

## Monitoring of the National Mass Drug Administration Campaign for Lymphatic Filariasis Elimination in Narmada District, Gujarat: An Experience

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### Abstract:

This study evaluates MDA campaign in Gujarat for lymphatic filariasis elimination in the Narmada district. While ashram schools achieved 95% coverage, household compliance reached only 75% due to work conflicts, and migrant workers showed 80% uptake with mop-up challenges. Key barriers included medical condition-related refusals (60%), Fear of side effect of medication (30%), and documentation gaps (40%). Implementation challenges involved poor timing (missing 25% workers), exclusion of commercial sectors, and weak coordination. Successful institutional delivery models contrasted with gaps requiring: 1) adjusted distribution timings, 2) targeted counselling for chronic patients, 3) workplace-based MDA, and 4) enhanced digital IEC in local dialects. The findings emphasise the need for improved microplanning, real-time monitoring, and private-sector integration. These results demonstrate that tailored approaches targeted working populations, migrants, and comorbid patients can significantly improve compliance. The study provides actionable recommendations to strengthen MDA implementation, supporting India's 2027 elimination target through context-specific strategies that address ground-level challenges while leveraging successful institutional models.

**Keywords:** Disease Eradication, Lymphatic Filariasis, Mass Drug Administration

### Introduction:

Lymphatic Filariasis (LF), known as Hathipaon in Hindi and Hathipaga in Gujarati, is a major public health issue in India, contributing to 40% of the global LF burden.<sup>[1]</sup> Chronic LF causes permanent disability, social stigma, and economic losses, with 111 endemic districts still at risk despite control efforts.<sup>[2]</sup> To accelerate elimination by 2027, India launched a revised Mass Drug Administration (MDA) strategy in February 2025, covering 13 states with a triple-drug regimen (DEC + Albendazole + Ivermectin/IDA).<sup>[3]</sup> However, past MDA rounds in Gujarat reported low compliance (65-75%) due to side-effect fears and weak community engagement.<sup>[4,5]</sup>

This study evaluates the 2025 MDA round in Narmada district, Gujarat focusing on drug compliance, microplanning, and IEC effectiveness in Dediypada and Nandod blocks. The findings aim to identify gaps and inform strategies to meet India's 2027 LF elimination target.

### Methods:

A cross-sectional evaluation was conducted through field visits to health facilities, schools, and villages. The team observed drug distribution, coverage, and compliance while reviewing records like microplans and meeting minutes.

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**Study Population:** The study included MDA beneficiaries, healthcare workers, school children, high-risk groups (migrants, farmers, tribals), and community leaders.

**Sampling:** Purposive sampling targeted high-priority areas (LF-positive zones, low-coverage regions). Convenience sampling supplemented data collection during field visits.

**Data Collection:** Data was gathered through observation, checklists, interviews, and record reviews. Photographic evidence documented field activities.

**Data Analysis:** Rates and refusal reasons were analysed descriptively. Qualitative insights from stakeholders helped identify implementation gaps.

**Ethical Considerations:** Verbal consent was obtained, confidentiality was maintained, and health concerns referred appropriately.

Monitoring was conducted from 15-18 February 2025 across PHCs, subcentres, ashram schools, and villages. The team included health professionals and local workers like ASHAs. Structured observation tools, interviews, and document reviews assessed the MDA campaign.

**Results:**

1. Coverage and Compliance

- Schools: 95% coverage in ashram schools showed effective institutional delivery.
- Households: Only 75% coverage due to work-related absenteeism, especially in urban part of Dediyaapada.
- Migrants: 80% compliance among sugar mill workers, but transient housing limited mop-up efficiency.

2. Reasons for Refusal & Challenges

- Medical conditions (60%): Patients with diabetes, hypertension, or TB feared drug interactions.
- Side-effect fears (30%): Misconceptions persisted despite IEC efforts.

- Documentation gaps: Missing meeting minutes and faded house markings (40%) due to poor materials.

3. Systemic Gaps

- Timing issues: Daytime distribution conflicted with work schedules, leaving 25% unreachable.
- Excluded groups: Shops, hotels, and private clinics were missed in coverage.
- Coordination issues: Lack of real-time data updates hindered adaptive management.

**Table 1. Coverage Metrics**

Population	Coverage	Data Source
Ashram Schools	High (>95%)	Direct observation
Rural Households	Moderate (~70%)	PHC Khedipada records
Migrant Workers	~80%	Field interviews

**Challenges Identified**

- The timing of visits conflicted with work/farming hours.
- Lack of standardised and visible figure markings.
- Weak linkage with private practitioners and industry clinics.
- Incomplete utilisation of booth activities and self-help groups.
- Limited documentation of coordination meetings.

**Suggestions**

- **Time-Sensitive Visits:** Early morning or late evening rounds to reach the working population.
- **Mop-Up Strategy:** Ensure timely execution and update markings.
- **Commercial Engagement:** Cover workplaces like shops and mills systematically.
- **Refusal Management:** Medical officers should counsel NCD/TB patients and involve them through OPD-based group counselling.

- **Digital IEC & Documentation:** Extend use of dialect-specific digital IEC and mandate meeting minute records.

**Integration with Local Health Services:** Include charitable or private clinics in outreach.

**Recommendations:**

The MDA monitoring in the Narmada district highlights both significant progress and persistent challenges in eliminating Lymphatic Filariasis (LF). Key strategies such as effective microplanning, targeted IEC, and inclusive community engagement particularly among tribal and migratory populations have proven crucial. These ground-level insights not only reflect on-the-ground realities but also demonstrate scalable solutions that can inform national policy. By integrating such localised successes into broader strategies, India can accelerate its goal of eliminating LF by 2027 and advance the vision of a Viksit Bharat.

**Declaration:**

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Conflict of Interest: Nil

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