A QUALITATIVE STUDY ON THE ASSESSMENT OF CO-ORDINATION BETWEEN MAJOR STAKEHOLDERS FOR KALA-AZAR PROGRAM IN BEGUSARAI DISTRICT OF BIHAR.

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❖CONTENT

❖DISEASE PROFILE

- Visceral leishmaniasis (VL) or Kala-azar is a serious public health problem and has worldwide distribution.
- It is caused by the intracellular protozoan parasite of genus Leishmania, *(L.Donovani in India)* which is transmitted by phlebotomine sand flies.
- A large portion of 500, 000 annual cases and 60,000 deaths occur in the poor rural communities within the Indian subcontinent
- At present, in India 31 out of 38 districts in Bihar, 10 out of 24 districts in West Bengal and 4 districts bordering Bihar (in Uttar Pradesh) are endemic at different levels.
- It is one of the World's most neglected and poverty-related diseases, affecting the poorest people in developing countries associated with malnutrition, weakness of the immune system, displacement, poor housing, illiteracy, gender discrimination, and lack of resources.
- Begusarai more than 500 cases with large number of mushar community

Organizational profile

- Organizations name-CARE INDIA (Major stakeholder)
- CARE, an international organization with the task of providing technical assistance and much needed human resource to help them achieve the goal of elimination of Kala-Azar by 2015. Thus CARE India, has started a project **Strengthening Kala-Azar Elimination Programme (SKAEP)**, under its Family Health Initiative project, funded by Bill and Melinda Gates Foundation, to help GoI achieve its goal of elimination.
- **Care India with its district office at Begusarai office provide**

- **H.R. Assistance**
- **Equipments**
- **Capacity building/Training**
- **Concurrent supervision and monitoring**
- **Planning/Preperation of micro plan**
- **IEC/BCC/Awareness**
- **Detection of new cases and enrolment in PHC**
- **Implementation**

District profile

- Begusarai occupies a central position in North Bihar. In 1870 it was established as a Sub-Division of the Munger district. The name of the district apparently comes from "Begum" (queen) + "Sarai" (inn) as "Begum" of Bhagalpur used to come to the "Simaria Ghat" (a holy place at Ganges bank) for a month of pilgrimage which later took the present slang form Begusarai.
- It is bounded on the north by Samastipur, on the south by the Ganga and the Lakhisarai district, on the east by Khagaria and Munger and on the west by the Samastipur and Patna districts.

- **Administrative Division**

- No. of Sub-Division – 05
- No. of Panchayats -257
- Total population – 2342989

No. of Blocks - 18

No. of Revenue Villages -1229

Total no. Of cases of kala-azar - 569

- Dissertation work

❖RESEARCH QUESTION

- *What is the effect of inter-sectoral convergence amongst major stakeholders for the eradication of Kala-azar disease in Begusarai District of Bihar?*

❖OBJECTIVES

- *To analyze the inputs of major stakeholders working for Kala-Azar in the district.*
- *To study the roles of major stakeholders in the project.*
- *To understand the relationship and co-ordination between major stakeholders working for elimination of kala-azar.*

❖METHDOLOGY

a) RESEARCH DESIGN - Descriptive cross sectional study

b) STUDY SITE – 17 Blocks of Begusarai district, Bihar

c) STUDY SUBJECTS –

1). At district and block level

S.NO	Respondents	Total no.
01	CIVIL SURGEON	01
02	DISTRICT PROGRAM MANAGER	01
03	DISTRICT MALARIA OFFICER	01
04	NVBD CONSULTANT	01
05	MEDICAL OFFICER IN-CHARGE	17
06	BLOCK HEALTH MANAGER	17
07	MALARIA INSPECTOR	2
08	KALA AZAR TECHNICAL SUPERVISOR	5

2)At field level

S.NO.	WITH LINK WORKER	WITHOUTLINK WORKER
01	17 SQUADS	17 SQUADS

- **Sampling Type**

  Simple Random Sampling

- **Sampling Methods**

  All the major government employees directly related to the program were interviewed at district and block level.

  Two squads from each block was selected. Line listing of total teams present in the block was done and two teams were selected by random sampling. 50% of the squads were attached to a link worker as a external monitor and another 50% were without link worker.

- **Methods Of Data Collection** –

  In depth interview at district and block level

  Questionnaire for field level

- **Analysis Plan**

  Was done by filling data obtained in study in Microsoft Excel

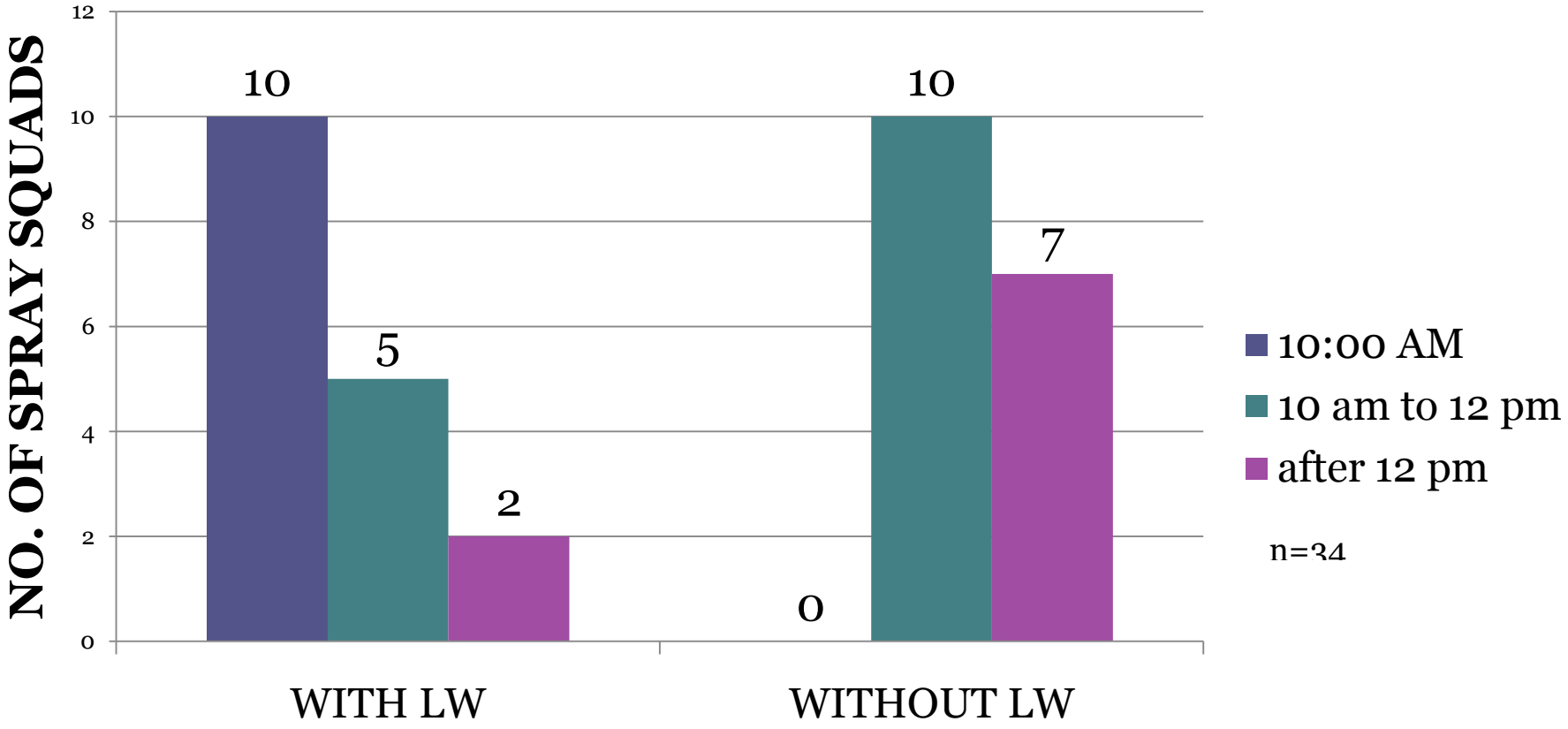
INPUTS

INPUTS	GOVERNMENT	CARE	RMRI	WHO
HUMAN RESOURSCE	Shortage of HR MI-2 KTS-5	17-LW/17BM/17BMLE 1-RTS 1-DM 1-DPO	NA*	NA*
FINANCE	SHORTAGE OF FUNDS^	PLANNING TO PROVIDE INCENTIVE TO SFW	NA*	NA*
EQUIPMENTS/MATERIAL	1- 82 PUMS WORKING OUT OF 152 REQUIRED 2-NO SPARE PARTS	1-50 PUMS PROVIDED 2-SPARE PARTS PER PUMP TO EVERY TEAM 3-GALLON/POND MEASURE	NA*	NA*

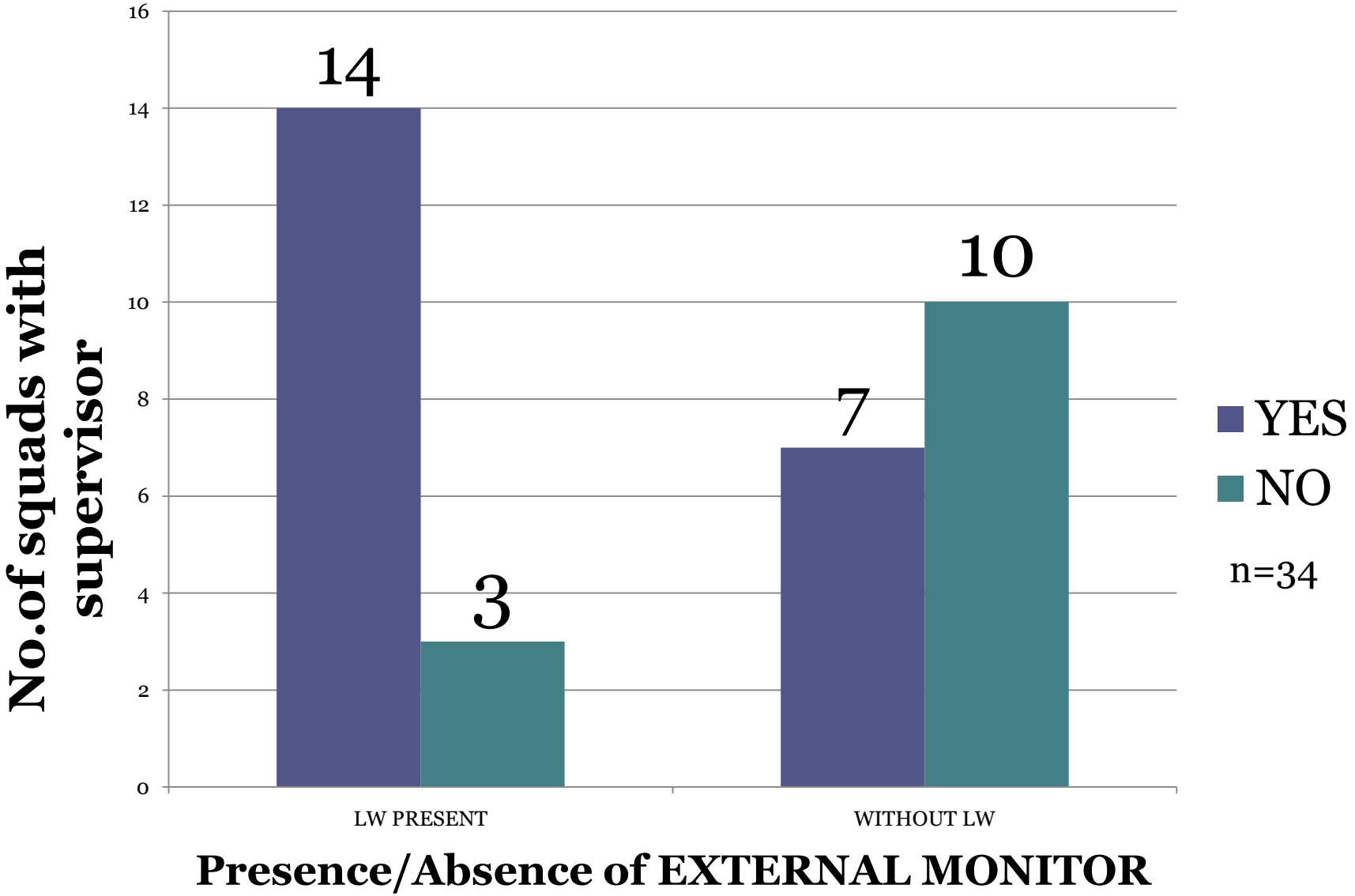
MONETORING/SUPERVISION	PT RECORDS VERY LESS FIELD VISIT VECHILE NOT AVAILABLE	FORM A/B/C ONLINE/OFFLINE DATA OF IRS SPRAYING(HOUSEHOLD) RECORDS OF PT.(offline/online) REGULAR FIELD VISIT	PROVIDED	Recently added to the program, no as such intervention*
TRAINING/IEC MATERIAL	To squads once in IRS	Training to squads , Refreshment training to doctors Training to MI/KTS IEC material for every phc/squads	PROVIDED to mi DMO/MI**	NA*

❖Results

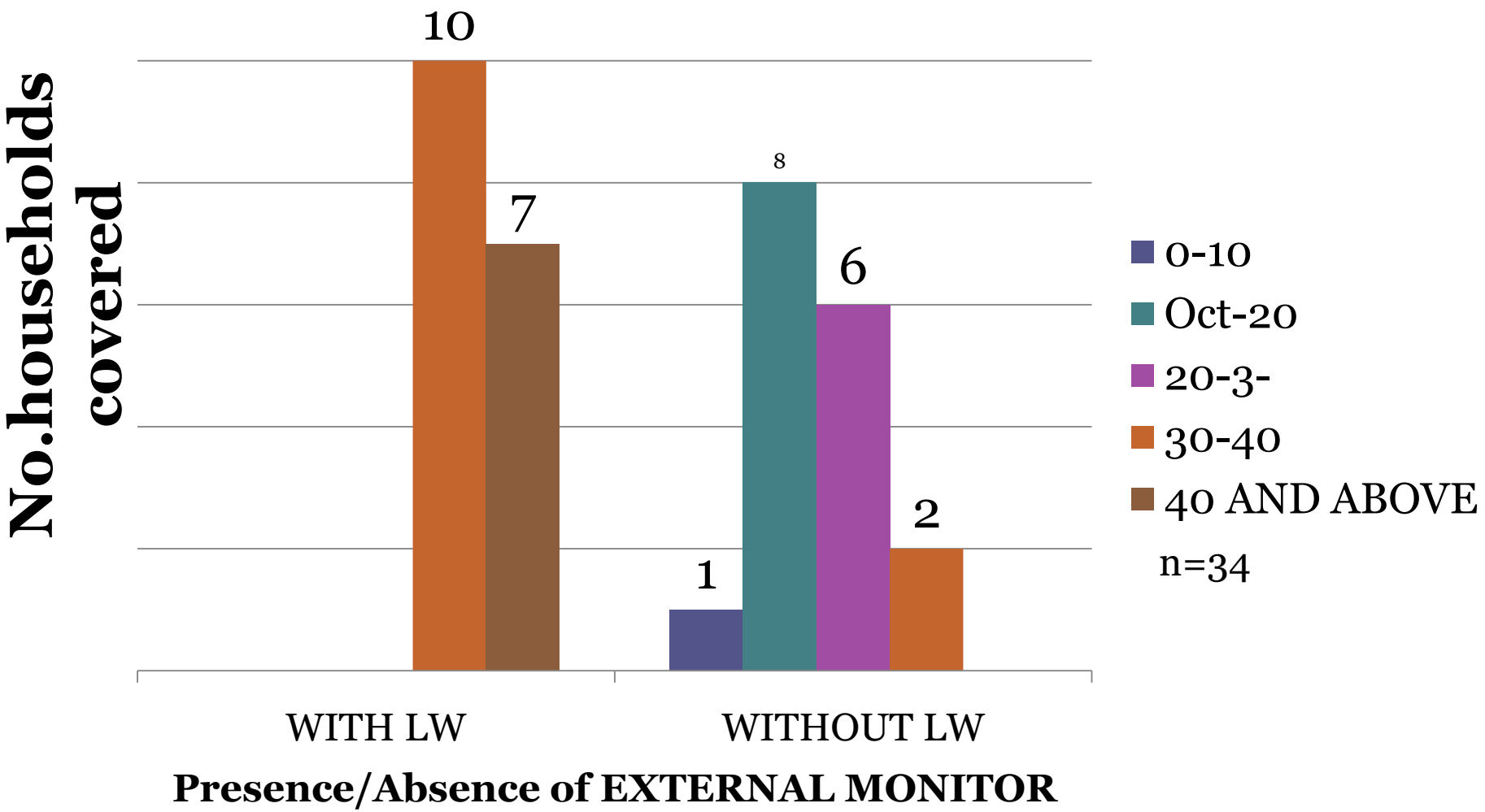
1. Number of spray squads (with/without EXTERNAL MONITOR) which reached the spray site from the spray camp (PHC) on designated time.



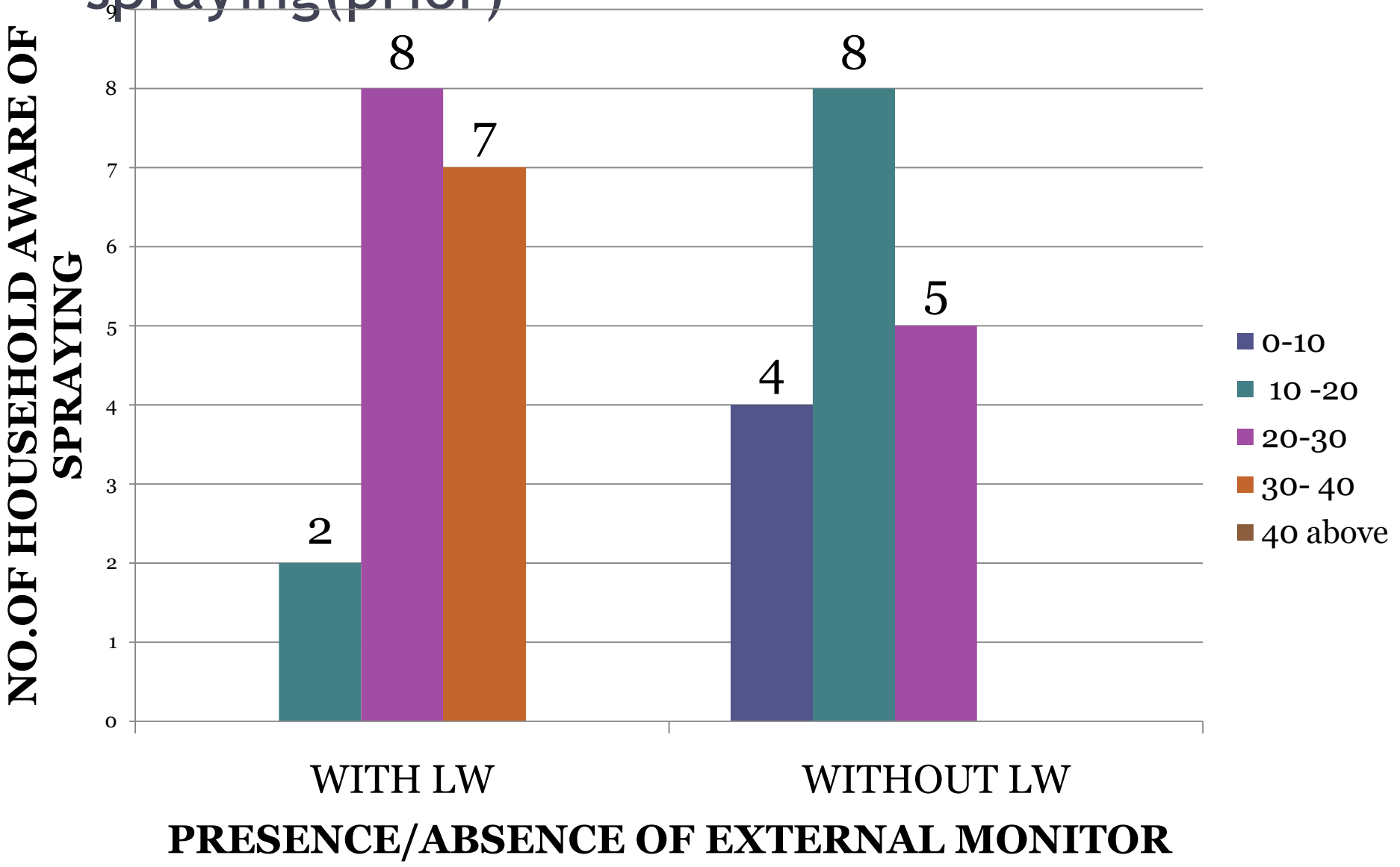
2. Presence of the supervisor with the squads.



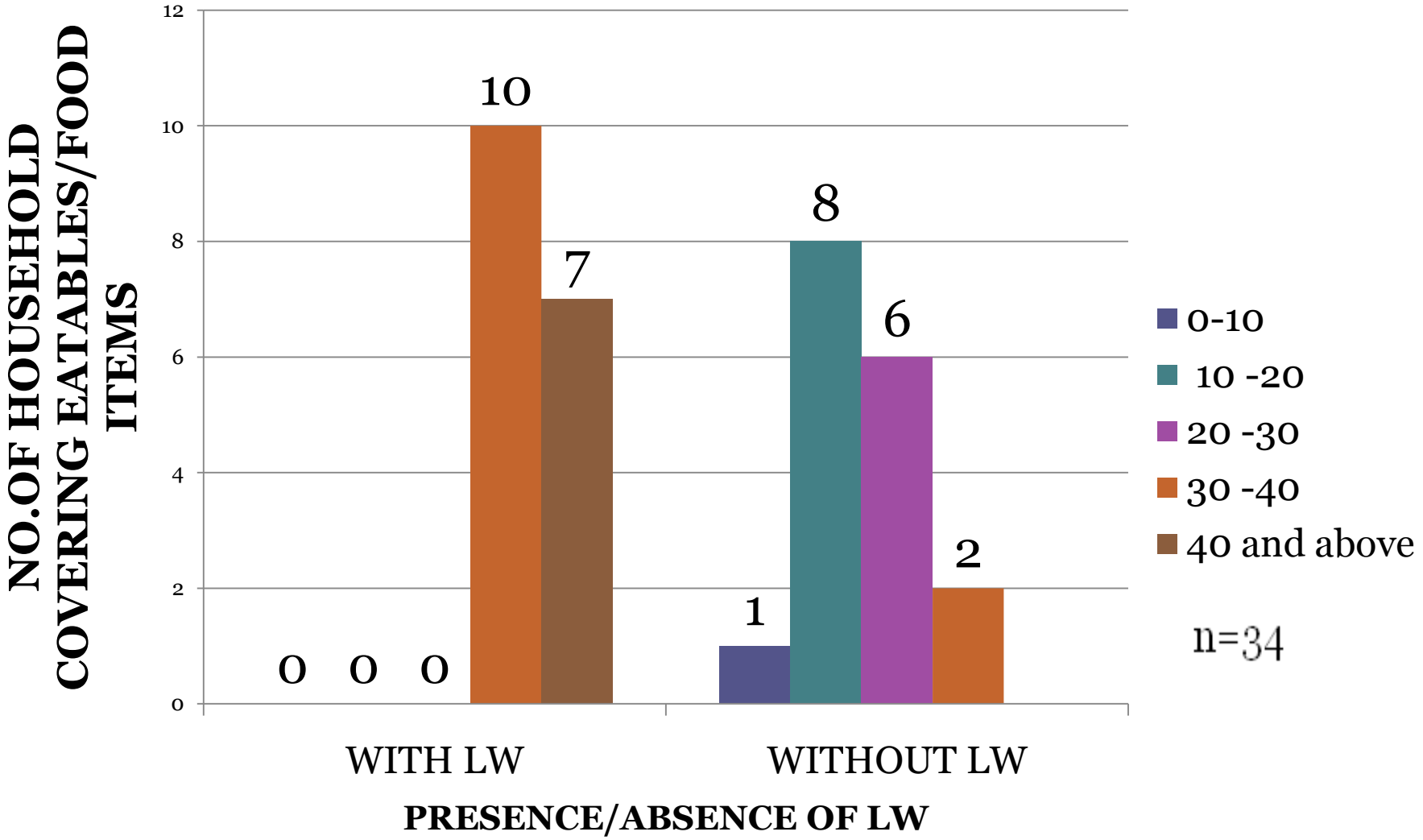
3) Coverage of of households in the presence of EXTERNAL MONITOR



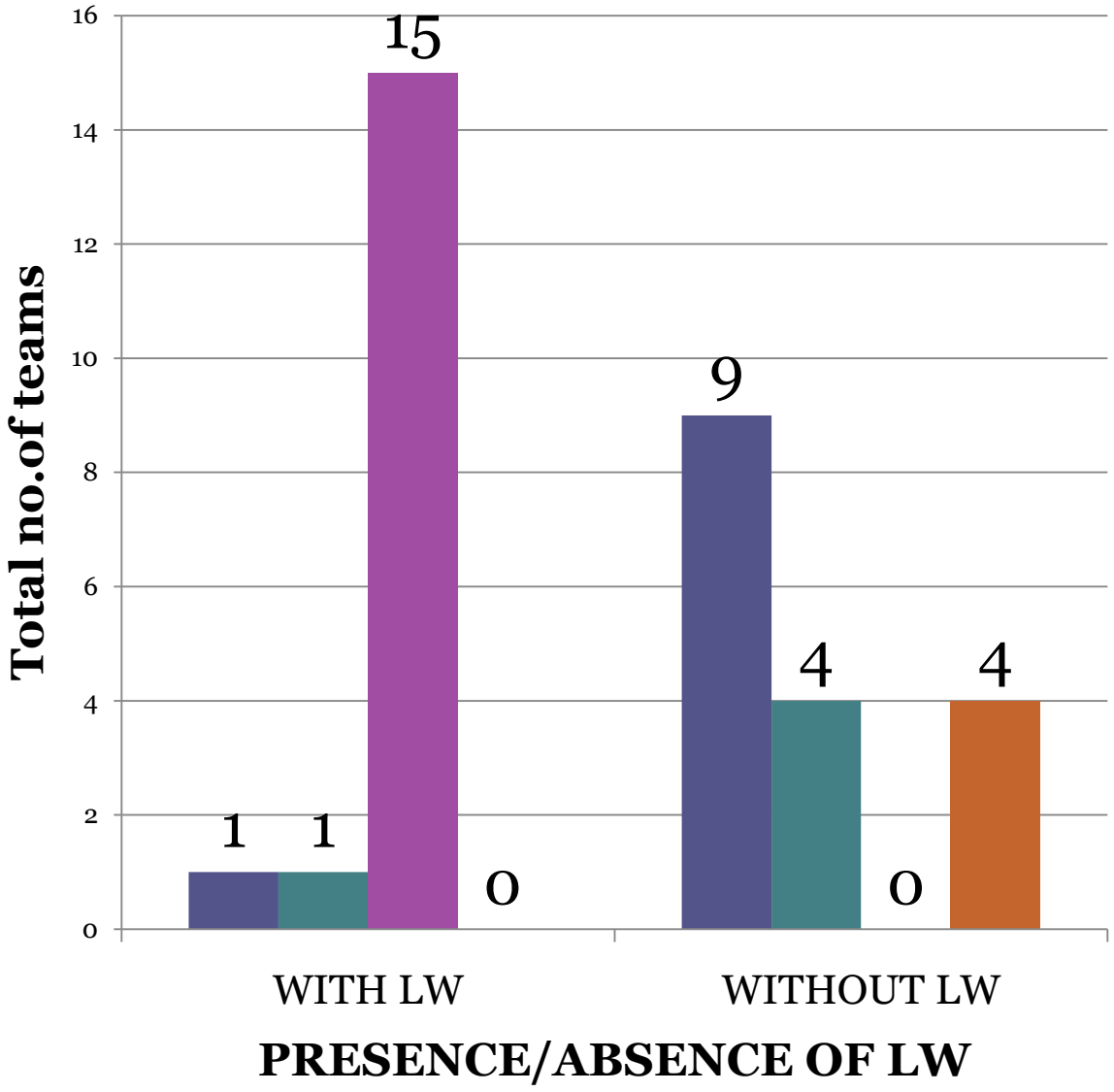
4) Total no. of household aware of spraying(prior)



5) No. households covered food and eatables during sprayed



6)Proper disposal of remaining DDT solution.



- Washed near tube well
- Disposed in open in the field
- Disposed in a pit and covered
- Disposed in any another way

n=34

❖Discussion

- All the district level staff were of the opinion that the kala-azar program had been running at a slow pace in the previous years before private stakeholders came into play, thus in the form of an NGO, there is now a buzz of activities going on in the district to help in smooth functioning of the project.
- Realizing effective convergence across various sectors and delivery of convergent actions at the community level is perhaps one of the most significant challenges to improving condition of Kala azar program in Begusarai.

- Similarly Stakeholders participation in searching new cases and getting them registered in PHC is also an important step which helps in tracing the same patient and completing the course of treatment .
- There is broad recognition that inter-sectoral action for nutrition is likely essential to achieve sustained improvements in nutrition

❖Result

- The results implicated that due to inter-sectoral convergence of major stakeholders the quality of health services in controlling incidence and prevalence of kala-azar diagnosis and treatment has increased from the past.
- It was also seen that human resource required for proper monitoring and supportive supervision and hand holding in case detection (new cases) was also increased with incorporation of new identified affected villages in the spraying micro plan. With external supervision the quality of spraying and intensity of the spray has also been increased.

- Inter sectoral convergence has provided a positive boost on the implication in the status of reduction of kala-azar cases, incidence and prevalence. This will ultimately help in controlling the disease and achieving the level of elimination.

❖Suggestions

- Convergence in Policy Formulation and Planning Policy.
  - In preparing micro plan
  - Searching new patients
  - Preparation of IEC/BCC material
  - Supply chain in medicines and rk39 kit
- Convergence in Implementation.
  - Participation in SFW/LW training
  - Participation in spraying
  - Providing spare/new equipments/pumps/spare parts and training for repairing.
  - Awareness campaign
- Convergence in Monitoring and Evaluation
  - joint supervision
  - Shearing of data
  - Concurrent monitoring and back-check.

Poor fighting the disease of poorest of poor

~~THANK~~

~~YOU~~