

Malaria



TRAINING COURSE FOR ASHA AND OTHER COMMUNITY HEALTH VOLUNTEERS

FACILITATOR'S GUIDE





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Acronyms

ACT	Artemisinin- based combination therapy
ANM	Auxiliary Nurse Midwife
AS	Artesunate
ASHA	Accredited Social Health Activist
BCC	Behaviour Change Communication
CC	Cluster Coordinator
CHV	Community Health Volunteer
CHC	Community Health Centre
CMD	Community Message Dissemination
CQ	Chloroquine
DDT	DichloroDiphenylTrichloroethane
DMO	District Malaria Officer
DPO	District Project Officer
FS	Field Supervisor
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
IMCP	Intensified Malaria Control Project
IDSP	Integrated Disease Surveillance Project
ITN	Insecticide Treated (bed) Nets
IPC	Interpersonal Communication
IRS	Indoor Residual Spraying
LLIN	Long Lasting Insecticidal Nets
LT	Laboratory Technician
M&E	Monitoring and Evaluation
MPHW	Multi-Purpose Health Worker
MPW	Multi-Purpose Worker
NGO	Non- Governmental Organisation
NVBDCP	National Vector Borne Diseases Control Programme
Pf	Plasmodium falciparum
PHC	Primary Health Centre
PQ	Primaquine
Pv	Plasmodium vivax
RDK	Rapid Diagnostic Kit
RDT	Rapid Diagnostic Test
SC	Sub Centre
SP	Sulphadoxine- Pyrimethamine
TfR	Test falciparum Rate



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Foreword

Malaria remains a major public health concern in India. About 80% of malaria reported in the country is confined to tribal, hilly, difficult and inaccessible areas. The north-eastern states having such geographical setting and approximately 4 per cent of country's population contribute 10 to 12 per cent of total malaria cases every year. Towards strengthening the national response for malaria, an Intensified Malaria Control Project—II (IMCP—II) supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) Round 9 grant is being implemented by the National Vector Borne Diseases Control Programme (NVBDCP) of Government of India. A non-government consortium led by Caritas India is complementing the efforts of the NVBDCP in selected areas in the north-eastern states. The overall goal is to achieve impact in terms of reduction in the number of malaria cases and deaths due to malaria through effective and efficient use of interventions and resources in tandem by the public sector and civil society.

Globally, volunteers have played, and continue to play, a valuable role in application, scale up of effective preventive and curative interventions and in catalyzing community organization, mobilization, and empowerment. Crucially, the volunteers are mostly successful in information dissemination through inter-personal, family, community level communication and in follow-up with householders, and necessary recording and reporting, thus complementing and at times supplementing the responsibilities of health workers. In India, in the affected and at risk areas of India, the Accredited Social Health Activists (ASHAs) identified under the Government of India's flagship programme—the National Rural Health Mission and other Community Health Volunteers (CHVs) of civil society networks are recognized as the key sources of health communication and health promotion, besides health care service delivery for various illnesses, including malaria. Hence, capacity building of ASHAs/CHVs on prevention and control of malaria through training is imperative. Such trained community resource people with specific skills are expected to provide persistent and sustained support to the local communities and strengthen the linkage between them and the public health care delivery system, thus significantly contributing to the response to malaria prevention and control at the grassroots.

Toward facilitating training, the NVBDCP's *Facilitator's Guide*, namely, *Training course for ASHA and other Community Health Volunteers: Facilitator's Guide*, has been customized and expanded by the Voluntary Health Association of India under the guidance of the Directorate of NVBDCP and Caritas India, with major focus on current policies, strategies and relevant operational guidelines of the national programme and GFATM Round 9 IMCP—II. This *Facilitator's Guide* as training tool will aid in capacitating, improving and reinforcing the knowledge and skills of ASHAs/CHVs and later, will be a ready reference for the trainers/resource persons involved in training/orientation of volunteers.

In all, this customized and expanded edition of the *Facilitator's Guide* has been designed for two days of training programme including six sessions that cover essential topics including malaria, its signs and symptoms, causes, prevention, case diagnosis and treatment, Behavior Change Communication, step by step instructions for recording and reporting. Certain important documents, viz. Trainee Registration Form, Pre- and Post-Test Forms, Feedback Form are appended as annexure. The design includes training schedule, topics and requisite time for each session, in addition to group exercises and role play themes, for clear guidance. It is envisioned that this *Facilitator's Guide* will prove useful as one of the important documents, amongst others, to build capacity on how to effectively combat malaria at community level.

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April 2012
Director

National Vector Borne Diseases Control Programme
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Let's fight Malaria with modern tools - LLIN, RDK and ACT
Website : www.nvbdcp.gov.in



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The customization and expansion of the National Vector Borne Diseases Control Programme (NVBDCP) training manual for Accredited Social Health Activists (ASHA) and other community health volunteers namely “*Training course for ASHA and other community volunteers in districts with a huge burden of malaria: Facilitator’s guide*” in the context of current policy, strategy and relevance have been made possible by the sincere effort, dedication and support from many people, whom we sincerely thank.

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1. Details of training requirements

Duration: 2 days (residential) or 3 days (non-residential)

Venue: Block PHC/CHC

Participants: 25-30 volunteers / ASHA, preferably along with the MPHWS (M and F) of the corresponding sub center. Either MPHWS (M) or (F) should attend on the two days.

Team of Trainers: Team of 2-3 facilitators, from the district or block pool of trainers, who have received trainers' training for this purpose. Preferably, ensure that one of the facilitators is a woman, since most volunteers / ASHAs will be women.

Handouts: Each participant to be given a kit consisting of learners' guide, 2 months' supply of RDK and drugs, a sturdy folder in which forms can be kept, ball pen(s), schedule of incentives, their individual provider codes.

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2. AIMS OF THIS TRAINING COURSE:

1. To train community level volunteers (such as ASHA and community volunteers) in the management of malaria, its signs and symptoms and the prevention of malaria.
2. To establish functional linkages between volunteers and MPHWS (M, F) to facilitate malaria control activities.



3. SPECIFIC TRAINING OBJECTIVES:

After completion of the training, participants (mainly, community volunteers) should be able to:

A. Explain in simple terms:

1. How malaria is transmitted and the symptoms of malaria.
2. Why malaria is dangerous, and why it is important to diagnose and treat it in time.
3. How to take a full course of anti-malarial drugs for Pf and Pv positive cases.
4. The common side effects expected of anti-malarial drugs, and what to do when these side effects happen.
5. The symptoms of severe malaria and what they would do if they saw such a patient.
6. The usefulness of IRS and mosquito nets.
7. How to promote use of LLIN & other preventive measures for control of Malaria
8. How to conduct BCC activities at the community level
9. Their own Role in helping reduce malaria in the communities they live in.

B. Demonstrate:

1. The basic steps of conducting RDT for Pf and collecting blood slides from fever patients.
2. Their ability to use the dosage chart to dispense anti-malarial drugs in correct age-specific doses.
3. Ability to interpret and use slide results received from the laboratory.
4. The correct use of mosquito nets, outdoors and indoors.
5. Ability to communicate effectively with an individual or group
6. How to fill out the M register M1, M2 and VC3 forms

4. General Guidelines on the methods of training

- No lectures; every session should be interactive.
- Maximize group-work, practical exercises and role-plays
- Minimize use of terms that are not easily understood, minimize use of technical jargon, explain terms that cannot be avoided. For instance, if the terms “falciparum” and “vivax” are used, one can simply explain that they are names given to different breeds of malaria causing germs, just as there are names given to different breeds of cattle.
- During this course, try and establish adequate practical understanding of the basics. Do not try to fit too many details into this, because the participants need first of all to learn what is essential very well so that they do not make mistakes, when patients seek their help. Details can be built up over time – there will be plenty of opportunities for on-going capacity building during interactions with MPHWS /Field supervisors or in future training programs.
- The learners’ guides (reference material about malaria in the local language) provided to each participant (volunteer) contain more information than covered during this training course. There is no need to completely cover all sections of the learners’ guides. It is important, however, to explain to the participants what information is available in the learners’ guide, which they can refer to whenever they need to.
- Most community health volunteers have received some training on the detection and treatment of minor illnesses. Build on what they already know, try and integrate malaria into what they have already learnt.
- Be responsive. Try and understand what the participants have understood or not understood. If something has not been understood, try to explain in a different way, or provide time for more practice.
- In every batch of participants, there will be a few who are very bright and will learn very quickly, and a few who will take much longer to learn than the others. It is important for the facilitators to ensure that the average participants, who form the majority of every batch, achieve the learning objectives, not just the bright ones. It is also important to try and quietly identify those who are taking longer than others to learn, and give them extra time. If there are volunteers who are finding it very difficult to learn, facilitators can discuss with the corresponding MPHWS (M, F), and make plans for re-training.



- The MPHWS have been deliberately included in this training course. Facilitators should make full use of their presence. They can be co-facilitators during small-group work and skill building sessions. They must actively participate in the action planning in the last part of the training course. They must be involved in identifying and dealing with any volunteer-specific issues, such as the situation mentioned in the previous point.
- The basic reference material for the facilitator is the Operational Manual, and the handouts and notes from the trainers' training.
- It is a good practice for the facilitator who is not facilitating a session, to make notes and provide feedback. This will help improve the quality of training over time.

5. Schedule and Methods

The following is a suggested schedule for the training course. It lays out the sequence of topics to be covered, and the approximate time required for each topic. Depending on whether it is a 2-day residential or 3-day non-residential course, this 13-hour schedule will need to be adapted to the situation. Facilitators should go through this schedule in detail at the outset and discuss among themselves how they will conduct each day and each session, and plan breaks, etc.

Each district level training team will be responsible to ensure that all training materials required (as suggested in the last column below) are available in adequate quantities for each batch of this training course.

Duration	Topic	Suggested Methods	Handouts / training materials
A. Introduction and Symptomatology			
10 mins	Inaugural	Ice-breakers, as appropriate	
10 mins (20)	Introduction to objectives of training	Interactive discussion to explain what they will learn over the next two days, and hand out the learner's guide. Ask if they can read the guide.	Learner's Guide
30 mins (50)	Introduction to IMCP II Project & role of CHV/ASHA	Interactive session to explain about the IMCP II Project and envisaged role of CHV/ASHA in project implementation	Learner's Guide
40 minutes (90)	Introduction to symptoms, the immediate cause and mode of transmission of malaria	<ul style="list-style-type: none"> Interactive discussion to allow participants to describe what they know about malaria and why it happens. Build on this to explain the cause (organism in the blood). Discuss two different organisms causing malaria – Pf and Pv – and why Pf is more dangerous. Discuss possibility of dangerous consequences and death. Explain that they will be shown the organism in a microscope later in the day. 	<p>Pictures</p> <p>Pictures / films</p>



Duration	Topic	Suggested Methods	Handouts / training materials
		<ul style="list-style-type: none"> • Interactive discussion on how a mosquito is needed to carry the organism from one person to another. • Interactive discussion on where mosquitoes come from. Use pupa samples in a closed test tube or beaker to demonstrate how adult mosquitoes come from larval forms. The test tube can be examined at the end of the day and the next day to see if pupa has become an adult. • Discuss different kinds of mosquitoes. Explain that those which carry malaria bite mainly at night. That is why sleeping under mosquito nets is useful. • Discuss what other diseases can be transmitted by mosquitoes of different kinds, and why not all of them can be prevented by sleeping under the mosquito net at night. 	<p>Test tube / beaker with larva, pupa.</p> <p>Pictures of different types of mosquitoes.</p>
15 minutes (105)	Suspecting malaria in a case of fever	<ul style="list-style-type: none"> • Interactive discussion on causes of fever where a patient with fever at anytime in the last 3 days is considered a suspected malaria case. Recall symptoms of malaria from previous session. Refer to what the ASHA / volunteer has already been taught about minor illnesses. • Explain that every suspected case must be tested for malaria before giving treatment. 	Existing ASHA training materials

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Duration	Topic	Suggested Methods	Handouts / training materials
B. Diagnosis by blood tests			
45 minutes (150)	Conducting a blood test	<p><i>Interactive discussion about why a blood test is needed – to detect the malaria organism. Explain that there are two kinds of blood tests, and they will be taught both of them – RDT and blood slides. Discuss why two tests – related to two kinds of malaria. Explain that slides can detect any kind of malaria, but time is lost in transport and testing. Hence, RDT for Pf is very useful. Explain that RDT is not different when done by anyone – and that anyone can do it, anywhere. Explain that RDT results are as good as blood smear results .</i></p> <p><i>Live Demonstration (use a volunteer):</i></p> <ol style="list-style-type: none"> Explaining to the patient what will be done Washing hands Preparing the equipment – RDK and slides Cleaning the finger Drawing blood with a lancet <i>Using blood for the RDT</i> <i>Making a blood slide</i> <i>Using a swab to stop the bleeding</i> <i>Labeling the blood slide</i> <i>Reading the RDT</i> <i>Explaining the result to the patient</i> 	<p>Actual, used RDT and blood smears.</p> <p>RDK, slides, swabs, pencil</p>
		<ol style="list-style-type: none"> <i>If RDT negative, filling out form M2 and wrapping the slide in form after it is dry.</i> Washing hands 	
45 minutes (195)	Practice making slides	<ul style="list-style-type: none"> <i>Demonstrate correct technique of hand washing</i> <i>Demonstrate how to make and label thick and thin smears using drops of blood from a vial.</i> <i>Each participant makes 2-3 smears and labels them</i> 	Blood vials, droppers, slides, pencils



Duration	Topic	Suggested Methods	Handouts / training materials
60 minutes (255)	Practice drawing blood from each other and doing RDT and slides	<p>Make pairs among participants, and make groups of two pairs each.</p> <p>Demonstrate once again, in one of the pairs, the steps earlier demonstrated.</p> <p>Ask each participant to conduct a full role play: by turn, one of them is a patient with fever, and the other is the ASHA / volunteer. Ask them to follow each step to draw blood and conduct RDT as well as make slides following all steps. Each pair is observed and supported by the other pair, by turn.</p> <p>(This will need as many facilitators as there are groups (about 5-6). MPHWS can be good facilitators for this demonstration.)</p>	RDK, Slides, lancets, swabs, pencils – sets for each group
20 minutes (275)	Summary of blood testing	<ul style="list-style-type: none"> • <i>Interactive discussion:</i> • Why are we learning to do blood tests? • What does RDT tell us? • What does the slide test tell us? • What will we do if we forget how to do the test? (refer to the Guide) • <i>How will you draw blood from children? (use a heel prick if required)</i> 	Learners' Guide
20 minutes (295)	Dispatching the slides	<p>Interactive discussion about how to send the slide to the laboratory as soon as possible. Discuss mechanisms as determined by the local PHC.</p> <p>Explain that RDT negative can still be positive for malaria. Hence Demonstrate as appropriate</p>	

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Duration	Topic	Suggested Methods	Handouts / training materials
C. Treating positive cases			
45 minutes (340)	Treating RDT positive cases	<p><i>Ask what they currently do for fever cases. Ask if they have paracetamol and whether they are using it. Ask why paracetamol is effective for any case of fever. Ask whether it cures disease. Explain that paracetamol is only useful to bring down fever from any cause for a few hours.</i></p> <p><i>Show a positive and a negative RDT tests (actual or pictures) and ask participants to interpret the tests – as positive or negative for Pf malaria.</i></p> <p><i>Ask what to do for RDT positive patients. Explain that there is a powerful treatment, which is expensive but very effective. Name the medicine.</i></p> <p><i>Show blister packs. Explain dosage for an adult using blister pack and dosage chart. Explain that it can be started at any time, immediately after the test is positive and taken with or without meals. Explain that first dose should be administered under supervision.</i></p> <p><i>Explain that if RDT is negative and the patient is showing symptoms of malaria then they should be started on Chloroquine tablets when awaiting the blood slide result. Explain the dosage of chloroquine.</i></p> <p><i>Explain that pregnant women with fever MUST be tested, but NOT treated with ACT, but referred to SC / PHC IMMEDIATELY if positive.</i></p>	<p>Dosage chart ACT blister packs, AS, SP loose tablets, PQ (FP) tablets, paracetamol tablets</p>



Duration	Topic	Suggested Methods	Handouts / training materials
		<p><i>Demonstrate through role play: Ask for two volunteers, one to become a patient and the other an ASHA, to demonstrate how to use the dosage chart to explain to patient how to take ACT. Demonstrate dispensing.</i></p> <p><i>Show loose tablets of AS and SP, as well as Primaquine (FP). Ask why they are needed – to treat children. Ask participants to look at their dosage charts and tell what dose they would give for different situations, for instance:</i></p> <ul style="list-style-type: none"> • A baby girl 9 months old RDT positive • A boy 3 years old RDT positive • A girl 6 years old RDT positive • A boy 12 years old RDT positive • A girl 5 years old RDT positive (is she 5 years completed or not yet?) • A boy 8 years old RDT positive (is he 8 years completed or not yet?) • A girl 15 years old RDT positive (is she 15 years completed or not yet?) • A boy 10 years old and RDT negative (give paracetamol and refer or wait for slide test result) • A pregnant woman RDT positive (immediate referral, no ACT) • A pregnant woman RDT negative (refer or wait for slide result) <p><i>Discuss how children will be given tablets – crush and administer with water / milk / food.</i></p>	

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Duration	Topic	Suggested Methods	Handouts / training materials
35 minutes (375)	Recognizing and referring cases of severe malaria	<p><i>Interactive discussion. Ask for their experiences of severe malaria. Build up a list of symptoms of severe malaria. Ask what they would do –</i></p> <ul style="list-style-type: none"> • if a patient presents with these symptoms (do RDT and refer with test result, if positive - administer ACT one dose if conscious) • if a patient who has tested RDT positive later develops these symptoms (refer immediately) • if a patient who has tested RDT negative in the last few days develops these symptoms (tell the family it may not be malaria and refer with test result) <p><i>Ask where they will refer. Provide a list of hospitals where referral is recommended.</i></p> <p><i>Discuss where people will find the money to get transport. Explain how they can get help from VHSC or ANM. Explain about any ambulance service.</i></p>	Relevant chapter of Learners' Guide List of referral centers in the area.
30 minutes (405)	CQ-PQ dosage for Pv	<p><i>Interactive practice: Using methods similar to those used for explaining ACT, discuss CQ, PQ (VP) dosage for different ages.</i></p> <p><i>(Note that large (7.5 mg) and small (2.5 mg) tablets of PQ have been named FP (falciparum-PQ) and VP (vivax-PQ) respectively, to make it easier for ASHA.)</i></p>	Dosage chart, CQ, PQ (VP) tablets
45 minutes (450)	Filling the M register M1 and M2 forms	<p><i>Give each participant a copy of M register & M1 and M2 Forms in the local language.</i></p> <p><i>Explain that the M register is a simpler version of the M1 form, that it will be filled if the ASHA/CHV cannot fill the M1 form. Explain that the MPW/ NGO cluster coordinator will fill in the M1 taking information from the M register, so the information should be accurate.</i></p>	M register M1 and M2 forms, pencils or pens Overhead projector or equivalent



Duration	Topic	Suggested Methods	Handouts / training materials
		<p><i>Explain the purpose of M1 Register and form . Explain why it is important to keep a record, and how it will help to understand what is happening to malaria.</i></p> <p><i>Get participants to read each column header in the M register M1 form, discuss what that means, and demonstrate how to fill the column.</i></p> <p><i>When discussing columns related to blood tests, discuss what happens when:</i></p> <ul style="list-style-type: none"> • RDT is positive (slide is discarded, ACT is given and recorded – discuss relevant columns) • RDT is negative (patient is told there is no dangerous malaria, Chloroquine for 3 days along with paracetamol is given and referred if needed or told that ASHA will inform as soon as slide result is received, slide is dispatched). <p>Discuss how to dispatch a slide:</p> <ul style="list-style-type: none"> • label - demonstrate • fill up M2 (first 6 columns) - demonstrate • Wrap slide in M2 - demonstrate • Dispatch (recall mechanisms previously discussed) <p>Discuss what to do when result comes back:</p> <ul style="list-style-type: none"> • Result in M2 form – how to read • Result by telephone or other message • Entering result in <i>M register</i> • Importance of making sure there is no mix-up of patients • Informing the patient about the result (what mechanisms?) • Treating the patient if Pv positive, entering details in <i>M register</i> <p><i>Discuss last few columns of M1 – severe malaria, referral and death</i></p>	

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Duration	Topic	Suggested Methods	Handouts / training materials
60 minutes (510)	Practice filling forms and dispensing, together.	<p><i>Group-work: Participants divided into groups of 4-5. Each participant given a profile (age, sex, symptoms, pregnancy status, RDT result, slide result), similar to those in the list above. Each participant becomes a patient by turn and another in the group becomes the ASHA. The ASHA interviews, conducts mock RDT and dispenses to the patient and records in M register M1 and M2, Forms while the rest observe and support. Real forms and tablets to be used.</i></p> <p><i>Each group will need a facilitator, such as MPHWW.</i></p>	M register M1, M2 and VC3 forms, all tablets, 5-6 standard patient profiles.
D. Preventing malaria			
30 minutes (540)	Bed nets	<p><i>Interactive discussion on use:</i></p> <ul style="list-style-type: none"> • What diseases can be prevented by sleeping under a mosquito net? • What is the difference between an ordinary net, ITN and LLIN? • Where do people sleep? • Are they used to using mosquito nets? • How to hang up a net, outdoors and indoors? (demonstrate) <p><i>Interactive discussion on distribution and re-impregnation:</i></p> <ul style="list-style-type: none"> • Who should get free nets? What about the rest? • What will ASHA do to help distribution? • Which nets require re-impregnation? How frequently? • Who does the re-impregnation? • What will the ASHA do to help re-impregnation? 	Ordinary net, LLIN



Duration	Topic	Suggested Methods	Handouts / training materials
15 minutes (555)	IRS	<i>Interactive discussion:</i> <ul style="list-style-type: none"> • Why IRS? • How often is IRS done? • Why it is important to spray all rooms in the house? • What role can ASHA play to help people accept IRS? 	Relevant section of Guide
20 minutes (575)	Alerting PHC about outbreaks	<i>Interactive discussion:</i> <ul style="list-style-type: none"> • Why it is important to detect outbreaks of malaria early? • What can be done to contain an outbreak? (Tell briefly what steps can be taken by a rapid response team) • Why an ASHA / volunteer is important in detecting an outbreak? (Closeness to the event) • How will an ASHA know when there is an outbreak? (When she sees an unusual increase in cases – open definition) • How will the ASHA alert the PHC? (discuss the mechanism determined by the local PHC) 	Relevant section of Guide
E. Behavior Change Communication			
120 Minutes (695)	Types of communication, Inter-personal communication, Group communication	Interactive discussions on what is Behavior Change Communication How to communicate effectively with an individual How to communicate effectively with a group What are the barriers to communication Use games & role plays to build effective communication skills Game for building two way communication skills “Follow the instructions”	Relevant section of guide

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Duration	Topic	Suggested Methods	Handouts / training materials
		<p>Purpose The powerful exercise illustrates the importance of two way communication including giving meaningful instructions to others and expecting feedback for correct execution of those instructions. The activity is fun to do but indirectly leads the participants to make the target conclusion which makes it more effective and memorable.</p> <p>Objective Follow the tutor’s instructions to fold and cut a paper.</p> <p>What You Need</p> <ul style="list-style-type: none"> • One sheet of A4 paper for everyone • One scissor for each delegate. <p>Setup</p> <ul style="list-style-type: none"> • Distribute the papers and scissors to all participants. • Explain to participants that you are about to give them instructions and they must follow these instructions as given to them. They must follow these quietly and are not allowed to ask any questions. They should not get help from others around them or even look at other people’s work. • If anyone asked questions, simply tell them to follow the instructions as they see fit. <ul style="list-style-type: none"> • Case 1 Present these instructions: <ul style="list-style-type: none"> • Hold up the papers please. • Fold the paper in half. • Cut off the top right corner of the folded paper. • Fold in half again. 	



Duration	Topic	Suggested Methods	Handouts / training materials
		<ul style="list-style-type: none"> • Cut off the top left corner of the paper. • Fold in half again. • Cut off the bottom right corner of the paper. • Fold in half. • Cut off the bottom left corner of the paper. • Unfold the paper. <ul style="list-style-type: none"> • Ask participants to show off their unfolded papers to each other and examine similarities or differences. • Case 2 Now give another paper to participants and instruct them to cut it as in case 1, only difference being that now they can ask questions/clarifications and give feed back • Follow with a discussion. <p>Timing</p> <p><i>Explaining the Exercise:</i> 5 minutes.</p> <p><i>Activity:</i> 10 minutes</p> <p><i>Group Feedback:</i> 10 minutes.</p> <p>Discussion</p> <p>Did you end up with similar patterns or everyone’s pattern was different? Why is that? Were the instructions given by the tutor clear enough? What was missing? Why feedback is so critical in communication? What happens if feedback is missing? Were the patterns similar in both the cases or different? Why this difference? In which case patterns were closer to each other? Why?</p>	

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Duration	Topic	Suggested Methods	Handouts / training materials
		<p>Group Work (Role Plays)</p> <p>Divide the participants in 3 groups.</p> <p>Group 1: Rapport building activity at your village</p> <p>Group 2: Community message dissemination activity</p> <p>Group 3: InterPersonalCommunication activity</p> <p>Group 1: Rapport building activity at your village</p> <ul style="list-style-type: none"> • Rapport building activity • Enact a role play on rapport building activity in your village by taking initiative as the newly trained CHV under the IMCP-II. • Please include the expected outcome of such activity. <p>Group 2: Community message dissemination activity</p> <ul style="list-style-type: none"> • Community message dissemination • Enact a role play where Group 2 is conducting a small group community dissemination meeting at the local community hall. The meeting is targeted for women and pregnant women of the village. • Please include the expected outcome of such activity. <p>Group 3: InterPersonalCommunication activity</p> <ul style="list-style-type: none"> • Interpersonal Communication • As the CHV of your village, enact a role play on Interpersonal Communication with the family whose minor son has suffered from malaria. • Include the expected outcome of such activity. 	



Duration	Topic	Suggested Methods	Handouts / training materials
F. Reporting, Incentives, Support and Action Planning			
30 minutes (725)	Monthly report and use of M1A	<p><i>Interactive discussion:</i> <i>Ask participants to read the sections at the bottom of the form M1, one by one:</i></p> <ul style="list-style-type: none"> • Can they answer the three questions? (demonstrate) • Can they fill in the stock position? (demonstrate) <p>Ask participants to read the sections at the top of form M register/ M1 Form:</p> <ul style="list-style-type: none"> • Discuss when the month begins and ends • Discuss village and provider codes (provide them their codes) • Discuss patient numbering (start with number “1” at the start of each month; use same number for labeling slides) • Discuss what happens when one sheet becomes filled and there are still more patients (use another sheet, number the sheets, continue serial numbering from the first sheet) • Discuss what happens to serial numbers when a non-resident of the village comes with fever. <p>Tell participants that M register/M1 form should reach the subcenter by the ___ (date) of each month. Ask:</p> <ul style="list-style-type: none"> • How will they do this? (discuss mechanisms determined by the local PHC). • When will M register/M1 come back? • What will they do when slide results come in after M register/ M1 is submitted? (use M1A – discuss M1A) 	Coding system, with code numbers of each village and provider.

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Duration	Topic	Suggested Methods	Handouts / training materials
20 minutes (745)	Incentives	<i>Discuss incentives as planned in the district / state, and mechanisms for obtaining them</i>	Schedule of incentives
45 minutes (790)	Support and Action Planning	<p><i>Interactive discussion:</i> <i>Ask who will support the CHV/ASHA (MPHW- M, F FS).</i> <i>Ask what support the participants will need:</i></p> <ul style="list-style-type: none"> • Why will people come to you when they fall ill? How can they be encouraged? • How long will it take for you to do the blood tests confidently? What can the MPHW do to help you? • How long will you take to learn to dispense the medicines confidently? What can the MPHW do to help you? • How frequently will you get fresh supplies? <p>Form sub-center-wise groups, and works out a timetable for the MPHW (M or F or both) / (FS) to visit the village every week for the next month to support and teach the volunteers.</p>	



Annexure 1

Training--1: Primary ASHA/Community Health Volunteer Training Registration Form

State District.....

Block..... Panchayat.....

Sub-Centre..... PHC

Village..... Village Code

Training date(s):

From To

Sl. No.	DETAILS
1.	First name _____ Last name _____ w/o; d/o; s/o _____
2.	Address _____ _____ _____
3.	Telephone No. (if any)
4.	Age (mm/dd/yy)

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5.	Sex (Male/Female)
6.	Education
7.	Economic activity
8.	Total Professional Experience (in years)
9.	If undergone any training in the past two years: Yes/No <hr/> <hr/> <hr/> <hr/>
10.	If yes, by whom, where, on what topic(s) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	Signature: _____ Name: _____ Date: _____



Annexure 2

PRE/POST TEST FOR TRAINING OF ASHAs/CHVs

Name of ASHA/ CHV:			
Code No of ASHA/CHV		Mobile No	
Name of Village & Code no of Village:			
Name of SC:		Block PHC	
District		State	

One mark for each correct answer (Total 25 marks)

1. Below are given few statements about Malaria Mark in the given box whether the answers are true (T) or false (F)

(A)	Malaria is caused by drinking contaminated water and eating contaminated food	T/F
(B)	Malaria is caused by Malaria Parasite	T/F
(C)	Malaria is caused by breathing in polluted air	T/F
(D)	Female Anopheles Mosquito spread Malaria from person to person	T/F
(E)	Flies spread Malaria from person to person	T/F
(F)	Falciparum Malaria (Pf) is dangerous form of Malaria	T/F
(G)	A Malaria patient can be identified by symptoms of fever with chill	T/F
(H)	Malaria Patient can be identified with certainty only through a blood test	T/F
(I)	Listening is an important part of communication	T/F
(J)	RDT is said to be positive for malaria if the test strip shows TWO red lines	T/F
(K)	Malaria can be dangerous to life if not treated promptly	T/F
(L)	Pregnant women and children need not sleep under the impregnated mosquito net that is provided.	T/F

Malaria

2. Select the correct option and mark ✓

(A)	Symptoms of malaria usually are	
	(a)	Fever with chills and shivering every day or on alternate days
	(b)	Headache and body ache
	(c)	Vomiting.
	(d)	All of the above.

(B)	Blood smear examination can detect malarial infection by	
	(a)	Only Plasmodium falciparum (Pf)
	(b)	Only Plasmodium vivax (Pv)
	(c)	Both Pf and Pv
	(d)	None

(C)	Name of Malaria parasite is	
	(a)	Plasmodium vivax
	(b)	Plasmodium falciparum
	(c)	both
	(d)	none

(D)	Anopheles mosquito breeds in	
	(a)	Clean stagnant water
	(b)	dirty stagnant water
	(c)	clean flowing water
	(d)	dirty flowing water

(E)	To stop mosquito breeding all water collections should be removed	
	(a)	every 10 days
	(b)	every 15 days
	(c)	every 7 days
	(d)	every month

(F)	The signs & symptoms of severe malaria includes	
	(a)	excessive sleepiness
	(b)	fits
	(c)	extreme weakness



	(d)	any of the above	
	(e)	none of the above	

(G)	You should try to ensure that patient of severe malaria reaches hospital within		
	(a)	3 hours	
	(b)	4 hours	
	(c)	2hours	
	(d)	Immediately after you have seen the patient	

(H)	If RDT is negative you		
	(a)	Don't do anything	
	(b)	Send the prepared blood slide for examination to nearest laboratory	
	(c)	Just inform the Sub centre/ PHC about the RDT result.	
	(d)	None of the above	

(I)	We can protect ourselves from mosquito bites by		
	(a)	Sleeping under a mosquito net	
	(b)	By draining out all water collections around the house	
	(c)	Allowing spraying of DDT inside the house	
	(d)	All of the above	
	(e)	None of the above	

(J)	You can control malaria in your village by		
	(a)	Informing people with fever and chills to get tested for malaria	
	(b)	Immediately treating people who have tested positive for malaria with ACT or chloroquine as the case may be.	
	(c)	Informing any unusual increase of fever cases in your village to the Sub Centre/PHC	
	(d)	All of the above	
	(e)	None of the above	

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(K)	The long lasting insecticide treated bed net (LLIN) should be washed	
(a)	Every month	
(b)	every 2 months	
(c)	as infrequently as possible	

(L)	If a pregnant woman tests positive for malaria what is the action to be taken	
(a)	Treat her with ACT	
(b)	Send her blood slide for examination to the laboratory	
(c)	Refer her to the nearest PHC/hospital for treatment.	
(d)	None of the above.	

(M)	Treatment given to a 18 year old boy tested positive for P. falciparum malaria	
(a)	ACT for 3 days and tab Primaquine for 1 day	
(b)	Chloroquine tablets for 3 days	
(c)	Chloroquine for 3 days and tab Primaquine for 14 days	
(d)	only Primaquine	
(e)	None of the above	



Annexure 3

Questionnaire for evaluation of Malaria training

EVALUATION

Evaluation is a process to find out how well a training programme has been completed. It is an important step for improving the effectiveness of trainers and participation of trainees in training programme. In the present training design evaluation of gain in participants' knowledge is in built through the use of review questions, quiz and exercises. However apart from change in knowledge trainers also need feedback on effectiveness of the programme in terms of participation of trainees and their learning. Participants' satisfaction is taken as an indicator to assess the effectiveness of training. The questionnaire

for the same along with guidelines on analysis is given below:

EVALUATION QUESTIONNAIRE

CHV/ASHA TRAINING FEEDBACK FORM (ASHA/Community Health Volunteer)

Training Venue
State District
Name of PHC Name of Sub centre
Training date(s): From To.....

Use the following code to assess the training programme that you have attended.

1. Very poor
2. Poor
3. Average
4. Good
5. Very good

These numbers are printed alongside each question. You should circle the number that corresponds most closely to your opinion. Take your time over completing questionnaire. You do not have to put your name on it if you would rather not, but *please answer the questions as frankly as possible*

Section I. Overall assessment of the training activity

1. Overall organization of the training programme.
1 2 3 4 5
2. The subject matter covered in the training programme.
1 2 3 4 5
3. The skills, competence, knowledge and teaching ability of the facilitators for this training course.
1 2 3 4 5
4. The time allocation for different sessions of training.
1 2 3 4 5

Section II. Relevance and usefulness of the different teaching methods

5. Overall, the teaching methods used in this training course.
1 2 3 4 5
6. Feedback on the use of various teaching methods listed below.
(a) Interactive class/group discussions



1 2 3 4 5

(b) Practical demonstrations on doing blood tests (laboratory)

1 2 3 4 5

(c) Small group discussions

1 2 3 4 5

(d) Exercises, case studies and tests.

1 2 3 4 5

Section III. Assessment of teaching materials

7. The audiovisual materials (slides, overhead projection and transparencies) if used in the training.

1 2 3 4 5

8. The teaching materials provided during the training.

1 2 3 4 5

Section IV. Implementation of training; attitude of facilitators

9. The general atmosphere of the training course.

1 2 3 4 5

10. Conduct and discipline during training.

1 2 3 4 5

Section V. Overall evaluation of the training

11. What is the overall rating that you would give to this training programme? (Circle your response)

1 2 3 4 5

12. With regard to this training experience, give rating for each training session.

a) Introduction to IMCP –II and role of CHV

1 2 3 4 5

b) Malariology – cause and mode of transmission of malaria

1 2 3 4 5

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c) Signs and symptoms of malaria

1 2 3 4 5

d) Diagnosis of malaria

1 2 3 4 5

e) Treatment of malaria

1 2 3 4 5

f) Diagnosis of severe malaria and its disposal

1 2 3 4 5

g) Recording and reporting- filling of forms

1 2 3 4 5

h) Prevention of malaria-use of bed nets and IRS

1 2 3 4 5

i) Detecting a Malaria outbreak/epidemic

1 2 3 4 5

j) Behaviour change communication

1 2 3 4 5

k) Logistics and supply and inventory management.

1 2 3 4 5

l) Support and Action planning

1 2 3 4 5

13. Do you have any additional comments regarding any aspect of the training programme? If so, please make them below.

(thank you for your kind feedback and suggestions)



Analysing response to the questionnaire

The following method will allow you to analyse the responses to the questionnaire quite simply and quickly. Take a fresh (uncomplicated) copy of the questionnaire; against each question, mark the learners' responses. For example:

1. Overall, the teaching methods used in this training course were effective.

1	2	4	5
	II	IIII	IIII
		IIII	IIII
			IIII
			III

This shows that two learners considered the teaching methods were not effective while 28 agreed that they were effective.

Now multiply the number of answers by the corresponding coefficient:

$$(2 \times 2) + (10 \times 4) + (18 \times 5) = 4 + 40 + 90 = \mathbf{134}$$

The "satisfactory index" is calculated as a percentage. For the above example, the number 134 is multiplied by 20 (i.e. 100 divided by the maximum coefficient, 5) and divided by 30 (the number of learners):

$$\frac{134 \times 20}{30} = 89.3\%$$

Since the satisfaction index is calculated in such a way that 60% represents "average" satisfaction, you make a note of any questions for which the index is below 60% (if there is none, identify the five questions for which the index is lowest and five for which it is highest). Let learners know the results of this questionnaire at the final evaluation session on the last day of the training programme