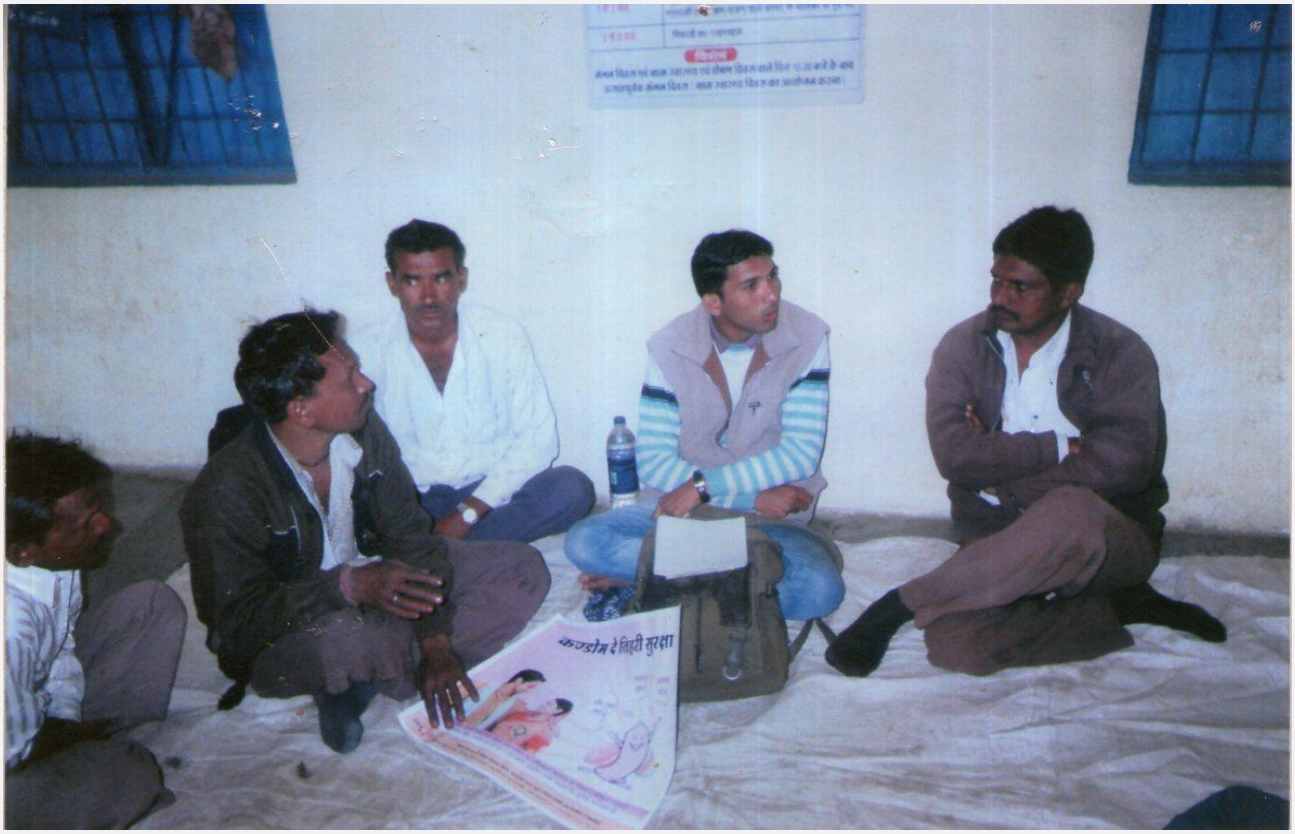
Final Report

2013-14



Rauf Khan

CHLP Fellow

Acknowledgements

I am grateful to Dr.Thelma & Dr. Ravi who gave me this wonderful opportunity to join this CHLP fellowship Program as well I am thankful to My Mentor Prassana , Dr. As mohammed, Dr.Yuvraj, Karthikey, Dr.Aditya, Shahni, SOCHARA Team & all fellows who supported me in this journey .

1. Why did I join CHLP ?

After completing MSW I worked with many N.G.Os , I was keen to work in health sector but no N.G.o could give me better understanding in health . so from them I was feeling some lack in myself regarding knowledge, understanding on health. So when I heard about this opportunity I decided to join this fellowship and I am glad to join this fellowship program.

2. Leanig objectives in CHLP

1. To understand Community Health & Public Health.
2. To understand Communitisation in NRHM.
3. Tounderstand Health senerio at global level.
4. To Develop Communication Skills, Reporting Skills.

3. Overall Leaning for CHLP

I get oriented with so many health subjects such as:-

3.1**. Social Determinants of health –**

3.2. Social Justice

3.3. Women's Health

3.4. Communicable & Non Communicable Disease

3.5 Environment Health

3.6. AYUSH

4.Organizations visited and projects Undertaken

1- The Green Foundation, Bangalore April 2013

2- Basic Need India , Bangalore April 2013

3- FRLHT, Bangalore July, 2013

4- The Assocition of People with Disability(APD),Bangalore Octomber 2013

5- KARUNASHRAY,Bangalore Hospice Trust, November 2013

6 - TRICHY Tamil Nadu , December 2013

5 .Conferences & meeting attended

1- KARUNA Trust , The PLASTIC COW Bangalore Jan, 2013

2- MFC , Hederabad February, 2013

4- State level consultation on "Ban on Tobacco Advertising, Promotion and Sponsorship" July, 2013

5- Transation analysis, Octomber 2013

6- The 4th Annual Conference of The Karnataka Chapter of the Indian Academy of Geriatrics on "Identifying solutions to challenges in Geriatrics", December 2013

6. Field Placement –

I was placed in Lepra Society

About the organization

Vision of Lepra Society –

- Equitable Access to Health and an improved life for India's Poor and Marginalized Communities.

Mission of Lepra Society

- "LEPRA Society, health in action; is a health and development organization working to restore health, hope and dignity to people affected by leprosy, tuberculosis, malaria, HIV/AIDS, blindness and other health conditions exacerbated by stigma and social discrimination"

History of the Organization

- History dates back to 1925, when the British Empire Leprosy Relief Association (BELRA) started leprosy work in India. LEPRA India was established in Hyderabad in 1988, as a partner of LEPRA UK, to serve the needs of people affected by leprosy. Operations were later extended to other areas of Andhra Pradesh and other Indian states including Orissa, Madhya Pradesh Bihar and Jharkhand.
- LEPRA India is a non-governmental organization that promotes quality health care, initiates and fosters new developments and implementation.
- The Society aims to support the National Health Programs in the prevention and control of diseases such as Leprosy, Tuberculosis, Malaria, HIV/AIDS and Blindness.
- The Society focuses health improvement activities in the community that are marginalized or poor, especially women and children, young people, slum populations and migrants affected by the above mentioned diseases and tries to bring about positive changes in their life-style. The work in Andhra

Pradesh, Orissa, Madhya Pradesh, Bihar and Jharkhand states targets a population of nearly 12 million people..

- Established in 1989, LEPRA India is an independent not-for-profit NGO, with no religious, ideological or political affiliation. The Management Committee formulates policies which are implemented by the Chief Executive of the organisation.
- LEPRA India registered as LEPRA Society under the Andhra Pradesh (Telangana areas) Public Societies' Act 1350 Fasli (Act of 1350 F) No 474 on 22nd February 1989. It works in close coordination with the Government of India, Ministry of Health, and Family Welfare, at the Central, State and district levels. It is a member of the State leprosy and TB societies of the Government of Andhra Pradesh & Orissa.
- Established in 1989, LEPRA India is an independent not-for-profit NGO, with no religious, ideological or political affiliation. The Management Committee formulates policies which are implemented by the Chief Executive of the organisation.
- Registered under section 12A of the Income Tax Act and has also been granted exemption certificates under sections 80G of the Income Tax Act 1961 and permitted to accept foreign contributions by the Ministry of Home Affairs, Government of India.

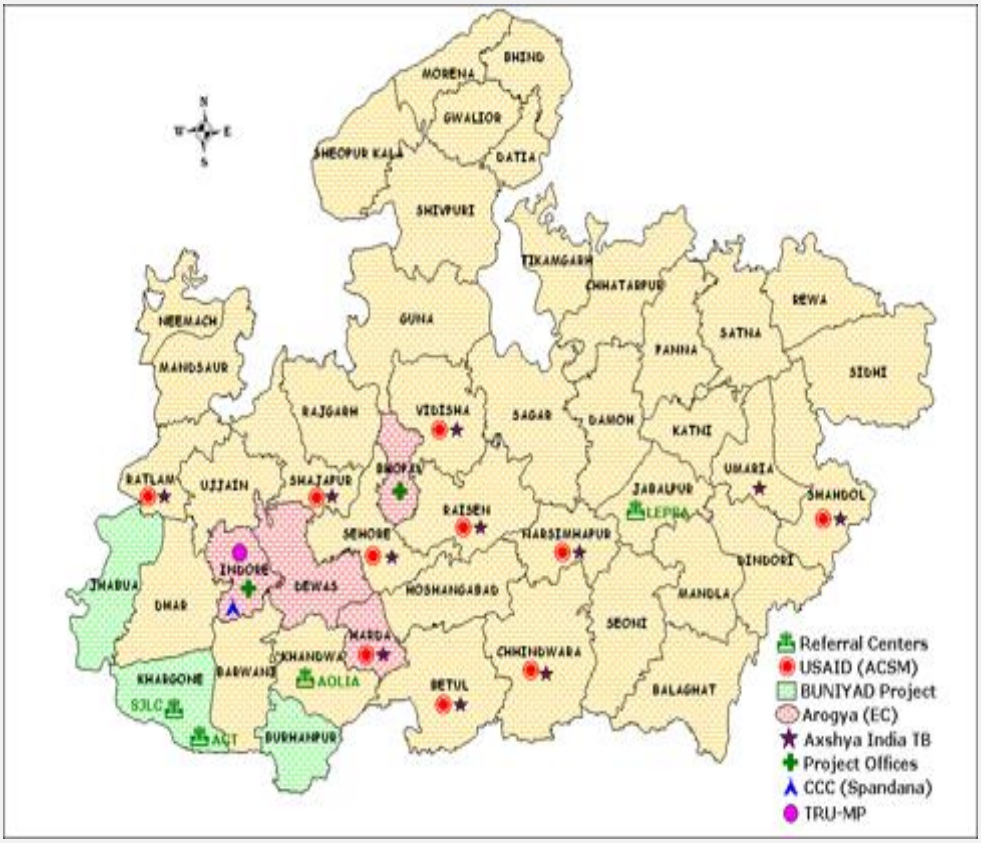
Collaborators of the Org.-

- Government of India
- Government of Andhra Pradesh
- Government of Orissa
- Government of Madhya Pradesh
- India HIV/AIDS Alliance
- Indian Council of Medical Research (ICMR)
- Andhra Pradesh State AIDS Control Society (APSACS)
- Orissa State AIDS Control Society (OSACS)
- TB Control Society in Andhra Pradesh, Orissa & Bihar
- Karnataka Health Promotion Trust

- SLAP India (Society of Leprosy Affected Persons)

Projects in Madhya Pradesh

- AROGYA
- AXSHAYA
- SPANDANA - COMMUNITY CARE CENTER
- BUNIYAD
- TRU



I am was associated with Arogya project, which was working on HIV/AIDS –TB co-infection. About the project –

<u>Arogya</u> –

- Arogya Project is a five year (Jan.2009-Dec.2013) Project co-funded by European Union and LEPRA. The Project ensures highly vulnerable groups in Madhya Pradesh benefit from

actions addressing HIV/AIDS, TB & HIV/TB co-infection. The Project is being implemented in four districts of Madhya Pradesh namely Dewas, Harda, Indore and Bhopal.

Areas of Operation

Goal

- To reduce the burden of HIV and TB and HIV/TB co-infection on highly vulnerable communities in Madhya Pradesh by strengthening the capacity of organizations, and facilitating convergence between government and non-government efforts.

Objectives

- To strengthen and link-up the work of public, private and community based organisations so that they can respond more effectively and reach more high risk and out-of-reach populations to HIV/AIDs and TB in Dewas, Harda, Indore and Bhopal districts of Madhya Pradesh

Outcomes

- Increased knowledge, attitude and practice relating to HIV/AIDS amongst high risk groups and out-of reach populations.
- Attainment (or improvement upon) of RNTCP targets for TB in the project area.

- Improved government and private/traditional health service provider's capacity and coordination and to deal with communicable diseases including HIV/AIDS and TB.

Key Activities:

- Establish and strengthen Community Health Forums
- Develop Behavior Change Communication (BCC) framework and needs based Information Education, Communication (IEC) material
- Strengthen ICTC (Integrated counseling and testing centers)
- Providing services through Mobile Voluntary Counseling and Testing Centre (MICTC) with STI services

I visited lepra's community care center ,where I met Mr. Rakesh Rawat,Project Coordinator

He gave me some information which is as follows :-

Spandana Community Care Center (SPANDANA CCC)

- People living with HIV/AIDS (PLHA) require a range of HIV services including care, treatment and support depending on the progression and stage of the HIV infection. The progression of the infection and consequent weakening of the immune system will result in PLHA being vulnerable to various opportunistic infections. The PLHA will require care and treatment for opportunistic infections (OI) and some of these illnesses may require in-patient care in a hospital or other centres that provide this facility.

Goal

- To reduce HIV related morbidity and mortality in adult and children and mitigate the impact of HIV on children and women headed households.

Objective

- • To provide clinical as well as psychological care and support
  • To reduce the load on tertiary hospitals and provide cost effective Treatment.
  • To introduce the concept of home-based care among PLHAs and their families.
  • Helping them and their families to prepare for coping with life after HIV.

Map of Indore District

FIELD WORK

- Visited villages of project area.
- Conducted one to one & group sessions along with out reach worker.
- Organized Red Ribbon Activities in Red Ribbon Clubs with orw.
- Meeting with cure patient group.
- Meeting with PLHA
- Visited CHC Manpur
- Meeting with B.M.O, B.P.M, B.C.M ,M.O & other staff at Manpur.

- Visited I.C.T.C in Mhow & Manpur.
- Attended Block level Meeting at Manpur.
- Meeting with ASHA
- Participated in world T.B Day program organized by Lepra Society.
- Visited A.R.T centre
- Visited CCC Spandana.
- Meeting with Msm group at Mhow
- Learned MCTS form filling.
- Visited PHC, SHC,& AWC.


आरोग्य परियोजना
आपका हार्दिक स्वागत करता है।
World T.B. Day
24 March 2011


आरोग्य परियोजना
किसी भी
आपातकालीन स्थिति में
108 पर कॉल करें
EMRI

NETWORKING :

Networking was done with Following Go, Ngo & Health workers

- Networking with the mentor organization, know about their work, staff structure and field intervention area.
- Networking with ASHA's specially on Health related issue.
- Networking with Government Departments.
- Networking with NGOs like Mitra Sringar Smity,MPVHA,ART Centre, Jyoti Samity Bhartiya Grameen Mahila Sangh and Pushpkunj).

Reflection on NRHM –

I visited CHC Manpur, PHC Simrol village to know the implementation of NRHM. As well I met PRI members, VHC members ASHAs, ANM & MPW after discussing. I found

- At CHC doctors are working as a private doctor.
- No active involment of PRI members .
- VHC is not active.
- Politics involve in ASHA selection.
- Conflict in ASHAs
- ANM ,MPW are not sufficient , it effects on their performing

Research

“ The Study of the awareness on HIV/AIDS among ASHAs in context with Manpur Block MHOW, District Indore”

Acknowledgement

I am grateful to, Mr.Prassnna Mr.As Mohammad, , Mr.Sabu, Mr.Karthikeyan , Dr.rahul & friends for entire support to conduc this studyt .without their support the study can not be reach at this point.

Abstract

The study was conducted to know the knowledge of ASHAs on HIV/AIDS.ASHAs are the key heath care providers in rural area and HIV is spreading speedily in rural area so there is need to make ASHAs Knowledgeable, skillful to regard of HIV/AIDS so rural people can prevent from HIV, make use of Facilities provided by government. Findings of this study shows that AHSAs have heard about HIV/AIDS, but their knowledge on HIV/AIDS, Facilities& programs running by government are limited and insufficient .there is huge need of enhancing the knowledge on this emerging issue.

Key Words - : HIV,AIDS,AR T,NACO,ASHA,CHWs

1 INTRODUCTION -(Bedelu, Ford, Hilderbrand, & Reuter, 2007)

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a severe health issue all over the world. No cure has been found for the disease yet. It is estimated by the Joint United Nations Program HIV/AIDS and the World Health Organization (UNAIDS &WHO, 2009) that the number of people living with HIV worldwide is 33.4 million. Ever since HIV was first identified in India among Sex workers in Chennai during 1986, HIV infections have been reported in all states and territories. Approximately 2.47 million people in India are infected with the HIV; about 40% of these people are women (National AIDS Control Organization (NACO, 2010) The estimated prevalence of HIV infection among people aged 15-49 yr is approaching 1 per cent and at least four million people are infected, making it the country with the second largest number of HIV positive people in the world. (Kermodeetal.,2005) The majority (87%) of HIV infection in Indian women is due to heterosexual transmission from a partner with whom the women have a monogamous relationship (NACO, 2010). In India Adult HIV prevalence 0.31% ,(Male

0.36%,Female 0.25%) ,23,95,442 PLHA, New Infections 1,20668. In M.P Adult HIV prevalence 0.19% ,(Male 0.23%,Female 0.16%) ,84,830 PLHA, New Infections 4806. (NACO-III2007-12)

The stigma and discrimination towards people living with HIV/AIDS is high among health workers as well as the general population. Knowledge and specific information has an important role in HIV/AIDS prevention and the health workers have a central responsibility in prevention, care and treatment. The knowledge and attitudes of healthcare workers (HCWs) in relation to HIV infection is an important factor influencing the willingness and ability of people with HIV to access care, and the quality of the care they receive. (Indian J Med Res 122, September 2005,) The findings shows that delegation of specific tasks to cadres of CHWs with limited training can increase access to HIV services, particularly in rural areas and among underserved communities, and can improve the quality of care for HIV. There is also evidence that CHWs can make a significant contribution to the delivery of a wide range of other health services. The study concludes that, where there is the necessary support, the potential contribution of CHWs can be optimized and represents a valuable addition to the urgent expansion of human resources for health, and to universal coverage of HIV services. CHW can more easily be responsive to marginalized and underserved communities and so contribute to making health services more widely available. Their membership of the communities they serve makes them a vital link to the network of comprehensive public health services (2010 Wolters Kluwer Health)

A review of the recent literature also finds that there is a broad consensus that delegation to cadres of health workers with no formal clinical training can increase access to health care and improve the quality of care. There is quantitative evidence that CHW can have a

positive impact on health outcomes. HIV programmers with the involvement of CHW have resulted in better adherence rates and better outcomes on ART [1-2]. A number of studies has found that CHW play an important contributory role in countries that are scaling up HIV services and concluded that overall CHW remain underutilized [3–5]. Some of the most robust evidence of the safety and effectiveness of task shifting to CHW in well-designed programmes comes from rural Haiti, where community-based care of people living with HIV/AIDS has been highly effective [3,4]. It is of great importance to assess nursing students" knowledge and attitudes towards people living with HIV/AIDS since they will have an important role to halt this epidemic in the coming years (Durkin).

Previous research has also shown that there is lack of knowledge about HIV/AIDS among health care workers and nursing students. And the need for more education on the topic is frequently expressed. Nurses have a central role in prevention, care and treatment of people living with HIV/AIDS (Durkin, 2004). Therefore it is important to assess knowledge and attitudes towards people living with HIV/AIDS among health professionals. Gained information can be used to direct educational programs.

The Role & responsibilities of ASHA in context of HIV /AIDS has been given in Training Modules : Raise awareness about, causation, transmission and prevention of HIV/AIDS, Promote use of condom as a method of dual protection, Counsel persons having risky sexual behavior to undergo HIV/AIDS testing at nearby ICTC ,Assist HIV positive /AIDS patients to access ART.(book No.3 NRHM2005-12) . After a period of 6 months of her functioning in the village it is proposed that she be sensitized on HIV / AIDS issues including STI, RTI, prevention and referrals and also trained on new born care. (NRHM2005-12) ASHAs had also undergone short 1-2 day trainings

on Malaria, Leprosy, Pulse Polio immunization, TB/DOTS, HIV/AIDS, Reproductive Tract and Sexually Transmitted Infections.

Goal *:- " To Study the awareness , of HIV/AIDS among ASHAs in context with MHOW Block Manpur, District Indore"*

Objectives *:-*

- *To study of literature regarding involvement of community health workers for HIV/AIDS.*
- *To study ASHA Training Module -7 for understanding the role of ASHA & HIV.*
- *To study the awareness , prevention and services of HIV/AIDS among ASHAs.*

Methodology:-

Study Design - A cross section study was conducted among 30 ASHA's by mean of through a structured Schedule on HIV/AIDS.

Study Period – Aug ust-September,2013

Study Area – Manpur Block –Mhow,District ,Indore(M.P)

Map of Indore District

Study Population : – 295 ASHAs are working in MHOW Block.

Sampling :- By mean of convenient sampling 30 ASHAS were interviewed .

Ethical Issue :- Verbal Consent

Inclusion :- ASHAs who gave Verbal Consent

Data Collection – A structured Schedule was prepared for the study.

Data Analysis – data entry done in SPSS, Excel ,Table, Graph

Data Analysis

Table No. 1: ***Education of ASHA workers***

Education of ASHA workers	***Frequency***	***Percent***
Primary	*7*	*23.3*
Middle	*12*	*40.0*
Higher Secondary	*11*	*36.7*
Total	*30*	*100.0*

Table No.:1 Above the education status of ASHA Workers, the Majority of respondent are Middle School Education (40%) ,11 respondent had Secondary School Education (36.7) & 7 respondent had only primary education (23.3%).

Table No 2: ***Age of the respondent***

Age of the respondent	***Frequency***	***Percent***
20-25	*14*	*46.7*
25-30	*1*	*3.3*
30-35	*4*	*13.3*
More than 35	*11*	*36.7*
Total	*30*	*100.0*

Table No.:2 Above the Age of ASHA Workers, the Majority of respondent are 20-25 age group(46.7%) ,11 respondent are more than 35 age group(36.7) , 4 respondent are 30-35 age group(13.3%)& only one is 25-30 age group (3.3).

Table No 3: ***Religion of the respondent***

Religion of the respondent	***Frequency***	***Percent***
Hindu	*29*	*96.7*
Muslim	*1*	*3.3*
Total	*30*	*100.0*

Table No.:3 Above the Religion of ASHA Workers, the Majority of respondent are Hindu religion (96.7%) & 1 respondent is Muslim(3.3%).

Table No 4: ***Caste of the respondent***

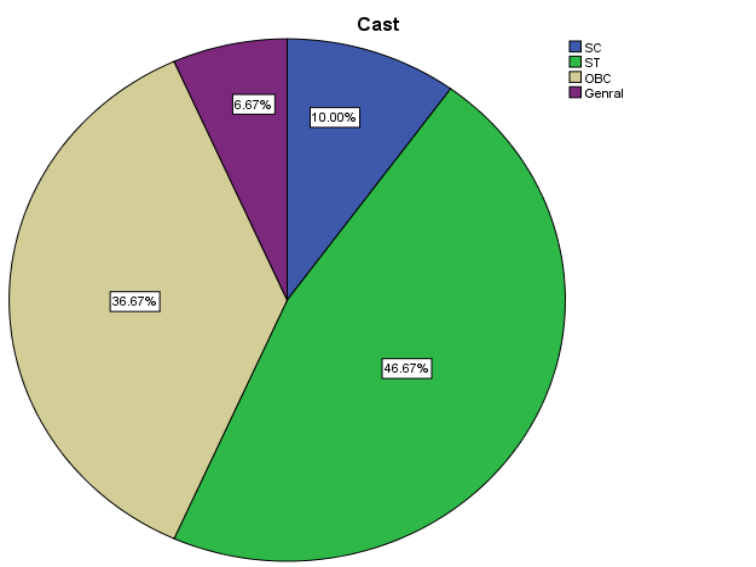


Table No.:4 Above the Cast of ASHA Workers, the Majority of respondent are ST(46.7%) ,11 respondent are OBC (36.7) ,3 respondent are SC(10%),& 2 respondent are General (6.7%).

Table No 7: ***From where heard about HIV/AIDS***

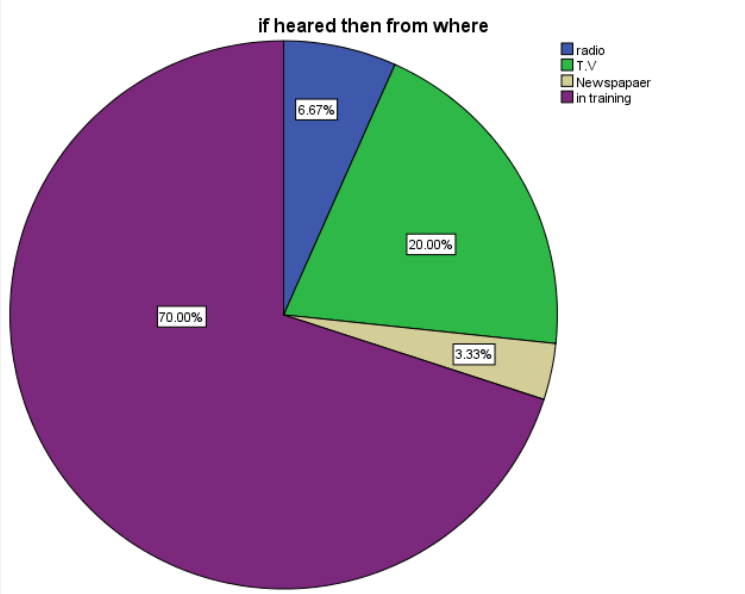


Table No.: 7Above the Majority of respondent 21are heard about HIV/AIDS in training (70%) ,6 respondent heard about HIV/AIDS from T.V (20%,) , 2 respondent heard about HIV/AIDS from radio(6.7%,) & 1 respondent heard about HIV/AIDS from Newspaper (3.3%,) .

Table No :8 ***Knowledge on Unsafe sex & HIV spreading***

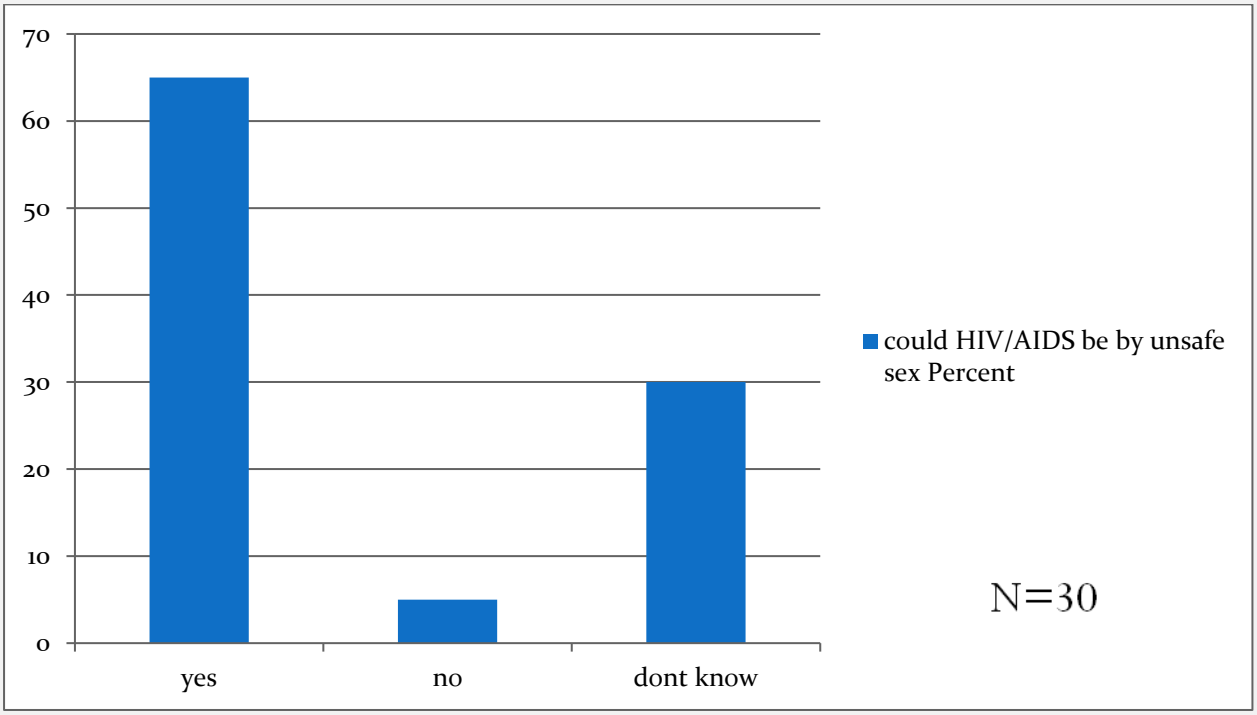


Table No.8 Above the Majority of respondent are 62% know that HIV can be spread by unsafe sex while 5% says HIV can not be spread by unsafe sex,& 30% says they don't know about it.

Table No.:- ***9 Using HIV infected needle***

Knowledge on using HIV infected needle		
	Frequency	*Percent*
yes	*5*	*16.7*
no	*9*	*30.0*
dont know	*16*	*53.3*
Total	*30*	*100.0*

Table No.: Above the Majority of respondent are 16 (53.3%)said they don't know that HIV can be by using HIV infected needle, while 9 respondent (30%)said HIV can not be by using HIV infected needle & 5 respondent (17%)said ***Yes that by using*** *HIV infected needle HIV can be spared.*

Table No 10: ***By HIV infected blood***

Knowledge on using HIV infected blood		
	Frequency	*Percent*
yes	*10*	*33.3*
no	*6*	*20.0*
dont know	*14*	*46.7*
Total	*30*	*100.0*

Table No.: Above the Majority of respondent are 14 (46.7%)said they don't know that HIV can be by using HIV infected Blood, while 6 respondent (20%)said HIV can not be by using HIV infected Blood & 10 respondent (33.3%)said ***Yes , by using*** *HIV infected Blood HIV can be spared.*

Table No 11: ***spared HIV/AIDS***

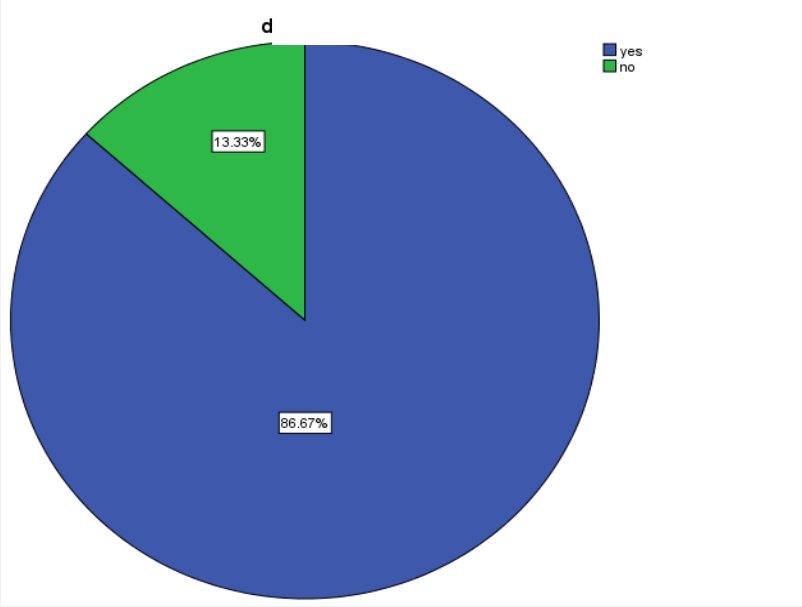


Table No.: 11 Above the Majority of respondent are 26 said that they know HIV/AIDS spared(86.67%),while 4 respondent don't know(13.33%)

Table No 12: ***HIV infected Mother to Child***

Knowledge on HIV infected Mother to Child	***Frequency***	***Percent***
yes	*25*	*83.3*
no	*4*	*13.3*
dont know	*1*	*3.3*
Total	*30*	*100.0*

Table No.: 12 Above the Majority of respondent are 25 said that they know HIV can transmit infected mother to child(83.3%),4 respondent said HIV can not transmit infected mother to child(13.3%)while 1 respondent don't know about it.(3.3)

*Table No 13:****Prevention from HIV/AIDS***

Knowledge on prevention from HIV/AIDS		
	Frequency	*Percent*
yes	*21*	*70.0*
no	*7*	*23.3*

don't know	*2*	*6.7*
Total	*30*	*100.0*

Table No.: 13 Above the Majority of respondent are 21said that HIV/AIDS can be prevented (70%) ,7 said that HIV/AIDS can not be prevented (23%),& 2 said don't know(6.7%)

Table No.14:- ***Knowledge about HIV testing facilities***

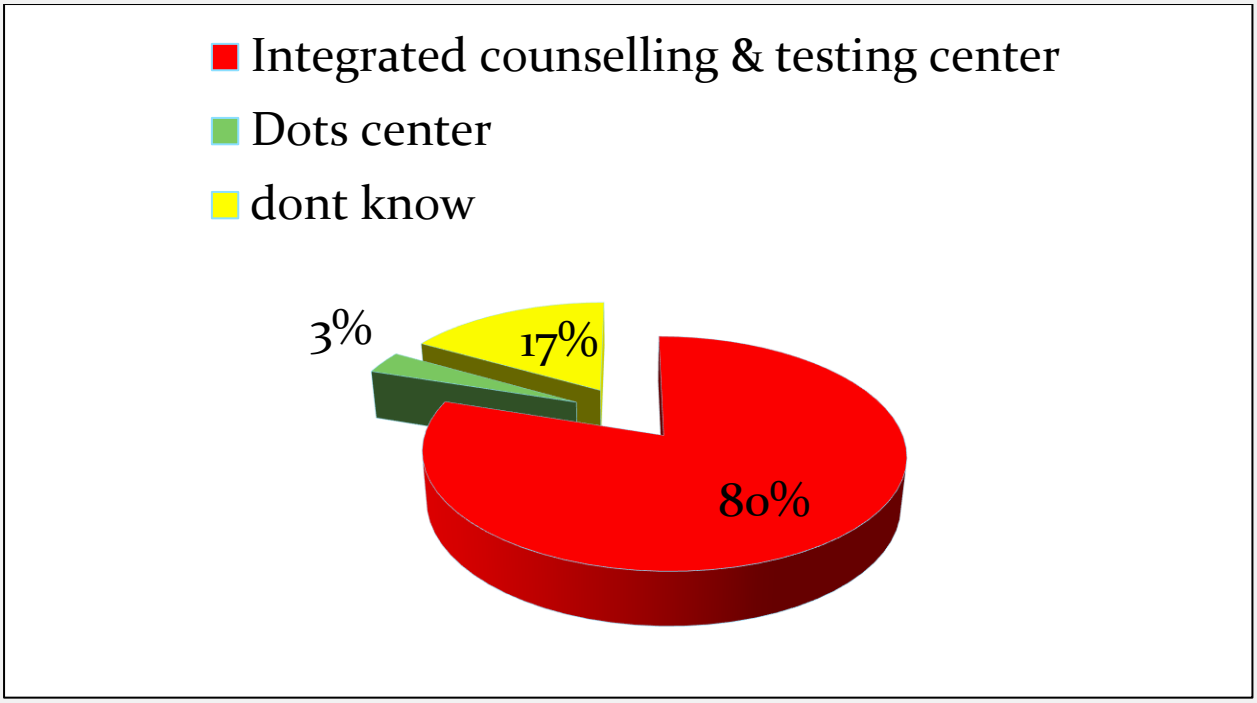


Table No.14:- Above the majority of respondent are 24 (80%) know that HIV testing done in ICTC, 5 respondent (17%) don't know about it,& 1 respondent wrongly said in Dots center(3%).

Table No15 : ***Refer to HIV Positive***

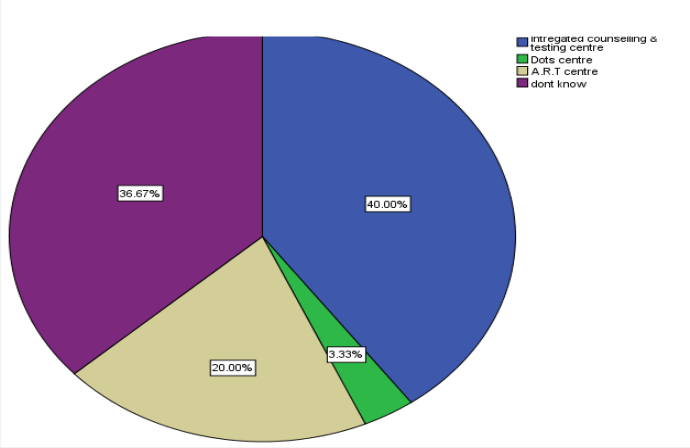


Table No.15:- Above the majority of respondent are 12(40%) said HIV Positive person refer to ICTC, 11respondent (36.6%) don't know ,1 respondent said in Dots center(3.3%),& only 6 respondent rightly said (20%) to ART centre.

Table No 16: ***Awareness programs running by Govt. for HIV/AIDS***

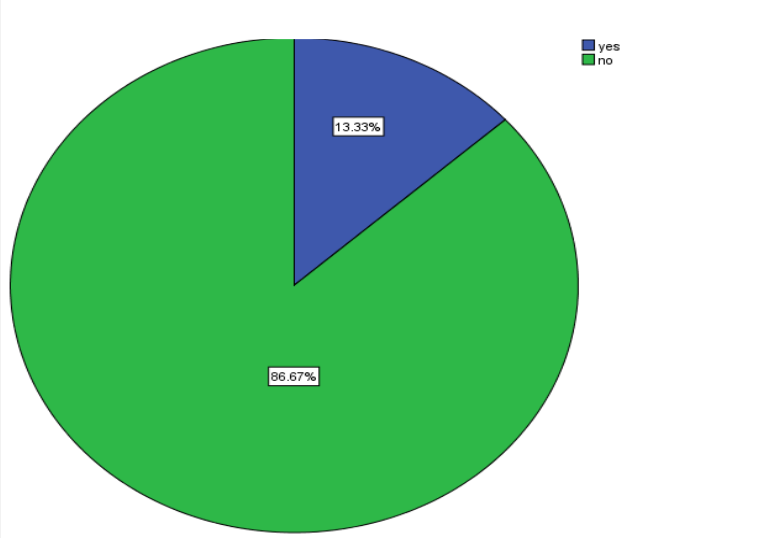


Table No.16:- Above the majority of respondent are 26(87%) said they don't know about government programs on HIV/AIDS while 4respondent said (13.3%)yes they know about it.

Discussion :- As Previous research has also shown that " there is lack of knowledge about HIV/AIDS among health care workers and nursing students. And the need for more education on the topic is frequently expressed. Nurses have a central role in prevention, care and treatment of people living with HIV/AIDS (Durkin, 2004) .This study also shows that there is need to enhance the knowledge of ASHAs on HIV/AIDS because their knowledge on HIV/AIDS is inadequate.

CONCLUSION :-

- *Most of respondents have heard about HIV/AIDS.*
- *They Have Knowledge regarding HIV/AIDS but it is insufficient.*
- *Most of respondents don't Know (87%)about the programs running by government on HIV/AIDS.*
- *Most of respondents Know (80%)about HIV Testing facility but 17% don't know & 3% have wrong information on it.*
- *After HIV positive where someone should refer only 20% respondent know about ART while 37% don't know & 43% have wrong information.*

Suggestions:-

- *There is need of enhance the Knowledge regarding HIV/AIDS.*
- *There is need of conducting quality trainings ,workshops on the issue.*
- *ASHAs should be get refresh by trainings & workshops on this issue.*
- *Quality of trainings should be cheeked .*
- *Follow up of ASHAs should be ensured after training.*

Reference :-

1.30. Mukherjee JS, Eustache FE. Community health workers as a cornerstone for integrating HIV and primary healthcare. AIDS.

2. Rosen S. Patient retention in antiretroviral therapy programs in sub-saharan africa: a systematic review. : http://www.plosmedicine.org/article/info:doi/

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4.. Farmer P, Le´andre F, Mukherjee JS, Claude M, Nevil P, Smith-Fawzi MC, et al. Community-based approaches to HIV treatment in resource-poor settings.

5. Koenig SP, Leandre F, Farmer P. Scaling up HIV treatment.

6.(Bulterys et al., 2002)

7.(Gilks et al., 2006)

8.(Bedelu et al., 2007)

9.(Celletti et al., 2010)

10.(*Commminity Action on HIV/AIDS- For Indian Non-Governmntal Organosations*, 2002)

11.(Schneider, Hlophe, & van Rensburg, 2008)

12. (Bedelu et al., 2007)

13.(Nyamathi et al., 2012)

14. Book No.3 NRHM2005-12

15.Training Modules,NRHM2005-2007