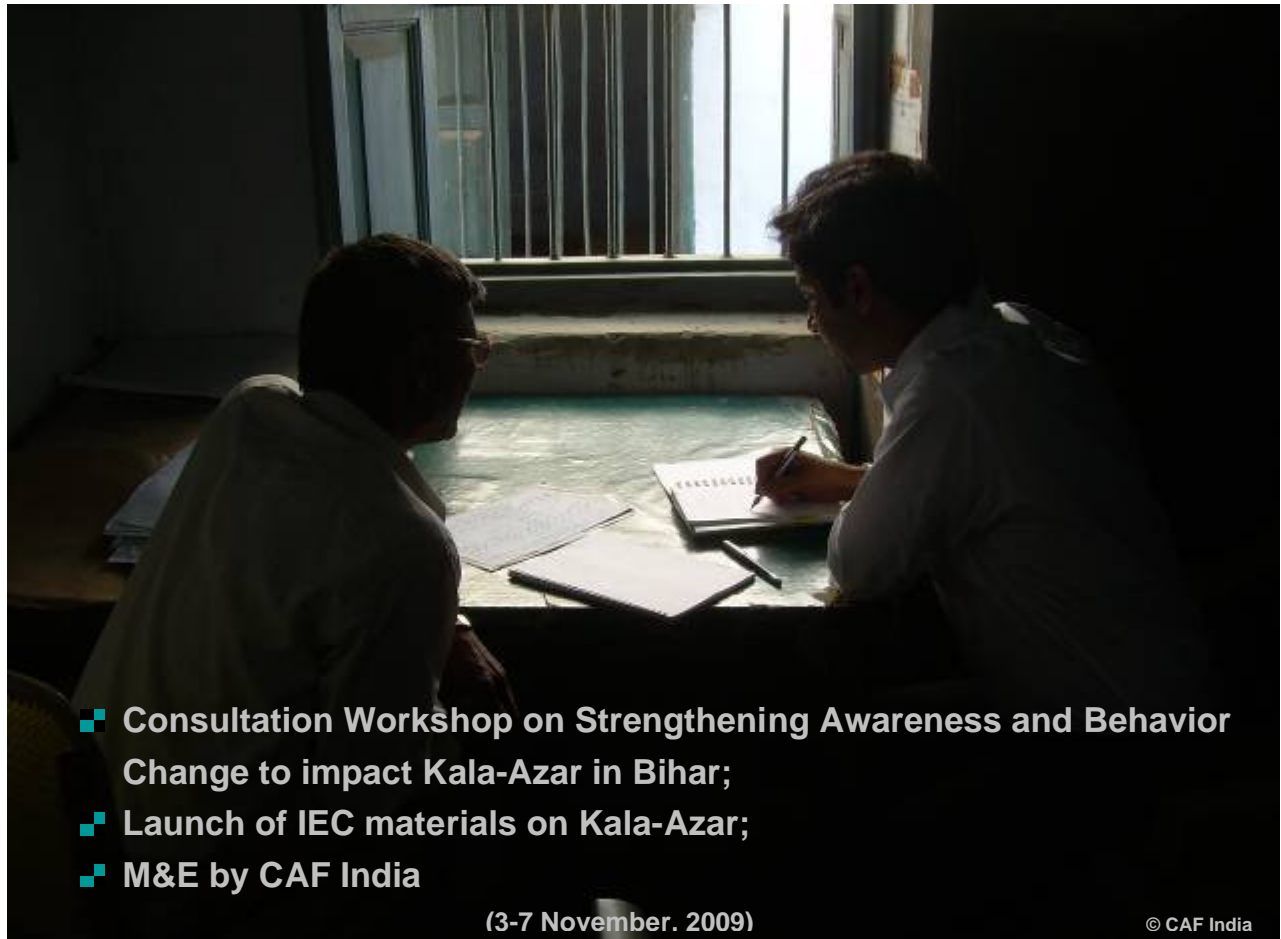


Project: Addressing Kalazar, Health and Sanitation issues in North Bihar



- Consultation Workshop on Strengthening Awareness and Behavior Change to impact Kala-Azar in Bihar;
- Launch of IEC materials on Kala-Azar;
- M&E by CAF India

(3-7 November, 2009)

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Partners:



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Project Summary:

Charity Partner	INTEGRATED DEVELOPMENT FOUNDATION
Project Title	Addressing Kalazar, Health and Sanitation issues in North Bihar
Objective of the Grant	To address Kalazar, health and sanitation issues in North Bihar by creating Information, Education
Target Population	36,000 persons (total: 1,00,000 in 3 years) living with Kala-Azar and vulnerable groups; Government of Bihar health officials, elected Panchayat leaders; District, Block and Village level government officials; NGOs, media
Location	Samastipur, Muzaffarpur and Katihar districts
Project Duration	15 May 2009 to 14 May 2010 (Originally 1 April 2009 to 31 March 2010)—A 3 Year initiative
Grant Amount	INR 12,33,000
Grant Disbursed by CAF (as on date)	INR 6,00,000
About the Project	<p>The project on 'Kalazar, Health and Sanitation Issues in North Bihar', to be started on April 1, 2009, was formally launched with the support of GSK on May 15, 2009 for a period of 3 years [though the initial MOU with Integrated Development Foundation (IDF) is for 1 year only] with the consent of GSK.</p> <p>The current project, to benefit upto 36,000 persons in Samastipur, Muzaffarpur and Katihar has undertaken its mandatory tasks of identifying 18 villages in these 3 districts and also undertaken necessary social and disease mapping of the area. The project is moving as per plan and to the satisfaction of CAF India.</p> <p>CAF India visited IDF at Patna on the 3rd Nov, 2009 to attend a state level Consultation Workshop on Strengthening Awareness and Behavior Change to impact Kala-Azar in Bihar attended by senior bureaucrats, NGOs and media. Subsequently, CAF India visited ongoing project work at Samastipur, Muzaffarpur and Katihar between November 3-6, 2009 and met village and block level government and elected functionaries besides a section of the target population.</p> <p>Earlier, CAF India had scoped this project for GSK after a 3 year CSR intervention (2005-08) with its support for Deepalaya, Asha Foundation, CanSupport and Sankalp Welfare Society on Health (AIDS and Cancer) and Education for children at NCR and Bangalore successfully concluded in 2008-09 directly benefitting over 2,020 beneficiaries.</p> 

Consultation Workshop on Strengthening Awareness and Behavior Change to impact Kala-Azar in Bihar; Launch of IEC materials on Kala-Azar

November 3, 2009:



Representatives of CAF India, IDF and Government of Bihar (Department of Health) launching the Flip Charts in the presence of various stakeholders, electronic and print media, international and local NGOs at SIHFV Auditorium, Sheikhpura, Patna on November 3, 2009. (Photo: Courtesy IDF, CAF India)

Key Speakers:

- **Mr. Manoj Kumar Verma**, Director, Integrated Development Foundation (IDF)
- **Dr. R. N. Pandey**, Deputy Director, Directorate of Health Services, Govt. of Bihar (**Chief Guest**)
- **Abhishek Chaturvedi**, Senior Manager—Grantmaking, CAF India
- **Dr. Ram Singh**, Director, National Centre for Disease Control (Formerly NICD) Patna Branch (Directorate General of Health Services)
- **Dr. Parshuram Prasad**, Assistant Director, Kala-Azar, Directorate of Health Services, Govt. of Bihar
- **Dr. Kamal Kishore**, Ex Consultant, Regional Office of Health and Family Welfare, Govt. of India
- **Mr. Ramanuj Sharma**, Malaria Inspector, Gaya District, Govt. of Bihar
- **Representative of Medecins Sans Frontieres (MSF)** from Vaishali District, working with Govt. of Bihar
- **Piyush**, National Health Rural Mission (NHRM)
- **Mr. Babul Prasad**, Chairman, Integrated Development Foundation (IDF)

Participants and Attendees:

CAF Representative	Abhishek Chaturvedi, Senior Manager—Grantmaking	
IDF Representative	<ul style="list-style-type: none"> ✚ Mr. Babul Prasad, Chairman; ✚ Mr. Manoj Kumar Verma, Director; ✚ Mr. Prashant Jha, Project Coordinator; ✚ Mr. Rajeev Ranjan, Development Executive; ✚ Mr. Manoj Kumar, Development Associate; ✚ Mr. Abhay Kumar, Development Associate 	
Government of Bihar (Department of Health) representative	<ul style="list-style-type: none"> ✚ Dr. R. N. Pandey, Deputy Director, Directorate of Health Services, Govt. of Bihar (Chief Guest) ✚ Dr. Ram Singh, Director, National Centre for Disease Control (Formerly NICD) Patna Branch (Directorate General of Health Services) ✚ Dr. Parshuram Prasad, Assistant Director, Kala-Azar, Directorate of Health Services, Govt. of Bihar ✚ Dr. Kamal Kishore, Ex Consultant, Regional Office of Health and Family Welfare, Govt. of India ✚ Mr. Ramanuj Sharma, Malaria Inspector, Gaya District, Govt. of Bihar ✚ Representative of Medecins Sans Frontieres (MSF) from Vaishali District, working with Govt. of Bihar 	
International and local NGOs	<ul style="list-style-type: none"> ✚ Dr. A.K. Tiwari, State Nodal Officer, State Health Society ✚ Mr. Nitish Kumar Sinha, Coordinator, Health & CBDP, Catholic Relief Services, Ranchi ✚ Ms. Indu Singh, Senior Project Manager, Prayas, Samastipur ✚ Piyush, National Health Rural Mission (NHRM) ✚ Jan Jagran Manch 	
Media	Electronic : <ul style="list-style-type: none"> ■ ETV Bihar ■ NE television ■ Mahua TV ■ Hamaar TV ■ Local Cable TV ■ PTN (local news channel) 	Print: <ul style="list-style-type: none"> ■ Hindustan Times ■ Hindustan ■ Rashtriya Sahara ■ Dainik Bhaskar ■ Sanmarg ■ Chauthi Duniya ■ Prabhat Khabar

The Workshop:

The Workshop began with the briefing of Mr. Manoj Kumar Verma, Director, IDF on:

- ✚ the status of Kala-Azar in Bihar;
- ✚ the rationale for deciding to launch this initiative in Samastipur, Muzzafarpur and Katihar districts;
- ✚ the need to bring in all concerned stakeholders on one platform; and
- ✚ the progress made by the project so far.

The speakers launched the FLIP Chart, Audio CD, Vinyl Posters and other Information Education and Communication (IEC) material on behalf of the project in the presence of the media.



Stakeholders from the Government, IDF and CAF India launching the audio CD in Hindi/Bhojpuri, 'Khabardar... Ye Hai Kalazar' (Photo: Courtesy IDF, CAF India)

Dr. R.N. Pandey informed the gathering that the Government of Bihar already has **14,000 confirmed cases of Kala Azar during April-October 2009 and 55 deaths** as a consequence. He pointed at increased government involvement being the key at reducing the number of infections. On asking whether there was an HIV-Kala-Azar overlap, he said that the GoB was aware of such cases, though few and far.

Later, during the discussion, CAF India representative learnt from Dr. Pandey that he had no specific inputs on whether the Govt. of Bihar (GoB) had any study undertaken to ascertain the HIV-Kala-Azar overlap. This was stated after Mr. Abhishek Chaturvedi informed the media and stakeholders that there are a growing number of reports of *Leishmania*/Human Immunodeficiency Virus (HIV) co-infection across the world. Quoting from the Journal of Medical Microbiology (2006) and One World Health, Mr. Chaturvedi said that of the 45 million people infected by HIV worldwide, an estimated one-third live in the zones of endemic *Leishmania* infection and that India has the largest number of Kala-Azar cases and the second-largest HIV-infected population. The possible overlap in the distribution of VL and HIV in countries where both infections are highly endemic, such as India, may have grave consequences.

Addressing the representatives from the Government of Bihar, media, NGOs, civil society groups and IDF, Mr. Chaturvedi called upon one and all to consider the Kala-Azar issue as one that is putting the population of Bihar and neighboring states in the Eastern part of India to serious peril and that CAF India and GSK are extremely concerned and committed to addressing the cause with all the concerned stakeholders.

On CAF India's corporate partner, he added that GlaxoSmithKline (GSK), an international pharma and consumer health care company, is globally recognized for its commitment to HIV and Cancer among women and children as part of its corporate social responsibility. While CAF India and GSK have worked together on HIV, Cancer, women and children in India for several years, this time both GSK and CAF India have come together for a proactive initiative as Bihar sits on an impending Kala-Azar outbreak and that there is a genuine fear of its potential overlap with HIV.

However, the focus of this 3-year initiative will remain on generating awareness on Kala-Azar, health and sanitation; networking with various stakeholders; identifying, referring, treatment and follow ups of existing and newly detected cases of Kala-



Dr. R.N. Pandey, Deputy Director, Directorate of Health Services, Govt. of Bihar (Chief Guest) addressing the stakeholders and media on the current status on Kala-Azar in Bihar. (Photo: Courtesy IDF, CAF India)



CAF India representative addressing media and stakeholders on the Kala-Azar initiative in Bihar, the rationale behind it and expected outcomes through partnership with various stakeholders (Photo: Courtesy IDF, CAF India)

Azar within the project area. He added that not only the grant will help involve local communities in understanding ways to prevent and combat Kala-Azar and similar other preventable diseases through healthy and hygienic lifestyle; it will also help build understanding on measures to prevent HIV considering Bihar is a high risk state and knowledge on the subject is still quite low.

Dr. Ram Singh, Director, National Centre for Disease Control (Formerly NICD) Patna Branch (Directorate General of Health Services), fundamentally disagreed between what his department, NCDC, had been researching and recommending for years on Kala-Azar and how, in contrast, it was being implemented by the district and block level health departments. His view was supported by representatives of Medecins Sans Frontieres (MSF) (doctors of MSF work closely in supportive role to the government doctors called Medical Officer In-Charge at the Public Health Centres), National Health Rural Mission (NHRM) and other NGOs.

The SIHFW auditorium, being a full house and self-explanatory on how ill informed were concerned stakeholders and practitioners, was abuzz with pointed questions to the GoB officials and heated debate over deep fault-lines between various departments and the tendency of passing over of blame.

A saddened Mr. Ramanuj Sharma, Malaria Inspector, Gaya District, Govt. of Bihar, who spent decades working at a local level in Bihar and knowledgeable on the challenging ground realities of Kala-Azar, said how he now has to explain children and adolescents on Kala-Azar. It is akin to working with the second generation after working with the first earlier two decades ago. Close to his retirement, he stated his pleasure on the fact that a serious discussion is now taking place among various stakeholders and advised that this GSK-CAF-IDF intense initiative must not conclude merely with an awareness programme in the said 18 villages of Bihar.



Panel responding to 'How serious is the issue?' as asked by one national news channel (Photo: Courtesy IDF, CAF India)



Concerned stakeholders and participants raising pointed questions about implementation gaps by GoB on Kala-Azar and agreeing on urgent need for an informed response on it (Photo: Courtesy IDF, CAF India)

Views on the Status of Kala-Azar in Bihar by Stakeholders/Participants

Issue	Directorate of Health Services (GoB)	National Centre for Disease Control (NCDC)	Medecins Sans Frontieres (MSF)	National health Rural Mission (NHRM)	Integrated Development Foundation (IDF)	CAF India
Why is Kala-Azar persisting in Bihar?	GoB has been undertaking all possible measures—but annual floods, grim poverty, illiteracy and non-cooperation by vulnerable groups impedes eradication	Health Department and District/Block level health officials of GoB not following NCDC guidelines in terms of quantity and quality of DDT being sprayed and its timing.	Not all vulnerable areas and groups covered; Available resources, time become a factor; Symptoms misleading	Lack of GoB commitment	GoB officials resorting to selective prevention and not covering all; Confusion among people about Kala-Azar; Symptoms misleading	Lack of coordination between government inter-departments; Media too busy with crime and political news
What is the trend on Kala-Azar in Bihar	Data is with the GoB; 14,000 infected this year (since April 2009) and 56 deaths confirmed; Lesser than earlier.	Not sure	No information	No information; NHRM will start mapping District/Block wise now onwards	Trying to access the GoB data; Field data suggests 50-60% unreported being treated privately	The project will collate information of GoB with that from the field to create evidence
Awareness on Kala-Azar among general population	People are aware of it; Those who come to the PHCs are informed, tested and treated	People think it's a mosquito; large populations do not know its sand-fly; Sand fly breeding and its eradication is very different from a mosquito.	People are aware of it; Those who come to the PHCs are informed, tested and treated	NHRM not fully aware on it	People think it's a mosquito; large populations do not know its sand-fly; No knowledge on steps to be taken	
Awareness on GoB scheme on Kala-Azar among vulnerable groups and areas	All PHCs/ District Hospitals inform through their notice boards free treatment, Rs. 50 a day for patient as compensation and meals free for 1 accompanist.	Not sure	All PHCs/ District Hospitals inform through their notice boards free treatment, Rs. 50 a day for patient as compensation and meals free for 1 accompanist.	Not sure	Some PHC/District hospitals display this information; lack of guidance, non-payment of compensation, lack of beds, MOICs charging privately force the patients to go private	
Availability of SHG (Sodium Antimony Glucomate) and Amputicin B at PHC	Available at all PHCs	Don't know	Available, but stocks insufficient	Don't Know	Available, but stocks insufficient	
Nature of Fumigation and other preventive measures by GoB (time and frequency)	Regularly done each year in Feb-Mar and Apr-May; GoB procures undertakes the exercise as stipulated by guidelines and as spraying of DDT is not allowed privately	Disagree with Directorate of Health view; specifications as recommended by NCDC are rarely followed	Regularly done each year in Feb-Mar and Apr-May; GoB procures undertakes the exercise as stipulated by guidelines and as spraying of DDT is not allowed privately	Don't Know	Several communities from the project area informed that they hadn't seen any DDT spraying since a long time; the DDT, when sprayed, was diluted and hardly effective	Serious gaps noted based on clearly visible conflict in views among the 2 GoB agencies. People are suffering thus.
Is there an overlap of Kala-Azar and HIV	Aware of very few cases; No study undertaken on this	Don't Know	Don't know	Don't Know	Heard of a few cases from NGOs	The project will collate information of GoB with that from the field to create evidence

Monitoring and Evaluation

4 November, 2009

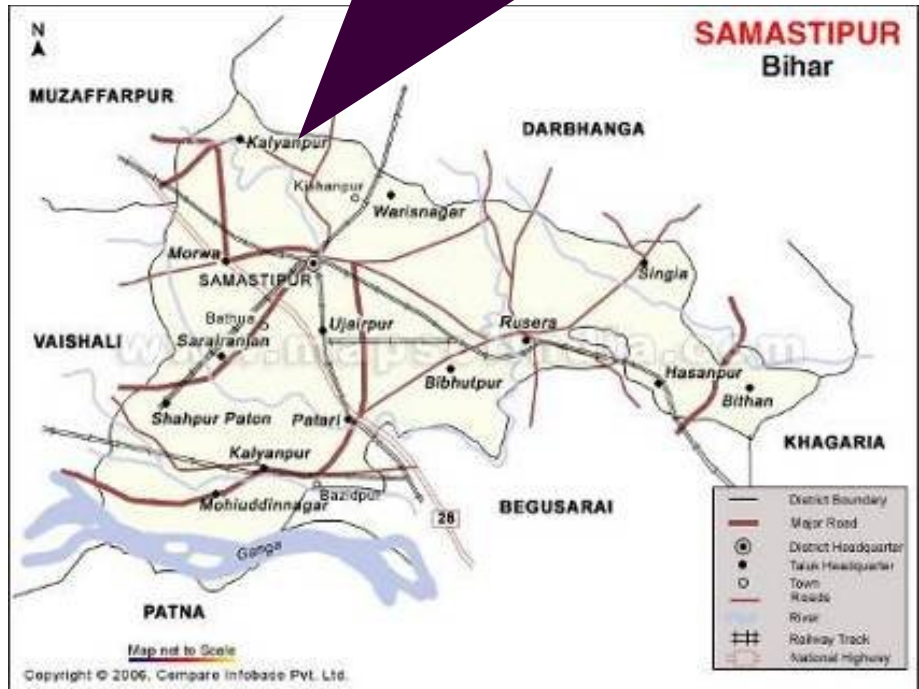
Site: Kalyanpur Block, Samastipur District

November 4, 2009: CAF India visited Kalyanpur Block with the IDF project team. It spent time with the Musahar community at Jiwaria village and witnessed a rally by hundreds of local children on 'Khabar...Ye Hai Kalazar'. Warisnagar is another project block.

CAF India scheduled its visits to Samastipur and Muzaffarpur Districts on November 4, 2009 with an aim at interacting with the vulnerable populations esp. Musahars, Paswans and Pasis. Considered as Mahadalits, i.e. those whose place in the social structure is on margins of even the most marginalized, they have been ostracized, disdained and uncared for by society and overlooked by the country's growth plans and welfare schemes. Most members of these communities are known to have survived on rat-meat and inhuman living conditions when pushed beyond survival limits for centuries across. Not difficult.

Not difficult was, therefore, for the CAF India representative and the IDF team to understand from the interactions with them why even now a family of 8-10 has an average income of Rs. 40-45 a day owing to one or two adults working on others' fields on daily wage. On a bad day or illness, even that seems far. Even the very small strips of land given these families fall in the severe 'Barh' (flood) category, as the team was informed how the inhabitants of these hamlets survive on railway tracks amidst deluge all over every year 3-4 months.

As Ms. Indu Singh, a Senior Project Coordinator managing the famous Prayas Juvenile Aid Centre at Samastipur (with a team of 80 local staff), volunteered to help open up a conversation with introvert, reluctant and evasive womenfolk, dozens of them with scores of their children and men became responsive.



CAF India interacting with the Musahar community in Jiwaria Village of Samastipur alongwith staff from Prayas (a CAF India Partner) and IDF project team (Photo: Courtesy IDF, CAF India)

The Musahar, Pasi and Paswan communities at Jitwaria Village in Kalyanpur Block of Samastipur District informed CAF India that:

- a. there have been no DDT sprays in over a year at least (as against claims made by the GoB during the Workshop on November 2 that twice a year all vulnerable populations are covered);
- b. no government official from the health department has visited them over a year (as against claims made by the GoB during the Workshop regular checks are made among all affected and vulnerable populations);
- c. they frequently have persons ailing from Kala-Azar in the community;
- d. there was an entire family of migrant labourers working in Punjab that recently detected with Kala-Azar but left in the middle of the 30-day regimen;
- e. they are not aware of any initiative by the GoB, District/Block level officials informing them on provisions made for Kala-Azar patients (Rs. 50 a day to each confirmed case for 1 month , free treatment and hospitalization in the Kala-Azar Ward at the Block level Public Health Centre to the affected, free food for accompanist)
- f. those affected usually rely upon private practitioners, who charge up to Rs. 11-12,000 per person (something supposed to be free at PHCs);
- g. many a time the Medical Officer In-Charge (MOIC) at the PHC asks them to meet him/her privately for fee as much as Rs. 100.



One, Mr. Sada, infected with Kala-Azar from the Musahar community at Jitwaria Village telling the kind of indifference at the hands of the PHC and hopelessness with which he has been living for over 2 months now. He informed that neither he is aware of any government incentives for persons infected with Kala-Azar, nor has he been informed by them. Sada said that it was only after IDF informed him and took him to the PHC that he was given attention. However, he still awaits his compensation with the local government saying they too are waiting to receive it.

- h. **For the first time in their life, they have come to know through IDF that:**
 - Kala-Azar is spread through *baalu makkhi* (sand fly) and not *machchar* (mosquito)
 - Sand fly thrives in dingy and damp surroundings in-and-around houses
 - A fever over 2-weeks with enlarged abdomen must be tested for Kala-Azar
 - Each block-level PHC has provision for free RK-39 test that confirms Kala-Azar
 - Each patient gets Rs. 50 a day as compensation (in lieu of the daily wage loss) along with free treatment, hospitalization and food for 30 days (to avoid chances of relapse) and the accompanist is provisioned for too.
 - Every time there is a DDT spray, they should allow them into their kitchens and wash it off with mud/*gobar* immediately.
 - They are a constant witness to '*Khabardar...Ye Hai kalazar*' awareness drives by the IDF team involving the PHCs, Panchayat persons, village women and children.
 - The IDF posters, banners, audio-CD show, awareness camps, health camps are hugely popular and benefiting.

- The community mentioned how their children have ingrained a sense of hygiene and now alerts their parents and siblings on the same too.
- This is the first time they have been informed on the disease, its reasons and methods of overcoming it.

A mass awareness rally on November 4, 2009 by hundreds of resident children intersecting 3 affected villages in Kalyanpur Block. On verifying, CAF India learnt that all the children present had not only understood the message but many had even verbally retained the exact information (Photo: Courtesy IDF, CAF India)



5-6 November, 2009

Site: Kora and Barari Blocks, Katihar District

Unlike Samastipur and Muzaffarpur, the communities at Katihar has a considerable Bengali Muslim population, many a time difficult to make out if they are Indian citizens or migrants from Bangladesh. There are Musahars, Paswans and Pasis here too but there is a distinct change in the nature and type of population with its close proximity to Nepal, Bangladesh and West Bengal borders. Needless to say, the rural poverty is overarching here too with all its ramifications.

Most of the population in these blocks are involved in low-end animal husbandry, daily wage labour and jobs typical to a very primary economy (ironsmiths, carpenters, oil-pressers, milk sellers etc)

Also Katihar falls under 'spreading' category of Kala-Azar, unlike the other two which come under 'full blown'.

CAF visited Kora and Barari Blocks and selected villages therein meeting communities in hamlets and at Public health Centres (PHCs). It also met Medical Officer In-Charge (MOIC) at these PHCs along with their supporting staff, store keepers, stockiest etc.

The local communities here informed CAF India that:

- a. there have been no DDT sprays in over a year at least (as against claims made by the GoB during the Workshop on November 2 that twice a year all vulnerable populations are covered);
- b. no government official from the health department has visited them over a year (as against claims made by the GoB during the Workshop regular checks are made among all affected and vulnerable populations);
- c. they frequently have

November 5-6, 2009: CAF India visited Kora and Barari Blocks with the IDF project team. It spent time with the predominantly muslim communities and interacted with the block-level health officials to check availability of healthcare on Kala-Azar



Interactions with the Bengali-Muslim communities at Musapur village, Kora Block, Katihar (Photo: Courtesy IDF, CAF India)

- persons ailing from Kala-Azar in the community;
- d. they are not aware of any initiative by the GoB, District/Block level officials informing them on provisions made for Kala-Azar patients (Rs. 50 a day to each confirmed case for 1 month, free treatment and hospitalization in the Kala-Azar Ward at the Block level Public Health Centre to the affected, free food for accompanist)
 - e. those affected usually rely upon private practitioners, who charge up to Rs. 11-12,000 per person (something supposed to be free at PHCs);
 - f. many a time the Medical Officer In-Charge (MOIC) at the PHC asks them to meet him/her privately for fee as much as Rs. 100.
 - g. **For the first time in their life, they have come to know through IDF that:**

- Kala-Azar is spread through *baalu makkhi* (sand fly) and not *machchar* (mosquito)
- Sand fly thrives in dingy and damp surroundings in-and-around houses
- A fever over 2-weeks with enlarged abdomen must be tested for Kala-Azar
- Each block-level PHC has provision for free RK-39 test that confirms Kala-Azar
- Each patient gets Rs. 50 a day as compensation (in lieu of the daily wage loss) along with free treatment, hospitalization and food for 30 days (to avoid chances of relapse) and the accompanist is provisioned for too.



Interactions with Panchayat Samiti members at Phulwaria village, Korha Block, Katihar (Photo: Courtesy IDF, CAF India)



An ex-MOIC volunteering in confirming whether any DDT spray has been undertaken by the health officials in the recent past (Photo: Courtesy IDF, CAF India)

- Every time there is a DDT spray, they should allow them into their kitchens and wash it off with mud/*gobar* immediately.
- They are a constant witness to '*Khabardar...Ye Hai kalazar*' awareness drives by the IDF team involving the PHCs, Panchayat persons, village women and children.
- The IDF posters, banners, audio-CD show, awareness camps, health camps are hugely popular and benefiting.
- This is the first time they have been informed on the disease, its reasons and methods of overcoming it.

Project in Action at Katihar during the M&E visit



Checking Medicine stock at Barari Block PHC, Katihar



Interacting with the MOIC, Barari Block PHC, Katihar



Suspect patients being checked for Kala-Azar at a Health Camp at Musapur Village, Kora Block, katihar



A Kala-Azar suspect being checked with the RK-39 test at a Health Camp at Musapur Village, Kora Block, katihar

CAF India visits to Kora and Barari Block PHCs and takes stock of GoB infrastructure:

Indicators	Visit to Kora Block PHC revealed:	Visit to Barari Block PHC revealed:	Action taken/ Observations made by CAF
Public Display at PHC on GoB provisions on Kala-Azar	No public information of any kind. One vague poster inside record-keepers room.	Public display of information through text in Hindi written on wall outside a Ward.	Information noted;
Number of Kalazar cases (as per PHC records since Jan 2009)	68 cases	100 cases (approx) or 10 cases per month (average)	Asked IDF Field coordinators to follow up on monthly basis
Deaths due to kala-Azar	None	None	
Availability of Doctor	Yes. Mostly involved in private practice.	Yes. Mostly involved in private practice.	Information noted;
If Doctor involved in private practice during duty hours and asking patients to meet him/her at a fee	Yes. The doctor (MOIC) was caught red-handed by the CAF representative and IDF team walking into his adjacent house followed with patients at 11 AM (working hours are 8-12 hours and 14-16 hours Mon-Sat).	Insufficient information.	At Kora, on asking one of the female patients (Ms. Munmun Kumari, 27 years) with an infant and mother-in-law sitting outside MOIC's residence, as to what were doing there; they informed that the doctor calls all the patients to his residence from where he runs his private clinic. They added that they have been here in the past too and have to pay Rs. 100 each time. The team then walked in and asked the MOIC to attend to his work and patients at his office. The MOIC immediately complied with.
Availability of Drug	<ul style="list-style-type: none"> ■ Sodium Antimony Glucomate (SHG) ■ Amputicin B 	<ul style="list-style-type: none"> ■ Sodium Antimony Glucomate (SHG) ■ Amputicin B 	Information noted;
Quantity of Drug in stock (Existing versus Disbursed); 5 Vials required for 1 patient	<ul style="list-style-type: none"> ■ Stock: 69 Vials available (verified by CAF); ■ Requirement: 340 Vials ■ Deficit: 271 Vials 	<ul style="list-style-type: none"> ■ Stock: 3 Vials available (verified by CAF); ■ Requirement: 200 Vials to treat existing patients ■ Deficit: 197 	Major shortage of drugs at both PHCs
Availability of RK-39 testing kits	20 in stock	25 in stock	<ul style="list-style-type: none"> ■ Bare minimal stocks as 10-15 patients with Kala-Azar symptoms come for the test every month; ■ Till November 6, IDF had detected 9 cases through RK-39 tests at its health camps; In all 36 such tests have been conducted.
Availability for admission for 30 days	No provision	Yes. There is a 12 bedded Kala-Azar Ward here.	ANM sent everyday to patients houses at Kora to inject drugs as only 6 beds available for general patients
Funds for disbursement to Kala-Azar patients (Existing vs Disbursed)	No funds available since April 2008	<ul style="list-style-type: none"> ■ This year no funds for disbursement of Rs. 50 per day to Kala-Azar patients; ■ Last year 1.2 Lakhs paid out of ANM funds (meant for safe deliveries, ANC and PNC) 	Funds unavailable
Number of Kalazar Patients (as detected/ followed up referred to by IDF field workers)	<ul style="list-style-type: none"> ■ 2 cases existing ■ 1 detected during health camp; ■ 2 followed up 	<ul style="list-style-type: none"> ■ 3 cases existing ■ 1 detected during health camp; ■ 3 followed up 	<ul style="list-style-type: none"> ■ Follow up satisfactory; Verified through patients ■ IDF detected 4 in Muzzafarpur and 4 in Samastipur through RK-39 tests at its Health Camp; It is following up with 18 cases in both these districts
Maintenance of records	Yes	Yes	
HIV-Kala-Azar overlap (both PHC are only testing centers; treatment at Muzzafarpur only)	<ul style="list-style-type: none"> ■ 4 HIV cases; ■ Staff unaware on overlap 	<ul style="list-style-type: none"> ■ 2 HIV cases; ■ Staff unaware on overlap 	Information noted;

Achievements: Project Overshooting Deliverables Midway

The 4-day visit by CAF India brought to light enormous opportunities for further leveraging from the project and scaling up of the same. However, before highlighting upon the same, it is important to mention the agreed deliverables for the project in its Year 1 (May 15, 2009 to May 14, 2010) against achievements in the first six months.

Project Deliverables (2009-10)	Achievements in first 6 months
<ul style="list-style-type: none"> Over 70% (36,000) persons would be covered (over 2000 per village in 18 villages) during the project 	<ul style="list-style-type: none"> 38,600 persons covered (over 2000 per village in 18 villages)—follow ups with the same population being made through IEC
<ul style="list-style-type: none"> All proposed 18 villages in 6 Blocks in 3 Districts of North Bihar would be networked and officials sensitized on proposed issues; 	<ul style="list-style-type: none"> All 18 villages in 6 Blocks in 3 Districts of North Bihar networked and officials sensitized on concerned issues (regular follow ups by Field Coordinators)
<ul style="list-style-type: none"> 36 Health camps spanning over 72 days (2 days per Camp), 36 Focus Group Discussions (FGDs) with stakeholders (Panchayats, health officials and key persons) would be conducted; 	<ul style="list-style-type: none"> 5 Health Camps spanning over 10 days and 18 FGDs conducted with stakeholders (Panchayats, health officials and key persons) Additional activities undertaken are: <ul style="list-style-type: none"> 72 Community meetings (2 per village per month) 30 social mappings 30 Disease Mappings 180 questionnaires filled during surveys (10 per village) 18 sanitation drives with bleaching powder and lime; DDT spraying to commence now every 3 months in partnership with PHCs 36 Ward/PRI level meetings and 24 meetings with MOICs at PHCs for liaison
<ul style="list-style-type: none"> Health officials (Government and non-government) would be sensitized and involved in all 18 locations; 	<ul style="list-style-type: none"> Health officials (Government and non-government) sensitized and involved in all 18 locations
<ul style="list-style-type: none"> Audio-Video and other awareness methods would be developed and used to spread awareness in all 18 locations (including government schools/institutions). 	<ul style="list-style-type: none"> All necessary and agreed materials on Kala-Azar developed, launched and put to effect. Following is a summary: <ul style="list-style-type: none"> 5-set Audio-CDs (60 copies in use) 15 Flip Charts (13-Pages each with 49 support pages) in use; 1000 more to be printed and used in partnership with the local government (permission sought from CAF for budgetary adjustments) 6 Vinyl Banners (in use) 42 Wall Paintings (at PHCs, Panchayat Bhawans, schools, important places and homes with permission of owners/ authorities) 21 Rally Placards (used by children) 1000 wall posters (pasted PHCs, Panchayat Bhawans, schools, important places and homes with permission of owners/ authorities) 5 Mobile Van/Rickshaw hired and branded 1 day before each Health Camp 8 Vinyl Banner Hoardings installed at key locations (at PHCs, Panchayat Bhawans, schools and important places with permission of owners/ authorities) 4 Nukkad Nataks organized 12 T-Shirts printed for Nukkad Natak team with the logos of GSK, CAF India and IDF along with name of the initiative.

Scaling up opportunities

CAF India believes that the GSK-CAF-IDF joint initiative on Kala-Azar is nothing less than a path-breaking exercise having immense potentialities of being seen as a demonstrative and replicable model. We, however, also believe that for achieving such excellence, often elusive in the development sector will hinge upon certain key essentials.

As the initiative has no milestones or set benchmarks to imitate/adapt from previous models, each step being charted till date has required enormous thinking among implementing practitioners (CAF and IDF) involved in this project. With the Government of Bihar (GoB) under the current leadership of Mr. Nitish Kumar appearing more committed at eradicating Kala-Azar than any other regime in the past, GSK-CAF-IDF partnership could set key standards

“We have set 2010 as the deadline for wiping out kalaazar with the help of the central government and other agencies”
–Chief Minister, Nitish Kumar

Source: <http://www.bio-medicine.org/medicine-news/Bihar-to-Wipe-Out-Kalaazar-by-2010-17323-1/>

Opportunities at hand:

1. Extending Partnerships	2. Setting up, Consolidation and Intensification	3. Understanding Overlaps (finding evidence)	4. Reaching out to more districts	5. Influencing policy at National and State level
<p>CAF India and IDF have already ensured that the National Health Rural Mission has extended it logo; The IEC materials now have GSK-CAF-IDF-NHRM as partners and stakeholders. This is a significant achievement in terms of getting the government on board too.</p> <p>CAF India and IDF are now trying to get the Govt of Bihar too on board. This extension will bring in immense mileage, visibility and penetration into working with the bureaucracy.</p> <p>An attempt at involving national and international agencies will also be made after consulting the core partners GSK-CAF-IDF</p>	<p>This 3-year intervention has barely completed 1/6th 6 months) of its total duration. During this critical phase, it has virtually completed 75% of its work for year 1. This work entails identifying communities, villages and blocks; understanding the technical and social nature of Kala-Azar through social and disease mapping; networking and meeting up with the concerned government and non-government officials; launching the IEC in the public domain encouraging criticism, advice and whetting of materials for improving; intensive awareness campaigns at the sites while involving the PHCs and MOICs; generating ground evidence and data on Out-Of-PHC Kala-Azar cases and suspects.</p> <p>The focus now is on intensification and consolidation so that not even 1 person is left out from the campaign in the remaining 6 months in the selected locations.</p>	<p>Except for GSK-CAF-IDF partnership exploring possible overlap of Kala-Azar and HIV and international agencies involved on Kala-Azar (mostly in Africa and Eastern Europe), only few miniscule local non-profits in Bihar and those in medical research on vector-borne diseases has been found to be involved on any such initiative and at the current scale.</p> <p>This indicates that the current initiative brings with it enormous responsibility of leading on the cause.</p> <p>Understanding of overlaps between HIV and Kala-Azar will take much longer time than is normally required as all work will be spadework in the area, though based on international trends and local information.</p> <p>The selected areas have high Kala-Azar incidence and HIV among migrant laborers, their families and sex workers. The CAF-IDF meetings with MOICs at Katihar revealed prevalence of HIV cases even in remote villages of Kora and Barari Blacks.</p> <p>Evidence from the field will only build in a case for enhancing the scope of GSK-CAF-IDF partnership with the others.</p>	<p>The current initiative is restricted to merely 18 villages spread around 3 Districts (Muzzafarpur, Samastipur and Katihar) even as 31 out of 34 districts in Bihar are endemic with the disease.</p> <p>With a strong rationale behind selecting these 18 villages and districts, it is felt that the initiative is working within an extremely compressed microcosm. It was revealed by the GoB during the Workshop on November 3, 2009 that besides the GSK-CAF-IDF areas, Vaishali, Gaya and Saharsa (among others) are constantly in news for high incidence of Kala-Azar outbreak.</p> <p>It is strongly believed by CAF-IDF that the current initiative must have a footing in these districts too at the earliest.</p>	<p>As was intensively researched by CAF while setting up of the initiative early in 2009, it was found that:</p> <ul style="list-style-type: none"> ■ an estimated 1.5 million people in 66 countries are currently infected; ■ 200 million people are at risk of acquiring it; ■ at least 200,000 people dying annually, (50% of cases being in children alone); ■ a growing number of reports of Kala-Azar/HIV co-infection across the world; ■ of the 45 million people infected by HIV worldwide, an estimated one-third live in the zones of endemic Kala-Azar infection; ■ India has the largest number of Kala-Azar cases and the second-largest HIV-infected population; ■ the possible overlap in the distribution of VL and HIV in countries where both infections are highly endemic, such as India, may have grave consequences; ■ In India, the disease is most prevalent in Bihar where an estimated 250,000 people get infected each year <p>A successful and inclusive partnership, demonstration of empowering of vulnerable groups resulting in lowering the rate of incidence in project areas can have a huge bearing on how the government (national, state and local) could adopt the model in eradicating the disease. Inventing a vaccine and affordability of drugs (in which other agencies are involved) is another area that together can fight the disease, though currently beyond the purview of the project.</p> <p>The current GSK-CAF-IDF partnership must look at organizing Workshops, Seminars at state and national levels regularly from time to time not only to inform the state but also put the initiative on a global map for initiatives in other affected countries to learn from.</p>

Appendix 1: Current Project Locations

State	Region	District	Block	Village	Targeted Population
Bihar	North Bihar	1. Samastipur	1.Kalyanpur	1. Jitwaria	12,800
				2. Phulhara	
				3. Ladaura	
			2. Warisnagar	4. Gohi	
				5. Maniarpur	
				6. Madhopur	
		2. Muzaffarpur	3. Musahari	7. Musahari	12,700
				8. Gopalpur	
				9. Gangapur	
			4. Gaighat	10. Patsarma	
				11. Loma	
				12. Maithi	
		3. Katihar	5. Barari	13. Baisakhghat	13,100
				14. Bhainsdiyara	
				15. Chhoti Bhainsdiyara	
			6. Kora	16. Kora	
				17. Phulwaria	
				18. Musapur	

Appendix 2: Press Clippings

राज्य में 14 हजार लोग कालाजार से ग्रसित

संख्या
 14 हजार लोग कालाजार से ग्रसित हैं। राज्य में 14 हजार लोग इस रोग से ग्रसित हैं। यह रोग एक सत्रह सालों से फैला हुआ है। यह रोग एक सत्रह सालों से फैला हुआ है। यह रोग एक सत्रह सालों से फैला हुआ है।

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कालाजार पर हुई संस्थाओं ने पोषण जारी कर्मा हेतु कार्यक्रम के विवेक

कालाजार पर हुई संस्थाओं ने पोषण जारी कर्मा हेतु कार्यक्रम के विवेक

साफ-सफाई पर ध्यान दें, कालाजार से बचें

पहला - बेहतर एक सलाह सरकार के अंतर्गत प्रयास के माध्यम से कालाजार को नियंत्रित किया जा रहा है। दुर्दिग्ध रोग कालाजार (काळाजार) इस रोग को नियंत्रित करने के लिए सरकार द्वारा प्रयास किया जा रहा है। कालाजार से बचने के लिए साफ-सफाई पर ध्यान देना चाहिए।

पटना

कालाजार उन्मूलन के लिए जन जागरूकता जरूरी: पाण्डेय

अभिषेक चतुर्वेदी
 पटना - कालाजार उन्मूलन के लिए जन जागरूकता जरूरी है। यह रोग एक सत्रह सालों से फैला हुआ है। यह रोग एक सत्रह सालों से फैला हुआ है। यह रोग एक सत्रह सालों से फैला हुआ है।



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'AWARENESS CRUCIAL TO KALA-AZAR ERADICATION'

HT Correspondent

PATNA: Unless awareness was created about the prevention and treatment of kala-azar, the vector-borne disease could never be eliminated, said experts. Participating in a workshop on kala-azar organised by the Integrated Development Foundation (IDF) here on Tuesday, head of Patna office of the National Institute of Communicable Diseases (NICD), New Delhi, Dr. Ram Singh said in the absence of awareness, many kala-azar patients could not follow the medicine regimen, resulting in cases of drug resistance.

"If we educate the masses about the necessity of following the regimen, patients would certainly adhere to doctors' prescriptions," said Singh. Creating awareness in the community was crucial, as majority of the patients were illiterate and belonged to the lower strata of society, he added.

Launching the information material prepared by the IDF about kala-azar, Dr. R.N. Pandey, deputy director of health, said many people in the affected districts had little or no information about the facilities provided by the government for prevention and treatment of the disease. He called upon non-government organisations working in the field to help educate the masses.