

ELI LILLY –INTERVENTION 3 (TRAINING OF TRADITIONAL HEALERS)

VISIT TO NANDURBAR DISTRICT

16th June 2011 and 17th June 2011

Dr. Himanshu A. Gupte, Programme Manager, Inter Aide.

1. Meeting with DTO Dr. Prakash Padvi – 16/06/2011

The Eli Lilly Intervention 3 project for involvement of tribal healers (TH) in RNTCP was explained in detail to Dr. Padvi.

The following 4 PHCs of Akkalkuva TU were suggested by him as the area of intervention for the project:

- (i) British Ankush vihir (36600)
- (ii) Khapar (22118)
- (iii) Daab (13271)
- (iv) Moramba (22118)

**Population in brackets*

The British Ankush vihir PHC also has the Akkalkuva Rural Hospital in its area.

Dr. Padvi will issue letters to the concerned MO-PHCs for their involvement and cooperation for the project.

The methodology, workplan and timeline of the project were discussed with Dr. Padvi and he agreed to it. It was clarified that the additional incentive of Rs. 50 per patient who gets diagnosed as TB from the patients referred by TH will be paid from the project budget. If the TH acts as a DOT provider for any patient he will be paid an honorarium after successful completion of treatment by the RNTCP as per the existing norms.

There was a delay in starting the project and the workplan will have to be modified accordingly.

It was decided to have sensitisation meetings for all PHC staff on the day of their regular weekly meetings. The dates will be mutually agreed with the MO-PHC and then the meeting will be conducted jointly by RNTCP and project staff.

Dr. Padvi suggested to avoid involving ASHA in the project by giving them additional honoraria at least in the initial phase of the project. In his opinion, the activities will be sustainable if the project is taken up by PHC and RNTCP staff on their own without the involvement of ASHA through additional financial incentives.

2. Visit to Akkalkuva TU – 17/06/2011

A visit was made to Akkalkuva TU with the STS Mr. Manoj Bhavsar.

The project was explained to him and visits to the concerned PHCs were planned. The Medical Superintendent of Akkalkuva RH was also briefed about the project and his role in accepting the referrals from TH was clarified. The LT of Akkalkuva DMC was explained about the project and his crucial role in documenting the referrals was clarified.

The STS has already requested ASHA, MPW and ANM from the PHCs to submit a list of Tribal Healers from their areas. This will be shared with the project team and the trainings will be planned accordingly. The first list of TH obtained from the PHC staff is totalling to 114.

Visits were made to Daab, British Ankush vihir and Khapar PHCs.

There was no PHC staff available at Daab PHC except one HA. Hence it was decided to revisit the PHC later after prior appointment.

However, Amlibari Ayurvedic Dispensary falls in the area of Daab PHC and the MO, Dr. Marsale was available for meeting. The project was explained and the possibility of conducting trainings in a neighbouring community hall was mentioned by him. This place is more convenient to the TH from the area as compared to the PHC.

The MO of British Ankush vihir, Dr. Dhiraj Chauhan and another MO from a Peripheral Health Unit in that area, Dr. Padvi were present in the PHC. The project was discussed with them and tentative dates for PHC and ASHA meetings were obtained.

Dr. Ajit Kothari and Dr. S.B. Chauhan were available at the Khapar PHC. The LT of Khapar DMC was also explained about the activities and his role in the documentation of the proposed activities.

Comment:

The project is being welcomed at all levels of the programme and the methodology proposed has been accepted by all. The DTO, MOs, STS and LTs with whom discussions were held are all expecting the activity to be successful and are very open to cooperate for the same.