

Chapter V

Presentation

On 24th February 1998, the overview of the thesis studied on the topic of Mobilization of Community health Workers for Early Diagnosis and Treatment of Leishmaniasis in Nepal was presented to the thesis examiners. The presentation was divided into 3 parts : Essay, Proposal and Data Exercise. In the essay part, I discussed about how I identified the problem affecting health of the children and young adults from Leishmaniasis in Nepal, clarified the problem and discussed about strategies, control measures, and solutions of the problem.

Then I presented my proposal section, where I discussed about the implementation of my proposed study in Harinagar PHC of Sunsari district in Nepal in order to provide EDPT Service for Leishmaniasis clients. The proposed program, which I presented, was divided mainly into some components such as : Provision of EDPT Training to health Workers, Implementation of EDPT Service, Monitoring, Supervision of EDPT service and an Impact Evaluation of the EDPT services.

The third part of the study was data exercise, which was done in Nepal, because Leishmaniasis is not prevalent in Thailand, or may be because it is under-reported. An interview with the medical personnel was conducted in Panathnicom district hospital where the existing facilities for diagnose and treatment of a disease are similar to those for Leishmaniasis. I presented the objectives of data exercise and lesson learned from it.

The overhead transparencies were used for presentation. The content of overhead transparencies are shown in this section sequentially as presented to the thesis committee.

THESIS TOPIC :

MOBILIZATION OF COMMUNITY HEALTH WORKERS FOR EARLY DIAGNOSIS AND TREATMENT OF LEISHMANIASIS IN NEPAL.

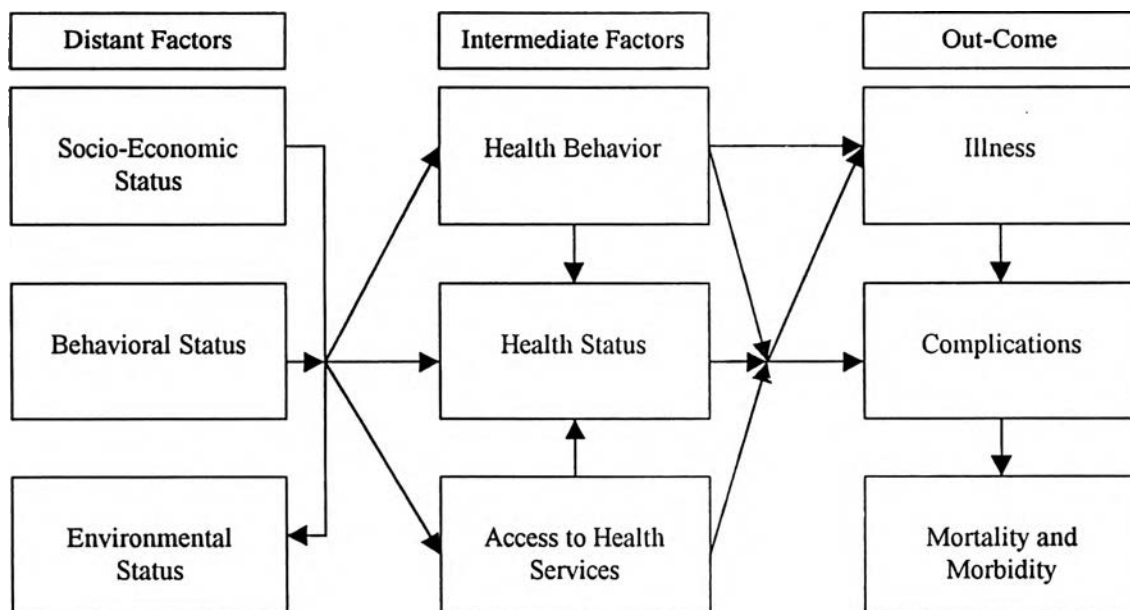
ISSUES :

- HOW CAN MORTALITY AND MORBIDITY FROM LEISHMANIASIS BE REDUCED AMONG RISK GROUP (5-20 YEARS) PEOPLE IN NEPAL.

CONCLUSION :

- CAN BE REDUCED BY EARLY AND INCREASED CASE DETECTION AND PROMPT TREATMENT OF LEISHMANIASIS THROUGH MOBILIZATION OF COMMUNITY HEALTH WORKERS IN NEPAL.

ANALYTICAL FRAME & WORK



Source : Taylor and Muller, 1985, Community Approach to Leishmaniasis.

LEISMANIASIS-GLOBALLY.

-LEISMANIASIS IS WORLD-WIDE PREVALENT.

***-90 % OF VISCERAL FORM OCCURS IN INDIA,
BANGLADESH AND NEPAL.***

***-90 % OF CUTANEOUS OCCURS ABROAD : BRAZIL,
MEXICO, SUDAN, ITALY, USSR, & OTHERS.***

-OVER ALL PREVALENCE : 12 MILLION.

-ANNUAL INCIDENCE : 600,000 NEW CASES.

-PEOPLE AT RISK : 350 MILLION.

-AGE AND SEX CHARACTERISTICS : 5-20 YEARS

-SEX - BOTH SEXES, RATIO : 2:1.

LEISMANIASIS IN NEPAL

-INCIDENCE :

1980 - 1.5/100,000 POPULATION.

1995 - 44.60/100,000 POPULATION.

-PREVALENCE :

1980 - 607 CASES.

1995 - 9,360 CASES.

-POPULATION AT RISK :

350 MILLION PEOPLE.

-CASE FATALITY RATE :

VARIED FROM - 0.23 % TO 13.16 %.

-AGE/SEX CHARACTERISTICS : 5-20 YEARS, BOTH SEXES, M:F-2:1.

TARGET

***- TO REDUCE MORTALITY AND MORBIDITY BY 50 %
BY YEAR 2000.***

***-TO REDUCE INCIDENCE OF DISEASE BY 50 % BY THE
YEAR 2000.***

-TO PROTECT POPULATION AT RISK.

POSSIBLE STRATEGIES

- ***IMPROVING ACCESS TO GOOD QUALITY SERVICE.***
- ***IMPROVING ACCESS TO PROMT TREATMENT.***
- ***INTEGRATION OF EDPT SERVICE WITH OTHER HEALTH SERVICES.***
- ***TRAINING OF MEDICAL PERSONNEL WITH MOTIVATION AND EVALUATION.***
- ***EMPHASIZING COMMUNITY AWARENESS, TARGETTING AT EARLY AND INCREASED CASE DETECTION AND PROMPT TREATMENT.***
- ***PROVISION OF REGULAR AND ADEQUATE INSECTICIDAL SPRAYING (2 ROUND A YEAR).***

NEED OF EARLY DIAGNOSIS AND TREATMENT

- FOR REDUCTION OF MORTALITY AND MORBIDITY FROM LEISHMANIASIS.**
- FOR PROTECTION OF RISK GROUP-BY INSTITUTING PREVENTION AND CONTROL MEASURES.**
- FOR REDUCING COMMUNICABILITY OF DISEASE.**
- FOR PREVENTION OF COMPLICATIONS.**
- FOR EPIDEMIOLOGICAL INVESTIGATIONS- TO TRACE
OUT SOURCE OF INFECTION.**
- MOST OF THE COMPLICATIONS CAN NOT BE EITHER PREDICTED OR PREVENTED, BUT CAN BE TREATED SUCCESSFULLY.**

OBJECTIVES OF STUDY :

GENERAL OBJECTIVES :

- TO INCREASE EARLY CASE DETECTION AND PROMPT TREATMENT OF LEISHMANIASIS THROUGH MOBILIZATION OF COMMUNITY HEALTH WORKERS IN ORDER TO REDUCE MORTALITY AND MORBIDITY AMONG RISK GROUP PEOPLE (5-20 YEARS) AT HARINAGAR PHC, SUNSARI, NEPAL.

SPECIFIC OBJECTIVES :

- TO DEVELOP CURRICULUM FOR TRAINING COMMUNITY HEALTH WORKERS.

- TO PROVIDE TRAINING TO COMMUNITY HEALTH WORKERS FOR EARLY CASE DETECTION AND PROMPT TREATMENT.

- TO PROVIDE GUIDE LINES FOR CASE DETECTION, REFERRAL AND FOR TREATMENT OF LEISHMANIASIS.

- TO IMPLEMENT EDPT SERVICE AT PHC THROUGH CHWS TO RISK GROUP PEOPLE.

- TO MONITOR EDPT SERVICE CONDUCTED BY CHWS TO SEE SERVICE ACHIEVEMENTS AT PHC.

- TO SUPERVISE EDPT ACTIVITIES OF CHWS TO IMPROVE THEIR PERFORMANCES.

- TO EVALUATE AN IMPACT OF EDPT SERVICE PROVIDED THROUGH CHWS TO INCREASE CASE DETECTION AMONG RISK PEOPLE.

DEMOGRAPHIC BACKGROUND OF SUNSARI

DISTRICT :

- **POPULATION : 522,643.**
- **MALE/FEMALE RATIO : 51:49 %.**
- **AREA : 1,265 SQ. KM.**
- **V.D.Cs. : 50.**
- **MUNICIPALITIES : 3.**
- **ELECTORAL CONSTITUTION : 5.**
- **TOTAL NUMBER OF FAMILIES : 90,381.**
- **MALE-40-45 %, FEMALE-15-25 %.**
- **SOCIO-ECONOMIC STATUS : LOW.**
- **RELIGION : HINDU-60%, MUSLIMS-20%, BUDHIST-10%, OTHERS-10%.**
- **HEALTH FACILITIES :**
 - **DISTRICT HEALTH OFFICE -1.**
 - **DISTRICT HOSPITAL (50 Beds)-1**
 - **MEDICAL INSTITUTION -1.**
 - **PRIMARY HEALTH CENTER -5.**
 - **HEALTH POSTS -9.**
 - **SUB-HEALTH POSTS- 38.**
 - **FP, LEPROSY, TB CLINIC -1 EACH.**
 - **RED-CROSS SOCIETY -1.**

INTRODUCTION OF HARINAGAR VILLAGE.

SUNSARI, NEPAL.

- **ONE OF THE REMOTE VILLAGE IN SUNSARI DISTRICT.**
- **POPULATION : 7,145.**
- **HOUSEHOLD : 1,012.**
- **TARGET POPULATION : 1,472.**
- **ONE PRIMARY HEALTH CENTER : 3 BEDS.**
- **SERVICE PROVIDED BY PHC : BASIC.**
- **LITERACY RATE : M-30%, F-15-20%.**
- **LIVING STATUS- 90% IN MUD PLASTERED HOUSE-SUITABLE FOR BREEDING OF LEISMANIASIS.**

STAFFING PATTERN OF PHC. :

- **MEDICAL OFFICER- ONE.**
- **STAFF NURSE -ONE.**
- **HEALTH ASSTT.- ONE.**
- **LAB. ASSTT. : ONE.**
- **AHWS. : TWO.**
- **ANM. : THREE.**
- **ADM> STAFF. : 2.**
- **VILLAGE HEALTH WORKER-ONE.**
- **PEON-ONE.**
- **SWEEPER-ONE.**

THE LEVEL AT WHICH EDPT SERVICE SHOULD BE IMPLEMENTED.

PRIMARY HEALTH CENTER (PHC).

REASONS :

- **BECAUSE PHC IS THE CLOSEST FACILITY IN THE COMMUNITY, WHERE CASES CAN BE IDENTIFIED, TACKLED, STABILISED AND REFERRED.**
- **BEING RURAL FOCUS OF THE DISEASE.**
- **90 % PEOPLE LIVE IN VILLAGES.**
- **UNLESS THEY HAVE AN ACCESS TO EARLY DIAGNOSIS AND PROMPT TREATMENT, MORTALITY FROM LEISHMANIASIS REMAINS HIGH.**

TRAINING TO CHWS.

OBJECTIVES :

- **TO IMPROVE KNOWLEDGE AND PRACTICAL SKILLS OF COMMUNITY HEALTH WORKERS FOR EARLY AND INCREASED CASE DETECTION OF LEISHMANIASIS AND ITS PROMPT TREATMENT.**

TRAINING APPROACH :

- **PARTICIPATORY.**
- **COMPETENCY BASED.**

TRAINING METHODS :

- **GROUP DISCUSSION.**
- **DEMONSTRATION.**
- **CASE STUDIES.**
- **ROLE PLAY.**
- **EXERCISE.**
- **BRAINSTORMING.**
- **LECTURES.**

OTHER ACTIVITIES OF THE PROPOSED PLAN :

- **PROVISION OF IEC MATERIALS.**
- **MONITORING OF EDPT SERVICE.**
- **SUPERVISION OF EDPT SERVICE.**

EVALUATION OF TRAINING PROGRAM.

- **TRAINING PROCESS EVALUATION.**
- **LEARNING OUT-COME EVALUATION.**
- **PRE-TEST OF TRAINEES WITH QUESTIONNAIRES.**
- **POST-TEST OF TRAINEES WITH QUESTIONNAIRES.**
- **HEALTH WORKERS BEHAVIORAL CHANGE EVALUATION.**

IMPACT EVALUATION :

METHODS :

- **RISK PEOPLE (CLIENT) SURVEY.**
- **FOCUS GROUP DISCUSSION.**
- **REVIEW OF OFFICIAL STATISTICS.**

DATA EXERCISE

OBJECTIVES :

- **REFINE DATA COLLECTION METHOD.**
- **DEVELOP DATA COLLECTION INSTRUMENTS.**

TECHNIQUE :

- **INTERVIEW.**
- **FOCUS GROUP DISCUSSION.**
- **KNOWLEDGE, ATTITUDE AND PRACTICE.**

LESSON LEARNED FROM DATA EXERCISE :

- **FGD IS INCORPORATED IN THE PROPOSAL.**
- **COMPETENCY, INTERACTION OF CHWS WITH RISK PEOPLE IS INCORPORATED IN DATA COLLECTION INSTRUMENTS.**