

Template for developing District Action Plan (Kala-azar)

Please identify the details of each activity (What, how, who, by what time and the budget) to be implemented in your district and include it **in the given template at the respective headings:**

Strategies	Activity
Early Diagnosis	<ul style="list-style-type: none"> • Use Standard case definition for suspected kala-azar case • Train Paramedical staff or ASHA to refer suspected case to nearest Health centre. • Clinical examination of the case by doctor • Suggest for diagnosis with RDK for kala-azar • Start treatment if Positive • Assess requirement of RDK for kala-azar • Training of technicians / doctors
Complete Treatment	<ul style="list-style-type: none"> • Follow standard treatment protocols approved by Govt. of India. • Line listing of all cases • Treatment cards • Separate patient boxes • Pharmaco-vigilance • Clinical response • Free diet to patient and one attendant • Incentive for loss of wages • Patient registers • Follow up mechanism for the patients already treated
Monitoring & evaluation	<p>Appointment of KTSs (by District/state) Training of KTSs Appointment & training of District VBD consultants consultants (by NVBDCP) and their functioning</p>
Vector Control	<p><i>Developing IRS action Plans :</i></p> <ul style="list-style-type: none"> • GIS Mapping • Selection of the areas / population • Requirements of insecticide • Manpower deployment • Logistics arrangements : Spray pumps, bukctes, measuring jars, gallons etc. • Funds availability • Training • IEC plans • Mobility • Supervision and monitoring • Reporting

District Readiness for Implementation

A standard protocol for processes and certification to assure district level readiness for project implementation has been agreed with NVBDCP. This protocol will be applied in all the Phase 1 districts and will be reviewed at the time of the early implementation review for possible revision. Information will be available from project supervision activities including the regular HMIS, IDA's supervision missions, and the sample district reviews to provide regular feedback on district activities.

In each project district, the following will be put in place to assure readiness for implementation:

1. A full-time VBD officer or consultant posted by the state and actions to recruit contractual staff at district level and below following project norms initiated.
2. The district VBD officer/consultant received orientation training in district planning for VBD control.
3. A draft District Implementation Plan prepared including the following:
 - a. Early case detection and complete treatment: Referring a suspected cases of kala-azar as per case definition by Paramedical staff or ASHA and ensure complete treatment if diagnosed positive.
 - b. vector management: Develop micro-action plans by listing of villages as per criteria for DDT spray activities)
 - c. Logistics: storage and distribution arrangements for medicines, RDKs, Insecticides and equipments detailed.
 - d. Training: prepare plan for training in case management and social mobilization to health staff and community volunteers, and sensitization of CBOs.

Once districts have completed these steps, each district will be visited by a review team including NVBDCP staff or consultants and state level staff or consultants to review the draft plan and readiness with the VBD project team and the District Medical Officer. The plan will also be presented to the District Magistrate. Upon satisfactory completion of the readiness processes, the review team can certify the district ready for implementation.

At the time of the early implementation review, approximately 18 months after effectiveness, Phase 1 districts will be reviewed for implementation status. A scorecard will be used for this purpose. Attachment 1 shows a draft scorecard being developed by NVBDCP for this purpose. This will be revised and agreed with IDA before the early implementation review.