

Effectiveness of Training Programme on Identification of Cases with Bleeding Disorder among Community Health Workers (CHWs)



Ms. Sulochana B¹, Dr. Dinesh M Nayak², Dr. Annamma Kurien³, Dr. Veena G Kamath⁴, Dr. Asha Kamath⁵.

¹Manipal College of Nursing Manipal, ²Departments of Pediatrics Dr. TMA Pai Hospital,

³Departments of Pathology Melaka Manipal Medical College (Manipal Campus), ^{4,5}Departments of Community Medicine, Manipal University, Manipal

Introduction

Hemophilia and other inherited bleeding disorders are low volume high-cost disease. The World Federation of Hemophilia (WFH) estimates that one in 10,000 men and women has a bleeding disorder equating to 6,900,000 worldwide. The WFH goal is to bridge the gap between

developed and developing countries towards achieving the set objectives. Identification of cases with bleeding disorders is key in underserved populations in developing countries as the rate of detection is only 20% been reported¹.

Objective

To evaluate the effectiveness of training programme on knowledge of identification of suspected cases with bleeding disorders.

Material and Methods

Study design: Quasi Experimental pre & post test design

Population: Community Health Workers (Accredited Social Health Activists) who are part of National Health Mission.

Setting of Study: Udupi district, Karnataka, India

Data collection tool:

- Knowledge questionnaire on Hemophilia and other Bleeding disorders.
- Opinionnaire on training program on identification of cases with Bleeding Disorder

Training Methodology on Identification of Bleeding Disorders

- A total of 12 training workshops were carried out at the district community health training center.
- Each training program was carried out for a day.
- 586 - ASHAs were trained of Udupi districts
- The training was carried out by doing a pretest prior to the training and a post test after the training and a second post test was done at 30 days after training.
- Reinforcement was provided after a month on bleeding disorders.

Teaching methods & instructional materials

- | | |
|------------------|--------------------------|
| Training Manual | • Lecture cum Discussion |
| Posters | • Use of posters |
| Case reports | • Case Discussion |
| Role play Script | • Role Play |
| Pamphlets | • Distributed |

Conclusion

- As a result of the intervention received, project beneficiaries gained knowledge about hemophilia and other bleeding disorders and acquired skills to identify a case with bleeding symptoms in the training programmes

- conducted for ASHA workers.
- Integration of community health worker training into community programs is effective for enabling health campaign in underserved communities.

Results

Table. 1 Description of Sample Characteristics

Variables	Frequency (f)	Percentage (%)
Age in years		
<35	200	34.13
36-45	328	55.97
46-55	55	9.39
>56	3	0.5
Education		
7-10	277	47.2
PUC	298	50.9
Graduation	11	1.9
Prior training on Bleeding Disorder		
No	586	100%

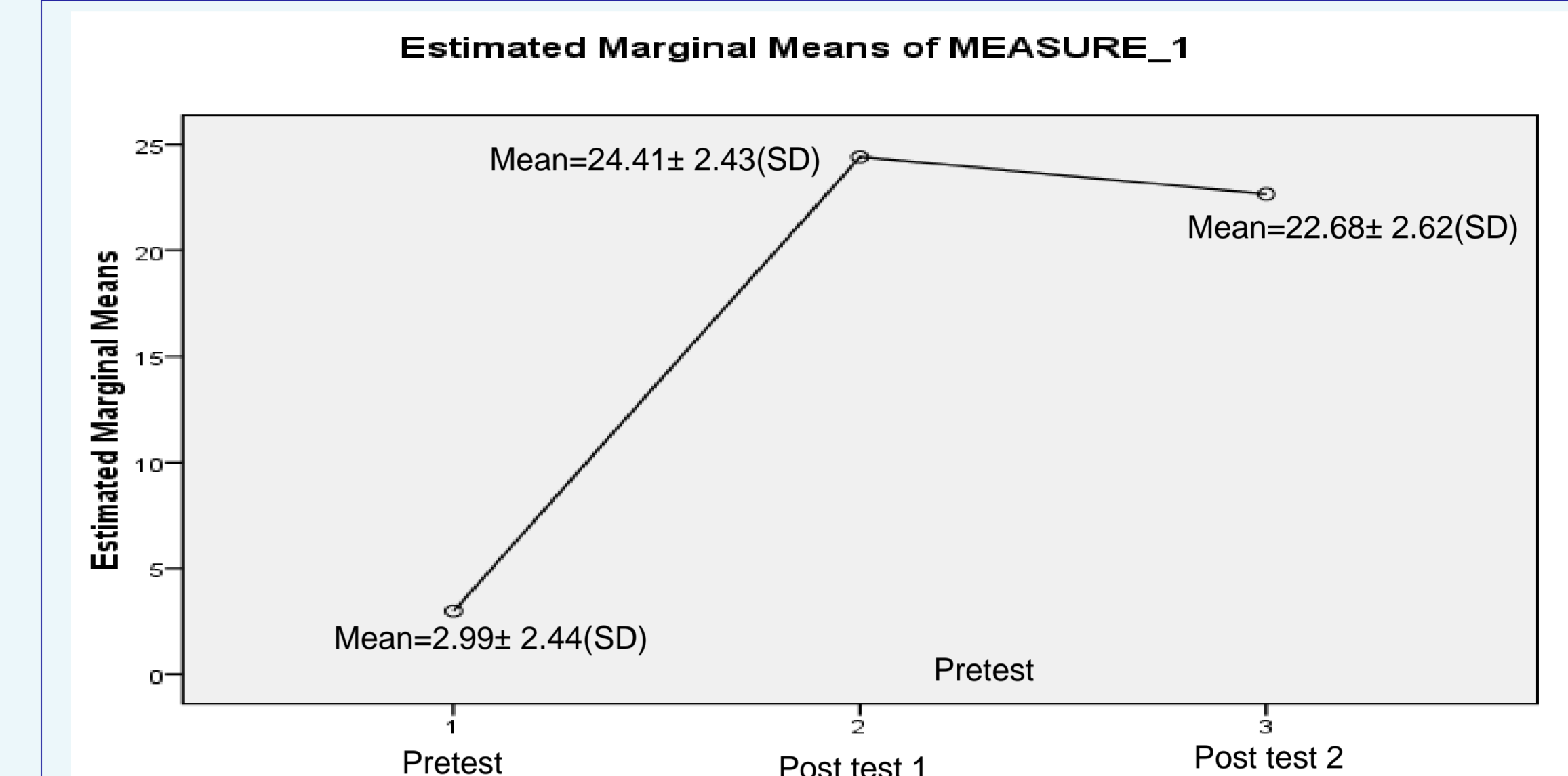


Figure 1. Line diagram on mean knowledge score

Table 2. Effectiveness of ASHA training programme

Knowledge	Sum of square	df	Mean square	F	Sig
	165939.73	2	82969.86	1.35	<.001

*Mauchly's test of Sphericity is not significant (p=0.76)

Table 3. Feedback on Training program

Feedback	Strongly agree		Agree	
	N	%	N	%
1.Content was simple and well organized	518	88.4	68	11.6
2. Training program met the stated objectives	488	83.5	98	16.5
3. Method used for training was appropriate and adequate	506	86.3	80	13.5
4.The material provided was appropriate and adequate for the content	482	82.2	104	17.8
5. Group participation was good	488	83.4	98	16.6

References

1. Skinner, W M. WFH: Closing the global gap – achieving optimal care. *Haemophilia* (2012), 18 (Suppl. 4), 1–12 DOI: 10.1111/j.1365-2516.2012.02822.x
2. Walker DG, Jan S (2005). How do we determine whether community health workers are cost-effective? Some core methodological issues. *J Community Health*, 30(3):221–229.
3. Curtale F, Siwakoti B, Lagrosa C, LaRaja M, Guerra R (1995). Improving skills and utilization of community health volunteers in Nepal. *Soc Sci Med*, 40(8):1117–1125.
4. NHRSC. ASHA Which Way Forward: Evaluation of ASHA program 2010–11. New Delhi; 2011.

