

Addressing *Kala Azar* and Health and Sanitation in North Bihar

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Background

Health has been relegated to insignificance in the community consciousness of villagers in north Bihar—not because people are generally healthy, but simply because more significant poverty, employment, and migration are overwhelming. Disease in fact affects the majority of these individuals, regardless of gender or age, and *kala azar* (visceral leishmaniasis, also known as black fever) is one of many diseases giving cause for concern. Instances of deaths due to it have been reported and confirmed by the villagers. Awareness of sanitation and other health practices is extremely low, especially among the most deprived sections of the communities. Traditional lack of faith in and avoidance of the government health system has acted as a further barrier to treatment.

Scope of the Project

After initial research into the prevalence of *kala azar* in north Bihar villages, IDF began implementing this three-year project in May 2009, operating each year in 18 villages spread over two blocks in each of three districts, and covering a total population of 36,000 annually. The villages were selected based on where incidences of the disease were highest according to available government data, and using additional criteria of accessibility and suitability.

Goal

The project aimed to address *kala azar* and other health and sanitation issues in north Bihar.

Objectives

- To reduce the incidence of *kala azar* by 80 percent in 54 targeted villages of three north Bihar districts by 2012.
- To create and disseminate information, education, and communication materials (IECs) toward that end.

Activities

Social and disease mapping

Since existing data were known to be unreliable, the first priority was to determine the extent of the disease in the target villages. *Kala azar* carries a stigma in these communities, being associated with the very lowest and most deprived sections of the community, among whom it is indeed most prevalent. Social and disease mapping was an essential first tool to build a

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rapport with community members in general and health workers and community leaders in particular. Once these relationships had been developed, community members became willing to engage with the project coordinator to identify areas of inadequate sanitation and individuals likely to be suffering from the disease. Focus group discussions (FGDs) consisting of 10 to 15 people each were conducted in every village, and 10 detailed questionnaires were distributed in each village to elicit further information on existing sanitation problems and individuals likely to have *kala azar*.

Participatory planning

An essential requirement for successful intervention is “buy-in” from the community. Therefore, additional FGDs were conducted to encourage community members to take ownership of the issue of sanitation by addressing proper drainage and repair requirements of drinking water sources, creating awareness of the need to stop using nonpotable water for drinking and cooking, and managing the installation and maintenance of hand pumps of adequate depth and cleanliness, for example by using a soak pit system.

Referral services

Once information had been collected on those individuals possibly suffering from *kala azar*, extensive interventions were introduced to encourage them to seek medical care. Through a variety of creative IECs, such as wall paintings and *nukka natak* (street play performances), field officers persuaded these individuals to go to their local primary health clinic (PHC) for free tests, medication, and continuing care. All identified cases were then tracked and followed up through the PHCs. Follow-up care in these cases was extremely important, because it is critical for patients to complete the entire course of medication, even though they typically begin to feel well after a few days. It was also critical for field staff to ensure that the government clinics provided not only the medication but also the monetary compensation due to patients for their loss of work; without this financial incentive patients were reluctant to embark on treatment.

Nutrition promotion

As an adequate diet affords protection against *kala azar*, a key component of the project was the introduction of nutrition education to create awareness in the community of basic nutritional needs. Health workers, social workers, and schools conducted campaigns using IECs to explain the need for sufficient intake of protein, vitamins, and fiber. This educational component of the project is critical to prevent the disease from taking hold again in these communities in the future.

Health camps

To bolster the ongoing medical and educational interventions and overcome PHC access problems in some areas, biannual two-day health camps were instituted in each village. On the first day a mobile van with loudspeakers announced the availability of medical treatment and encouraged disease sufferers to come forward. On the second day treatment was offered to all who came, with follow-up assured through local health workers.

Health and hygiene promotion through meetings and orientations

To sustain the gains achieved through the project's interventions, IDF worked with all the target communities to establish continuing education and actions, such as the following:

- The adoption of sanitation and hygiene practices, such as the use of water from deep tube wells and hand washing before meals.
- Home visits by field workers to ensure sustained use of new health standards.
- Regular meetings with Panchayat Raj Institution (PRI) members and health workers.
- Meetings with PHC officials to ensure medical practitioners' continuing commitment.
- School campaigns to increase health awareness among children.

Consultation workshop

A state-level consultation workshop was organized with government of Bihar health officials to launch IECs and behavioral change communication (BCC) materials—including the flip chart, audio CD, and vinyl posters on *kala azar* developed by IDF. These were launched by the state health director and disseminated throughout Bihar to increase awareness and promote diagnosis, treatment, and eventual elimination of the disease.

Outcomes

Following is a selected list of outcomes of the intervention for the reported years:

- Over 75 percent of the total population of 38,600 in the target communities became aware of the issues of *kala azar* and sanitation.
- Of 91 cases referred to PHCs in 2010, 22 tested positive for *kala azar*; all of these patients received a full course of medicine accompanied by counseling and recovered fully.
- A total of 2,470 people received checkups during health camps and 332 RK 39 tests were conducted, of which two were positive.
- Village water and sanitation committees were established in all 18 target villages, meeting monthly to discuss water and sanitation issues and ways to avail themselves of government schemes (e.g., installation of hand pumps)
- Two cleanliness drives were conducted in all 18 villages, increasing community initiatives for improved cleanliness.
- A total of 1,330 people learned about the importance of nutrition and the nutritional value of various foods through community meetings; 1,116 students received this information through school campaigns.
- PHC staff, who were initially not proactive in their approach, significantly improved their attitudes to patients and visitors and began to implement government treatment services as mandated.
- PRI members and *mukhiyas* (leaders) lent their support to the project.

Achievements and Challenges

The main challenges encountered during this project were the resistance of PHC staff to taking active measures to treat *kala azar* in the affected population, and the reluctance of those affected to seek help due to lack of faith in government medical services. These problems were overcome when project staff were able to build trust between the local community and the clinic staff.

Following the success of this intervention and the IECs developed as part of the project, the government of Bihar decided to devote state attention and resources to the eradication of *kala azar* throughout Bihar. The adoption of this health initiative by the government of Bihar using IDF's materials and logo is the outstanding achievement of this project.

Case Study

IDF and PHC help Sangeeta recover from *kala azar*

Sangeeta Kumari, a 15-year-old adolescent girl from a Mushahar family living in the village of Khusaiya in the Barisnagar block of Samastipur, is now out of the danger zone from the effects of *kala azar*—giving her family much relief not only from the threat caused by her ailment but also from further financial expenses.



Her father, the only income-earning member of the family, makes ends meet by working locally as an agricultural laborer. The family's already poor financial situation was exacerbated by the expense of Sangeeta's treatment. As Sangeeta came down with fever, a local rural medical practitioner (RMP) provided treatment, but when it didn't cure her fever, her family took her to the Barisnagar PHC, where doctors suspected she had *kala azar*. Due to the unavailability of an RK 39 kit, however, Sangeeta couldn't be tested at this PHC. Consequently, the same RMP continued treating her fever, at a total cost of Rs. 3,500, still with no positive results.

In the meantime, when IDF staff intervened in her village to conduct a social and disease mapping exercise, her case came to light. IDF staff took the initiative, brought her to the PHC again, and supplied the RK 39 kit needed for the test. When Sangeeta tested positive for *kala azar*, she received medicine and proper follow-up care from the PHC.

Sangeeta's case is exemplary evidence of support by NGO initiatives for the PHC and constitutes a confidence-building exercise for the community on behalf of IDF and its program. With regular medicine and counseling services from the PHC, Sangeeta has been cured of *kala azar*. Her family has been in touch to express their faith in IDF staff, and the community realizes that without IDF intervention, Sangeeta's condition would likely have worsened, and she might even

have died. Local officials, health workers, and the entire community today regard IDF and its program with a very high level of appreciation.