Current Strategies Of Kala azar Elimination - Strength,Weakness,Opportunities,Challenges

A Study In The Purnia District Of Bihar

Presented By-Tanvi Chauhan

INTRODUCTION

What is Kala Azar?

Kala-azar is a slowly progressing, potentially fatal disease caused by a protozoan parasite of genus *Leishmania*.

- Bihar contributes to over 80-85% of National Kala-Azar burden.
- 33 districts out of 38 dist. are endemic for Kala-Azar .
- 11 Districts out of 33 KA affected Dist. of Bihar contributes to 65-70% cases of Kala-Azar -

(These are Araria, Darbhanga, E.Champaran, Madhepura, Muzafarpur, Purnia, Saharsa, Samastipur, Saran Sitamarhi & Vaishali).

- Disease affects mostly poorest of the poor specially Mushahar Community.
- Population at risk are 34.65 million, having 11,500(approx.) villages in 429 PHCs.
- State has commitment to achieve National Kala-azar Elimination goal set for 2015 by GOI i.e. reducing incidence of KA by 1 case per 10,000 population at sub district level.

RATIONALE

- In view of the above consequences, several control programs have been launched by the Government of Bihar. Various strategies has been formulated under these programs for elimination of this disease.

- In India under NVBDCP the major strategies are -

  A)Effective vector control,

  B)Early diagnosis and treatment,

  C)Information education communication and capacity building .

The purpose of this study was to understand the ongoing strategies in one of the endemic district (Purnia)of Bihar and their challenges.

RESEARCH QUESTION

- 1) What are the current strategies for the control of kala azar in Purnia district of Bihar?
- 2) What are the strengths and challenges of current strategies in Purnia district of Bihar?

OBJECTIVES

General Objective:

1) To study the ongoing strategies for kala azar elimination in Purnia district of Bihar State.

2) To analyze strengths, weakness, opportunity and threats of current strategies in Purnia district of Bihar.(SWOT Analysis)

Specific Objective:

1) To assess the preparedness of PHCs for the IRS strategy.

2) To find out involvement of ASHA s in VL control strategy.

Methodology

- **Study Area:** The study was conducted in Purnia district of Bihar.
- **Study Design:** Descriptive cross sectional study.
- **Sampling:**

  a) For facility assessment 14 PHCs were chosen from the district.

  b) For in depth interview DMO,MOIC and VBD were the respondent.

  c) Sample of 100 ASHAs were chosen randomly (purposive sampling)from two highly endemic blocks namely dhamdaha and Purnea.East.

FINDINGS

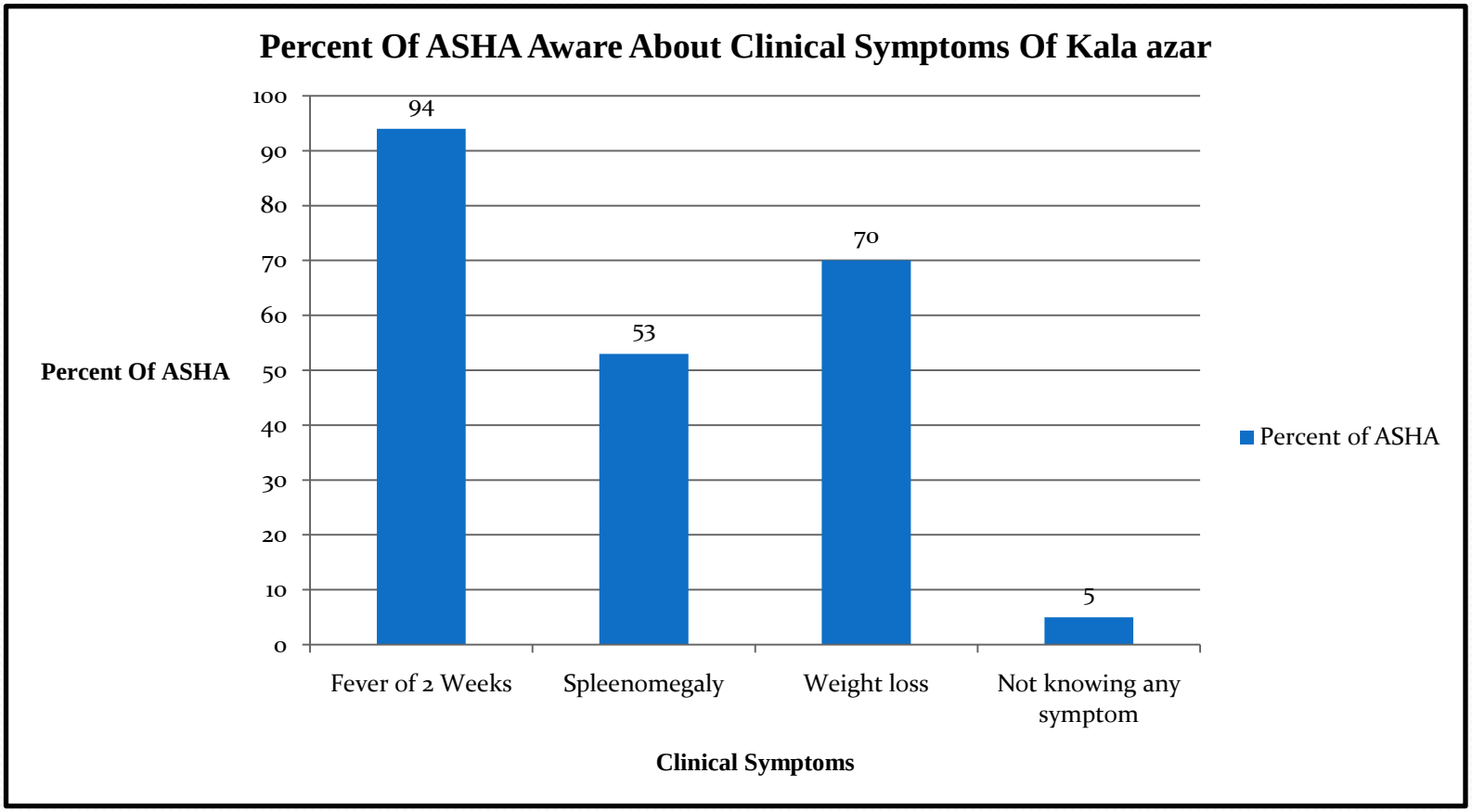
- **Facility Assessment Table-(Assessment Of PHCs for Pre-spray activities)**

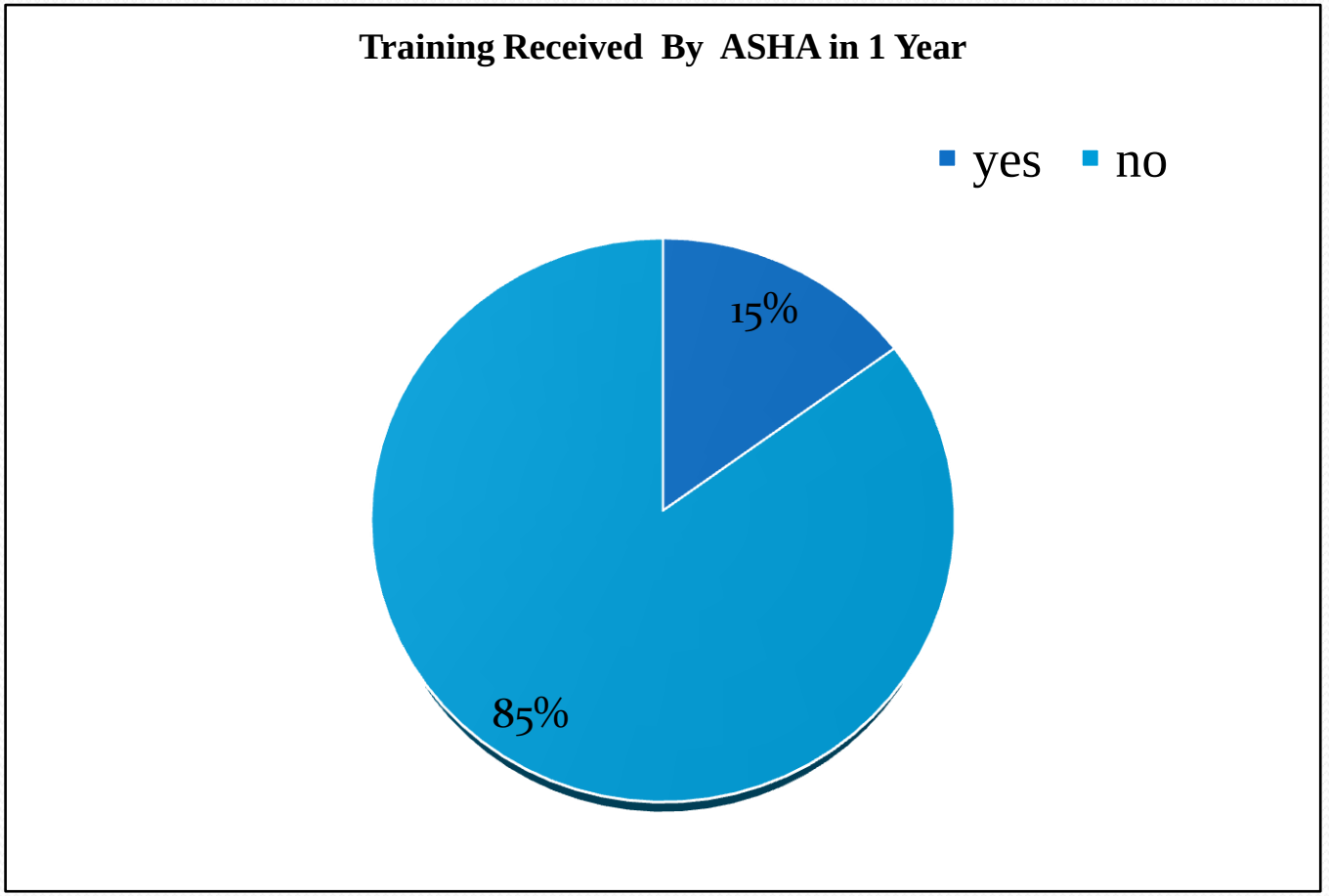
S.NO	INDICATORS	RESULTS
1.	No. of PHCs having microplan made for the IRS round (45 days before IRS).	0
2.	No. of PHCs identified spray activities dates for endemic villages(15 days before IRS).	0
3.	No. of PHCs informed ASHA for date of spraying in the village(15 days before IRS)	0
4.	No. of PHCs having availability of insecticides, pumps and other supportive equipments(15 days before IRS)	0
5.	No. of PHCs completed training of squads(15 days before)	0
6.	No. of PHCs had awareness campaign 7 days before IRS	0
7.	No. of PHCs had IEC material(hand bills,posters,IPC cards) available 15 days before IRS	0
8.	No. of PHCs planned IEC activities(advocacy,spreading messages) 30 days before IRS.	0
9	No. of PHCs having monitoring and supervision team formed 7 days before IRS	0

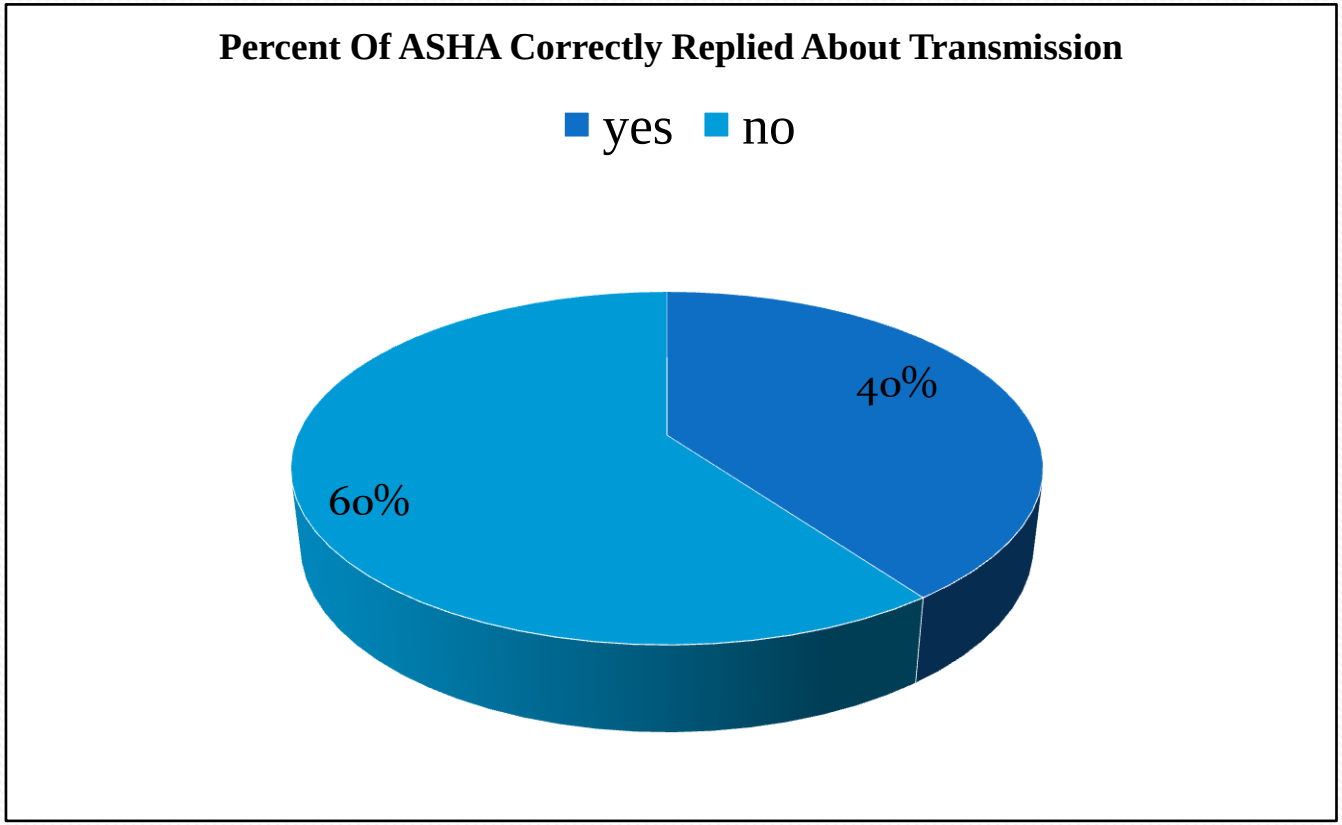
- **Swot Analysis of Indoor Residual Spray(effective vector control strategy)**

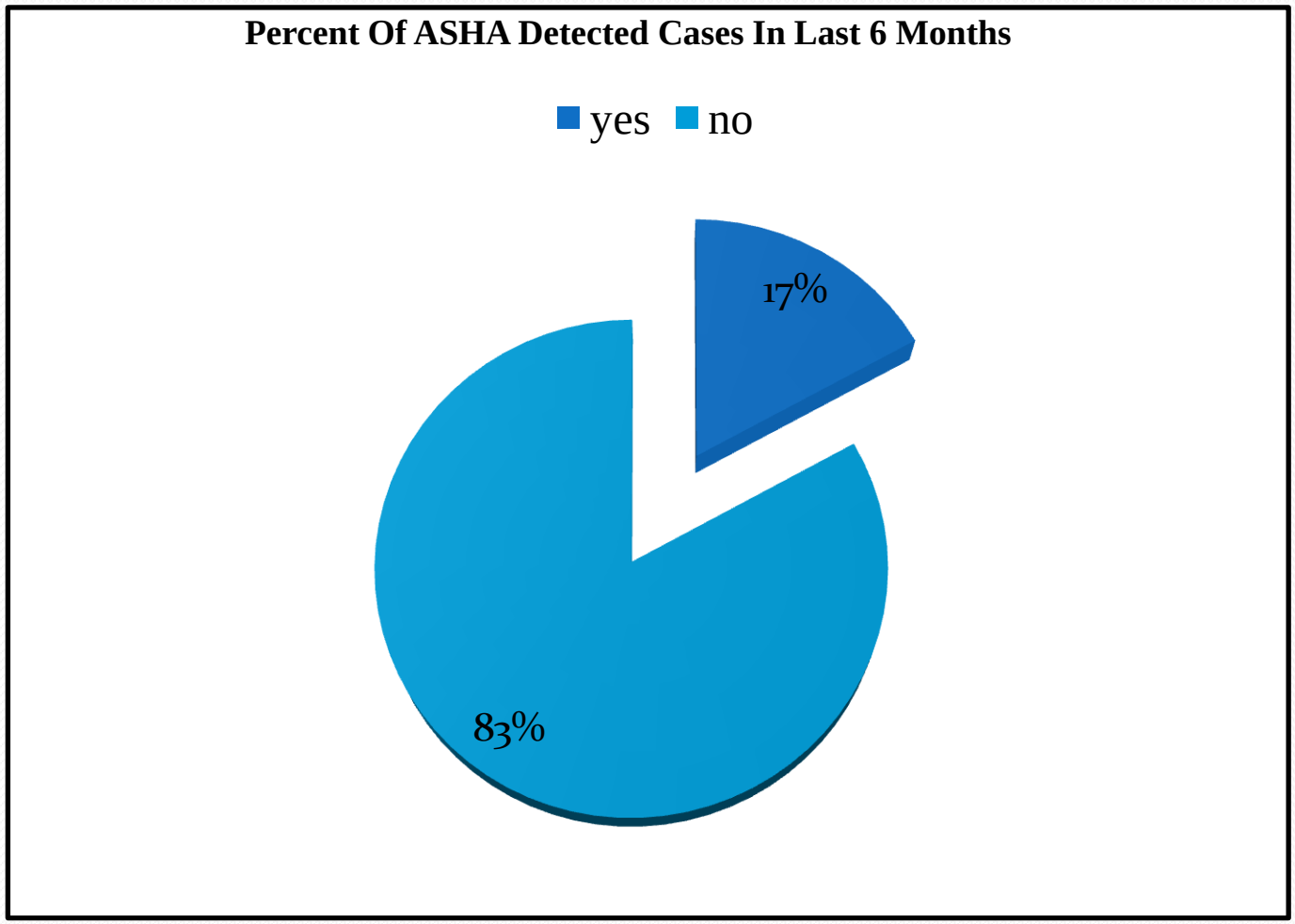
STRENGTH	WEAKNESS
1. Decentralisation of vector control activities to the districts. 2. Availability of financial budget sanctioned to district for April-May 2014(Rs 9664468). 3. Sand fly still susceptible to DDT in Bihar. 4. Availability of IRS guidelines at district malaria office. 5. Availability of health infrastructure.	**1.**Insufficient human resource- Only 4 KTS for 14 PHCs and (squads for spraying-155 on papers but in field only 75 present). **2.**Lack of micro planning,IEC,awareness campaign at PHC level. **3.**Lack of monitoring and supervision. **4.**Lack of trained squads for spraying. **5.**Non involvement of ASHA in awareness campaign for IRS and in IEC. **6.**Lack of political commitment. **7.**Lack of ownership and accountability among govt.officials. **8.**Corruption in government system.
OPPORTUNITIES	**THREATS**
1. Availability of monitors through Care for improving coverage and quality of IRS. 2. Mapping tools like GIS and satellite remote sensing for identifying high risk areas for improving coverage of IRS (**kishore et al**). 3. Possibility of kala azar elimination due to changing epidemiology.	1.Development of resistance to DDT.

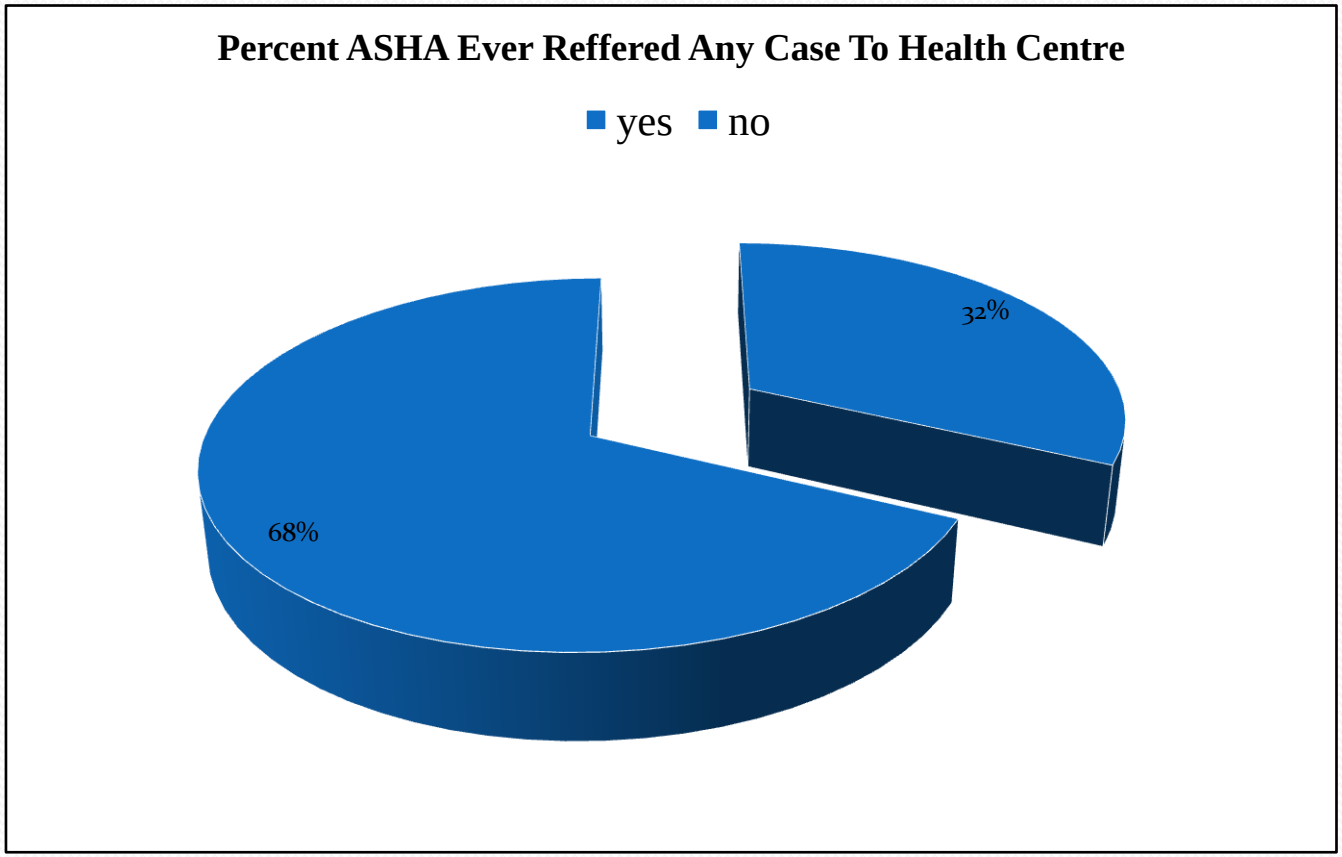
Assessment of ASHA involvement in VL Program




Training Received By ASHA in 1 Year
yes
no
15%
85%


Percent Of ASHA Correctly Replied About Transmission
yes
no
40%
60%


Percent Of ASHA Detected Cases In Last 6 Months
yes
no
17%
83%


Percent ASHA Ever Reffered Any Case To Health Centre
yes
no
32%
68%

SWOT Analysis For IEC and Social Mobilization

STRENGTH	WEAKNESS
1.Availability of kala azar advocacy and communication strategy.	**1.** Non availability of IEC material with ASHA. **2.**Lack of involvement of ASHA into VL program. **3.**Untrained village health worker on kala azar. **4.**Incentives not paid for case detection and treatment completions.
OPPORTUNITIES	**THREATS**
1.Existence of community structures such as the Village Development Committee (VDC) and Village Health Committees (VHC). 2.Engaging existing Community Based Organisations	

CONCLUSION

- There is an urgent need to focus on strengthening IRS strategy by streamlining microplanning at block level and ensuring monitoring and supervision during IRS activities. In VL control,ASHAs provide a so far largely untapped resource that can make a major contribution.They need to be motivated for case detection and IEC by involving and ensuring their incentives.ASHAs, being the interface between community and health staff, should be utilized and motivated towards active case detection. There should be orientations of ASHAs before each IRS possibly in the months of January and April since these months correspond to those when IRS operations preparation begins.The subsequent months (February and May) should be utilized to inform community regarding the sprays and their co-operation needs to be sought.

RECOMMENDATIONS

For IRS(Indoor residual spray)-

- Strengthening micro planning for IRS at district level.
- Incentivization of sprayers.
- Community involvement in the IRS through local advocacy, involvement of community-based volunteers from most-affected populations,and raising KA awareness in the community by mass media and social mobilization.
- Strong monitoring of spray workers during IRS.

For early diagnosis and treatment-

- Capacity building of ASHA about kala azar and involvement in community mobilization by streamlining incentives which are to be paid to ASHA on case detection and completion of treatment.
- Active search through khoj camps.
- Ensuring provision of loss of wages & free food for patient & attentdent

For IEC and BCC-

- Public Relation Department- Network to be used for dissemination of information through film show/ Miking.
- News paper advertisement for KA programme & IRS activity.
- Banner, Posters, Hording about kala azar.
- Rogi Kalyan Samiti – Members to be briefed and involved.

THANK YOU