



**TRAINING COURSE FOR ASHA AND OTHER COMMUNITY
VOLUNTEERS
IN DISTRICTS WITH A HIGH BURDEN OF MALARIA**

FACILITATOR'S GUIDE



Directorate of National Vector Borne Diseases Control Programme

Directorate General of Health Services,

Ministry of Health and Family Welfare.

**TRAINING COURSE FOR ASHA AND OTHER COMMUNITY VOLUNTEERS
IN DISTRICTS WITH A HIGH BURDEN OF MALARIA
A GUIDE FOR FACILITATORS**

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

Venue: Block PHC/CHC

Participants: 20-25 volunteers / ASHA, preferably along with the MPH (M and F) of the corresponding subcenter. Either MPH (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.

AIMS OF THIS TRAINING COURSE:

1. To train community level volunteers (such as ASHA) in the management of malaria cases and the prevention of malaria.
2. To upgrade the knowledge and skills of MPH (M, F) in the use of newly introduced diagnostic and therapeutic tools.
2. To establish functional linkages between volunteers and MPH (M, F) to facilitate malaria control activities.

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. Their own role in helping reduce malaria in the communities they live in.
8. What incentives they will get for their work related to malaria.

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. How to fill out the M1, M1L, M1A forms.
4. Ability to interpret and use slide results received from the laboratory.
5. The correct use of mosquito nets, outdoors and indoors.

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 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 ASHAs 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 either re-training, or replacement.
- 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.

Suggested 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 11-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	<i>Ice-breakers, as appropriate</i>	
10 mins (20)	Introduction to objectives of training	<i>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.</i>	Learner's Guide
40 minutes (60)	Introduction to symptoms, the immediate cause and mode of transmission of malaria	<ul style="list-style-type: none"> • <i>Interactive discussion to allow participants to describe what they know about malaria and why it happens.</i> • <i>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.</i> • <i>Interactive discussion on how a mosquito is needed to carry the organism from one person to another.</i> • <i>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.</i> • <i>Discuss different kinds of mosquitoes. Explain that those which carry malaria bite mainly at night. That is why sleeping under mosquito nets is useful.</i> • <i>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.</i> 	<p style="text-align: center;">Pictures</p> <p style="text-align: center;">Pictures / films</p> <p style="text-align: center;">Test tube / beaker with larva, pupa.</p> <p style="text-align: center;">Pictures of different types of mosquitoes.</p>

Duration	Topic	Suggested Methods	Handouts / training materials
15 minutes (75)	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

B. Diagnosis by blood tests

45 minutes (120)	Conducting a blood test	<p>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 .</p> <p>Live Demonstration (use a volunteer):</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 Using blood for the RDT Making a blood slide Using a swab to stop the bleeding Labeling the blood slide Reading the RDT Explaining the result to the patient If RDT negative, filling out form M1L and wrapping the slide in form after it is dry. Washing hands 	Actual, used RDT and blood smears. RDK, slides, swabs, pencil
45 minutes (165)	Practice making slides	<ul style="list-style-type: none"> Demonstrate how to make and label thick and thin smears using drops of blood from a vial. Each participant makes 2-3 smears and labels them. 	Blood vials, droppers, slides, pencils
30 minutes (195)	Practice drawing blood from a dummy	<ul style="list-style-type: none"> Demonstrate steps c and d above on a dummy hand. Use the little finger to simulate a child's finger. Divide participants into groups of 4 or 5, and provide a dummy hand to each group. Ask each participant to use a lancet to prick the dummy hand. Explain that RDT results 	Dummy hands (at least 6), lancets, swabs

Duration	Topic	Suggested Methods	Handouts / training materials
	hand	are as good as blood smear results.	
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	<p>Interactive discussion:</p> <ul style="list-style-type: none"> - 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) <p>How will you draw blood from children? (use a heel prick if required)</p>	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>	
C. Treating positive cases			
45 minutes (340)	Treating RDT positive cases	<p>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.</p> <p>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.</p> <p>Ask what to do for RDT positive patients. Explain that there is a powerful treatment, which is expensive but very effective. Name the medicine.</p>	Dosage chart ACT blister packs, AS, SP loose tablets, PQ (FP) tablets, paracetamol tablets

Duration	Topic	Suggested Methods	Handouts / training materials
		<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 pregnant women with fever MUST be tested, but NOT treated with ACT, but referred to SC / PHC IMMEDIATELY if positive.</i></p> <p><i>Demonstrate through role play:</i></p> <p><i>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"> - <i>A baby girl 9 months old RDT positive</i> - <i>A boy 3 years old RDT positive</i> - <i>A girl 6 years old RDT positive</i> - <i>A boy 12 years old RDT positive</i> - <i>A girl 5 years old RDT positive (is she 5 years completed or not yet?)</i> - <i>A boy 8 years old RDT positive (is he 8 years completed or not yet?)</i> - <i>A girl 15 years old RDT positive (is she 15 years completed or not yet?)</i> - <i>A boy 10 years old and RDT negative (give paracetamol and refer or wait for slide test result)</i> - <i>A pregnant woman RDT positive (immediate referral, no ACT)</i> - <i>A pregnant woman RDT negative (refer or wait for slide result)</i> <p><i>Discuss how children will be given tablets – crush and administer with water / milk / food.</i></p>	
<p>30 minutes (375)</p>	<p>Recognizing and referring cases of severe malaria</p>	<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"> - <i>if a patient presents with these symptoms (do RDT and refer with test result, if positive - administer ACT one dose if conscious)</i> - <i>if a patient who has tested RDT positive later develops these symptoms (refer immediately)</i> - <i>if a patient who has tested RDT negative in the last few</i> 	<p>Relevant chapter of Learners' Guide List of referral centers in the area.</p>

Duration	Topic	Suggested Methods	Handouts / training materials
		<p>days develops these symptoms (tell the family it may not be malaria and refer with test result)</p> <p>Ask where they will refer. Provide a list of hospitals where referral is recommended.</p> <p>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.</p>	
30 minutes (405)	CQ-PQ dosage for Pv	<p>Interactive practice: Using methods similar to those used for explaining ACT, discuss CQ, PQ (VP) dosage for different ages. (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.)</p>	Dosage chart, CQ, PQ (VP) tablets
45 minutes (450)	Filling the M1 and M1L forms	<p>Give each participant a copy of M1 and M1L in the local language.</p> <p>Explain the purpose of M1. Explain why it is important to keep a record, and how it will help to understand what is happening to malaria.</p> <p>Get participants to read each column header in the M1 form, discuss what that means, and demonstrate how to fill the column.</p> <p>When discussing columns related to blood tests, discuss what happens when:</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, is given paracetamol 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 M1L (first 6 columns) - demonstrate - Wrap slide in M1L - demonstrate - Dispatch (recall mechanisms previously discussed) <p>Discuss what to do when result comes back:</p> <ul style="list-style-type: none"> - Result in M1L form – how to read - Result by telephone or other message - Entering result in M1 - 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 M1 	M1 and M1L forms, pencils or pens Overhead projector or equivalent

Duration	Topic	Suggested Methods	Handouts / training materials
		<i>Discuss last few columns of M1 – severe malaria, referral and death</i>	
60 minutes (510)	Practice filling forms and dispensing, together.	<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 M1 and M1L, while the rest observe and support. Real forms and tablets to be used.</i>	M1, M1L forms, all tablets, 5-6 standard patient profiles.
		<i>Each group will need a facilitator, such as MPHw.</i>	
D. Preventing malaria			
30 minutes (540)	Bed nets	<p><i>Interactive discussion on use:</i></p> <ul style="list-style-type: none"> - <i>What diseases can be prevented by sleeping under a mosquito net?</i> - <i>What is the difference between an ordinary net, ITN and LLIN?</i> - <i>Where do people sleep?</i> - <i>Are they used to using mosquito nets?</i> - <i>How to hang up a net, outdoors and indoors? (demonstrate)</i> <p><i>Interactive discussion on distribution and re-impregnation:</i></p> <ul style="list-style-type: none"> - <i>Who should get free nets? What about the rest?</i> - <i>What will ASHA do to help distribution?</i> - <i>Which nets require re-impregnation? How frequently?</i> - <i>Who does the re-impregnation?</i> - <i>What will the ASHA do to help re-impregnation?</i> 	Ordinary net, LLIN
15 minutes (555)	IRS	<p><i>Interactive discussion:</i></p> <ul style="list-style-type: none"> - <i>Why IRS?</i> - <i>How often is IRS done?</i> - <i>Why it is important to spray all rooms in the house?</i> - <i>What role can ASHA play to help people accept IRS?</i> 	Relevant section of Guide
20 minutes (575)	Alerting PHC about outbreaks	<p><i>Interactive discussion:</i></p> <ul style="list-style-type: none"> - <i>Why it is important to detect outbreaks of malaria early?</i> - <i>What can be done to contain an outbreak? (Tell briefly what steps can be taken by a rapid response team)</i> - <i>Why an ASHA / volunteer is important in detecting an outbreak? (Closeness to the event)</i> - <i>How will an ASHA know when there is an outbreak? (When she sees an unusual increase in cases – open definition)</i> - <i>How will the ASHA alert the PHC? (discuss the mechanism determined by the local PHC)</i> 	Relevant section of Guide

Duration	Topic	Suggested Methods	Handouts / training materials
E. Reporting, Incentives, Support and Action Planning			
30 minutes (605)	Monthly report and use of M1A	<p><i>Interactive discussion:</i></p> <p>Ask participants to read the sections at the bottom of the form M1, one by one:</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 M1:</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 the 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 the M1 come back? - What will they do when slide results come in after M1 is submitted? (use M1A – discuss M1A) 	Coding system, with code numbers of each village and provider.
20 minutes (625)	Incentives	Discuss incentives as planned in the district / state, and mechanisms for obtaining them	Schedule of incentives
45 minutes (670)	Support and Action Planning	<p><i>Interactive discussion:</i></p> <p>Ask who will support the ASHA (MPHW- M, F).</p> <p>Ask what support the participants will need:</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 get fresh supplies? <p>Form sub-center-wise groups, and work out a timetable for the MPHW (M or F or both) to visit the village every week for the next month to support and teach the volunteers.</p>	