh houses for #malaria eradication drive in #Bastar.

Tweet
CMO Chhattisgarh
बस्तर जीत रहा #मलेरिया से जंग मलेरिया मुक्त बस्तर अभियान के फेज-2 में मलेरिया संक्रमित का प्रतिफल घटा जहाँ फेज-1 में 14.06 लाख लोगों की जांच में 64,646 पॉजिटिव मिले थे, वहीं फेज-2 में 23.74 लाख लोगों में मिले 30,075 पॉजिटिव; सभी संक्रमितों को दवाई दी जा रही है।

TS Singh Deo
Bastar has been suffering from #Covid19 as well as Malaria simultaneously from past few months. During this pandemic our health workers turned out to be our heroes with implementation of 3 phase commendable health campaign #MalariaMuktBastar, for our tribals, in dense forest(1/2)

Block	Phase 1	Phase 2	Phase 3	Total
Adilabad	1000	1000	1000	3000
...
Total	14,06,000	23,74,000	30,07,500	67,87,500

Priyanka Shukla
Campaign has given encouraging results
- In Ph 1- 4.6% of screened had Malarial parasite
- In Ph 2- positivity has declined to 1.3% (5/5)

THE BASTAR offensive against malaria
The state has launched a drive to eliminate malaria in Bastar. The drive will be carried out in three phases. The first phase is to reach every house in Bastar.

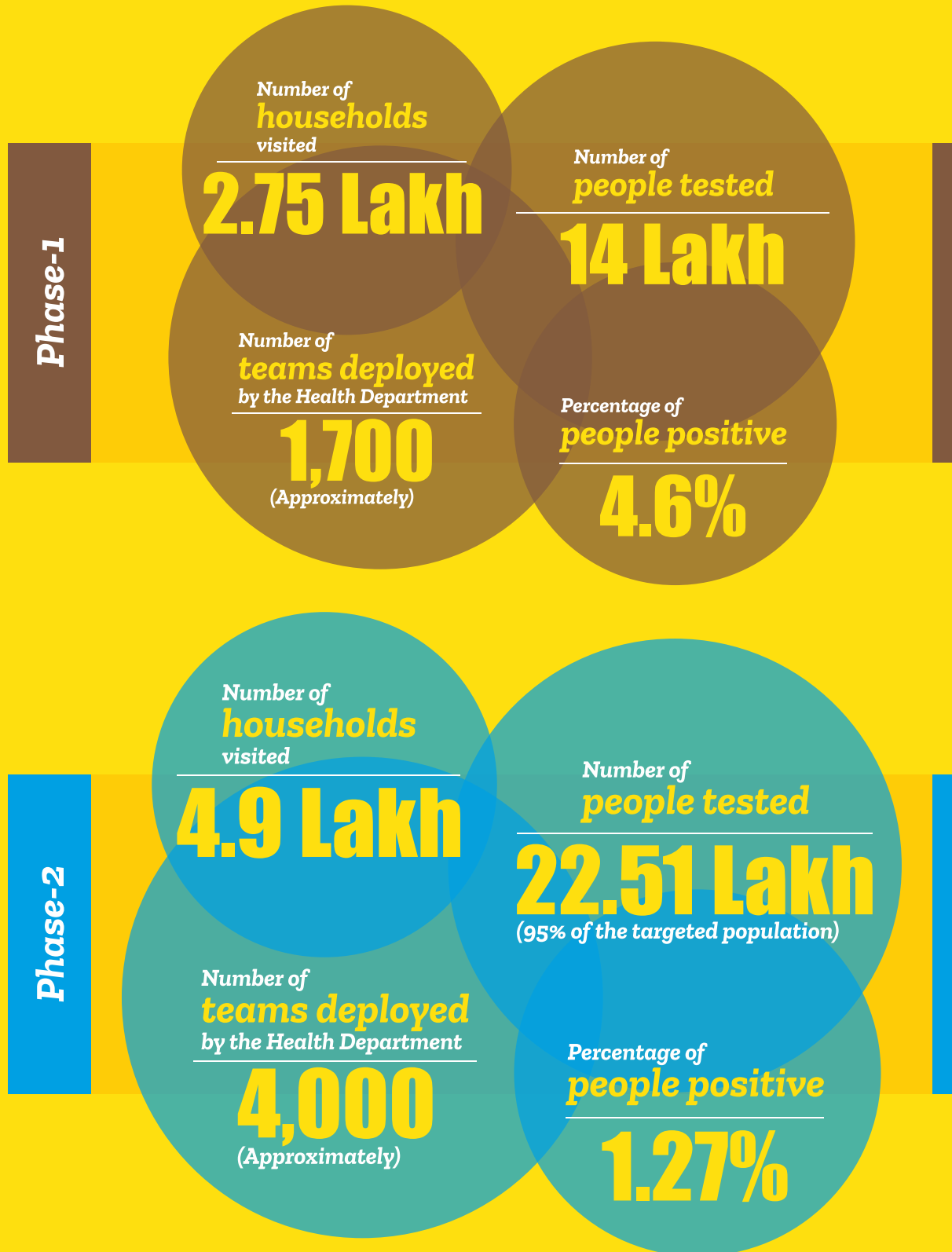
Job Zachariah
1 Million: They cross rivers, climb hills & walk thru forest, to reach every house & person in Bastar, Chhattisgarh, in #MalariaFree campaign. Salute to health workers. 1 million people tested & 20,000 malaria positive people treated. Also counsel to prevent #Malaria & #COVID

मलेरिया मुक्त बस्तर
कमरे में जल न भरना, बस्तर को मलेरिया मुक्त बनाना है। Let us pledge to fight against #Malaria & make Bastar #MalariaFree!

COVID-19 संपत्तार के दौरान कोविड का निवारण कार्य
- कमरे में जल न भरना, बस्तर न बनाना।
- कमरे में जल न भरना, बस्तर न बनाना।
- कमरे में जल न भरना, बस्तर न बनाना।



Impact



With the leadership of the Health Department, commitment of the district(s) administration and dedication of the on-ground team, Malaria Mukt Bastar has achieved phenomenal results in not only identifying and treating positive cases, but in awareness creation towards malaria prevention.



मलेरिया
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