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Kala Azar: Pilot of most cost-effective, wide-scale, short and qualitative orientation training of ASHA workers on Kala Azar in Bihar utilizing the existing government resources and thereby reaching entire community

KEYWORDS: Kala Azar, ASHAs, KTS, BCMs, ASHA Diwas

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ABSTRACT *Kala Azar is a menace to Bihar with 33 out of 38 being endemic districts. As per WHO, 1/3rd cases of Kala-azar are reported from Bihar itself. Lack of community participation and under-reporting is one of the major obstacles towards Kala Azar Elimination. In order to address the above gaps, current orientation training was organized in all the blocks in district Jehanabad. ASHAs are the platforms between health and community and are responsible for identification of suspected Kala Azar cases. A pilot was done to provide an orientation training of ASHAs on Kala Azar including an attempt to assess the awareness of ASHAs towards Kala Azar case identification. The purpose of the training was to ensure the feasibility and quality of a short training on Kala Azar utilizing the existing government resources, with minimal utilization of external resources. Through this pilot, attempt was made to provide a short training which can be a role model and scaled up in the entire State. A plan was developed to train ASHAs using KTS (Kala Azar Technical Supervisors) and BCMs (Block Community Mobilizers) as trainers at the block level utilizing the event of ASHA Diwas, to be done in the whole district in all the blocks. It was finally found that this model is the most cost-effective, wide-scale and qualitative training and would be a useful model to be used in other health programmes. It can be scaled up in the entire State and can be used in case of any impending suspected outbreaks.*

Introduction:

Kala Azar (Visceral Leishmaniasis) is a deadly disease caused by a protozoan parasite *Leishmania donovani* and spread by sandfly (*Phlebotomine argentipes*) [1]. Kala Azar is endemic in 33 out of 38 districts in Bihar [2] and is responsible for the high burden of Kala Azar cases in India. A centrally sponsored Kala Azar Control Programme was launched in 1990-91 [3]. In May 2005, a Tripartite Memorandum of Understanding was signed by Health Ministers of India, Bangladesh and Nepal, to reduce the annual incidence of Kala Azar to less than one per 10,000 population at the sub-district level by 2015 and to improve the health status of vulnerable groups and at risk population lining in Kala Azar endemic areas [4]. The Kala Azar Control Programme is facing a lot of challenges in Bihar. Under-reporting [5] is one of the main constraints towards Kala Azar Elimination. ASHAs [6] are the link workers between the Health Department and Community. Their role in Kala Azar is to identify the suspected case, bring them to the nearby Health Facility and ensure that the patient completes the treatment. The State Government provides them the incentives for this.

The incentive for case detection for ASHA under Kala Azar Control Programme is Rs 50 per case and for treatment completion it is Rs 150/ case [7]. ASHAs are effective tool for identifying the cases as they are in regular contact with the community and visit the sick persons on regular basis.

ASHA Diwas [8] is an event organized at the block level which is a kind of incentive payment day for them in Bihar. On this day, in addition to providing the incentive, discussions on various topics take place.

This day can be used as a suitable platform to perform some short activity without any financial concerns as ASHAs are provided the incentive of Rs 86 to attend this event under NRHM [9]. BCMs (Block Community Mobilizers [10] are appointed by ASHA Resource Center and act as a Nodal person at the Block level for effective programme management, implementation and execution, of ASHA programme and community process. KTS have been recruited under World Bank Supported Project on Kala Azar and employed on contractual basis to support Kala Azar elimination at block-level in 31 endemic districts of Bihar. Each KTS has been contracted to provide their services to a population of 2.5 lakh and their maximum number is limited to 6 per district. KTS have been trained on time-to-time basis on various aspects of Kala Azar under the World Bank assistance [11]. A short orientation training plan was made to utilize all the existing government resources and organizing them to provide a short orientation which would be helpful in increasing surveillance of Kala Azar in the State.

Materials and Methods:

The Orientation training was planned for the ASHA workers in order to orient them on Case identification of Kala Azar cases in community. Pre and post training questionnaires were prepared to assess the quality of short training and its possible utilization for Kala Azar Elimination Programme. A Flip-Chart for ASHA training on Kala Azar was prepared by State Vector-Borne Disease Department, Govt of Bihar for each block and distributed in all the 31 endemic districts. Jehanabad was chosen as the pilot district for the orientation training after approval of State Government. KTS (Kala Azar Technical Supervisors) and BCMs (Block Community Mobilizers) were chosen as the trainers for orientation of ASHAS on ASHA Diwas. A Training of Trainers was provided to KTS and BCMs by Disease Control Expert, DFID-BTAST (Department of International Development, UK – Bihar Technical Assistance Team) and additional information was handed over to the trainers. A list of all the blocks in accordance with the decreasing number of cases was prepared. Since the number of KTS are limited (not more than 6/ district as per the State guidelines), the ASHAS in the blocks with higher number of cases were trained jointly by KTS and BCMs and subsequent ones with BCM alone. In blocks with mixed trainers, KTS

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were assigned to train the technical aspects of the Kala azar elimination programme and BCM with the social aspects of Indoor Residual Spray. And, in blocks with lesser cases, BCM alone was responsible for the whole training. The duration of training was one hour, adjusted with other activities of ASHA Diwas and training was provided using Flip-chart.

Results and Discussion

Assessment of training quality: It was done using pre-test and post-training questionnaires. 5 ASHAs were randomly asked about the vector of the Kala Azar in both pre and post training sessions and the data was collected and analyzed. The training details of one block Kako of district Jehanabad is given in the table below. In addition to the asking the vector of Kala Azar, questions were asked about case suspicion and personal preventive measures after the training session.

Table showing the training details in district Jehanabad

S. No.	All Blocks (Distt. Jehanabad)	Details
1	Trainers	KTS and BCM
2	Recipients	ASHAs
3	Facilitators	DFID-Bihar Technical Assistance Team Personnel
4	Training Duration	1 hour
5	Training Attendance	94%
6	Pre-training Assessment	5 ASHAs answered "Mosquito"
7	Post-training Assessment	5 ASHAs answered "sandfly", 1 ASHA answered "mosquito".

Challenges foreseen before the training: The possible challenges in this training were – a training material specifically prepared for ASHAs, trainers for training large number of ASHAs, incentives for attending the training, quality compromise on account of short duration training, illiteracy of ASHAs , other activities diluting the quality of training, taking a slot along with the other activities.

To reach entire community and sensitize them with respect to different diseases, (especially Kala-azar which is a big burden for the State Bihar) and its prevention, focus was to train ASHA workers (link between community and Government) in the most cost effective and time bound manner. The Orientation training was done in all the blocks of Jehanabad and challenges were addressed in the most convenient way. Flip-chart was specifically prepared for ASHAs and contained pictorial messages. The morning one hour slot was taken for the training to gain their maximum attention. Since ASHAs already get incentives of Rs 86 to attend ASHA Diwas, financial concerns were met and no additional incentive was provided. The trainers were specially trained by DFID-BTAST personnel to make the training interactive and fruitful. ASHAs were randomly asked the questions before and after the orientation. Thus the training of ASHAs on Kala azar was completed at all the blocks in one district in one month. Assessment of training was done and data analyzed (Table above) which showed that the training was beneficial. One of the most remarkable things was that the training attendance in all blocks of Jehanabad was 94%. The reason for this high attendance was of financial relevance as ASHA Diwas is an incentive payment day for ASHAs and can be utilized in case of any activity involving all the ASHAs. This pilot was specifically designed to sensitize ASHAs at least a month before the Indoor Residual Spray Programme to get some time to inform the community regarding the IRS and to enhance surveillance of Kala Azar cases. This pilot could be scaled up in the entire State targeting 33 Kala Azar endemic districts of Bihar and used to sensitize ASHAs at least two times in a year. This model can be used to train ASHAs on other health programs or any impending epidemic of any disease of seasonal relevance.

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