

REPORT
MONITORING AND EVALUATION visit OF TRAINING OF TRADITIONAL HEALERS/RURAL
HEALTHCARE PROVIDERS AND FOLLOW UP- Eli Lilly Intervention 3
SIR (Unnao, Uttar Pradesh) 30th – 31st January 2012

Background:

To engage the largely untapped informal private healthcare providers and help them enhance their capacity and establish effective linkages among the programme, traditional healers and NGOs. These trained providers would then act as a DOT provider and refer TB suspects to DMCs.

Sensitization of traditional healers:

The ½ day sensitization will consist of sessions covering basic elements of DOTS and advocacy followed by inter-active discussions using appropriate communication material by resource persons from implementing partners and RNTCP programme personnel.

Follow-up plan and approaches

The proposed plan identifies 3 follow-up strategies, each to be used in 4 different settings as relevant for each district.

1. Follow up and monitoring by the Interface NGO
 - a. Using the available CBO/NGO network, link is established with the traditional healer and the programme, NGO volunteer monitors the referral and DOT provision by the traditional healer. Use referral slips for tracking referrals.
 - b. Financial incentive provided to NGO Supervisor for follow ups.
2. Use of mobile telephony - SMS based follow up and monitoring
 - a. Traditional healers are provided a lump sum for SMS charges. Every referral is accompanied by a SMS to DMC LT, STS and point person of the NGO. The weekly referral is monitored by the NGO. (50/month/TH)
 - b. Weekly reminders on referral is send out to the traditional healers by the NGO

Objective: To oversee implementation of action plan, assess strengths, weaknesses and provide remedial actions to strengthen engagement of traditional healers. Observe for knowledge and attitude retained by the traditional healers following the trainings and to review the follow-up systems placed for monitoring and provide recommendations for strengthening of the project activities.

Venues: Sohramou village, Sahraivan village, DTC Unnao, Nawabganj DMC, Ajgain village – Nawabganj block, Unnao District, Uttar Pradesh.

Date of visit: 30th to 31st January 2012

Agenda: A monitoring checklist was prepared for the visit. (Annex 1)

Methodology:

Semi structured interviews and Focus group discussions were conducted as per the checklist and response recorded as such. Responses from all respondents were recorded and notes were taken and later transcribed onto the checklist. (Annex 2)

Observations was analysed from responses received and suggestions made. (see below in findings)

Semi Structured interviews respondents:

- 1) District TB Officer, Unnao district
- 2) Medical Officer DMC, Nawabganj DMC
- 3) Senior treatment Officer, Nawabganj DMC

- 4) Laboratory Technicians – Nawabganj DMC
- 5) Project Supervisor SIR

Focus group discussion respondents:

- 6) Trained Traditional healers/Rural healthcare providers (4 groups in 4 villages)
- 7) Referred Patients (3 groups in 2 villages)

Reporting from SIR:

Situational Analysis = submitted

Training plan and report = submitted

Financial reports = submitted

Monthly reports = submitted up to January 2012

Supervisor check lists = **not submitted**

Indicators:

- (a) Proportion of traditional healers trained among the traditional healers listed by the NGO in the situation analysis = 101/369 (whole district) , 45 % (According to proposal we train only 100 THs divided in 4 batches)
- (b) Proportion of traditional healers with sustained engagement with the programme, as defined by referring at least 2-3 TB suspect per month using the referral slip, among the trained traditional healers

September 2011	October 2011	November 2011	December 2011	January 2012
60 %	41%	83%	25 %	38%

- (c) Proportion of referral increase at DMCs (using before and after analysis) = **Referral services**

Months	2010	2011
September	83	116
October	53	60
November	80	94
December	74	66

OPD cases

Months	2010	2011
September	4022	4230
October	2110	4704
November	2538	2938
December	3052	3047

- (d) Suspects referred per traditional healer engaged monthly/quarterly and through the project period= **Total referrals from September 2011 to December 2011 = 251**

Number of referrals	September	October	November	December
	95	41	85	30

- (e) Additional TB patients diagnosed from the referral of engaged traditional healers = **23**

TB patients	September	October	November	December
	5	3	10	5

(f) Additional DOT providers engaged with the programme through the project = **6 Total**

DOT providers	September	October	November	December
	5	5	5	6

(g) Number of THs who are using 'mobile telephony' for follow up = **85/101** of the trained THs/RHCPs are updating the Supervisor through their mobile phones.

Findings:

Respondents	OBSERVATIONS	SUGGESTIONS
District TB Officer	<ul style="list-style-type: none"> - DTO was aware and involved in the planning and conducting of the trainings but initially was not convinced of involving THs - Feedback on the trainings was good and the STS was the resource person - He feels that the referrals have made little difference and the quality of referrals needs to be checked. - He is aware of the follow up mechanism and has met the supervisor. - He thinks that this project is a huge factor in achieving universal access - He agrees to make THs as DOT Providers as per guidelines. - He would like to be updated on the project and suggest sharing of monthly report - DTO request for extending the training to the whole district for more results. 	<ul style="list-style-type: none"> - DTO wishes to be involved in the follow up and requested the Supervisor share a monthly report with him. - Planning of the next training should be done involving the CMO - IEC material should be supplied to the district level - Expanding the trainings to the other blocks in the district
Medical Officer I/C Microscopy centre	<ul style="list-style-type: none"> - MO was aware and involved in the planning and conducting of 2 batches of the trainings - Feedback on the trainings was good and the STS were the resource person in all the trainings. - MO points out that referrals have increased as well as the outpatient services - He is aware of the follow up mechanism and meets the Supervisor often during her visits and they both cross check their reports. - He states that TB care is improving with these referrals - He has made some THs as DOT Providers 	<ul style="list-style-type: none"> - Follow up of patients should be enhanced to avoid default. - This should be reminded to all THs during the next training. - Involving the MO in the trainings and giving him a session on how to refer cases ,could keep a check on the quality of referrals
Laboratory Technicians	<ul style="list-style-type: none"> - The LTs were aware of the project, its trainings and follow ups and are very cooperative with the NGO under the guidance of the STS. - They will add a column on the TB register for referrals made from the project. - A drop box for referrals would be simpler for them in their routine work - There has been a 25% increase in referrals since the training and 10% positive cases put on treatment - Patients with referrals slips from the THs goes to the MO in the OPD who then sends the patient for sputum test 	<ul style="list-style-type: none"> -Drop Box should be kept at the lab with the Supervisor coming and collecting the referrals slips on her visits
Senior Treatment Supervisor	<ul style="list-style-type: none"> - Involvement of the STS from the beginning is crucial as he is as motivated and is linking the THs with sustained engagement as DOT providers for the program - He is taking ownership of the initiative and is very supportive and encouraging - He notes the enthusiasm of the THs being trained and their enhanced knowledge on TB. - 25 % increase in both OPD and referrals since the trainings has been noted - STS updates the NGO in writing of the referrals 	<ul style="list-style-type: none"> - Encourage all DOT providers and THs to maintain a diary of their patients and referrals - These trainings should be continued to more THs - Inclusion of a drop box for referrals will help the follow up

	<ul style="list-style-type: none"> received from this project every month - He works collaboratively with the Supervisor and cross checks her reports and findings - STS is sure that there will be a better performance with the involvement of NGOs in the program. - STS notes that the adjoining blocks are also feeling the impact and sending referrals. 	
Traditional Healers Group 1	<ul style="list-style-type: none"> - Traditional Healers are motivated and the training have helped improve their knowledge on TB, referrals, diagnosis and DOTs - They have the utmost respect for a colleague who has been made DOT provider and aspire to be one as well - Some of them care for their patients and wants to make sure they get tested and treated at the earliest - They value the training by SIR and would like to attend the next training - The knowledge on TB have helped them in their practice as well - The supervisor is in regular contact with the trained THs - The need for pictorial messages for their clinics would be a big help. 	<ul style="list-style-type: none"> - Video training material - Cross checking of referrals with LT to ensure their referrals are noted - Sensitization meetings on TB with the older generation of the community to clear misconceptions - RNTCP to make DOT providers of the motivated TH - Formation of TB patient group could be started by the THs - Formation of a TH/RHCP association could be a platform for experience sharing
Traditional Healers Group 2	<ul style="list-style-type: none"> - Traditional Healers are motivated and the training have helped improve their limited knowledge on TB, referrals, diagnosis and DOTs - They value the training by SIR and would like to attend the next training - The knowledge on TB have helped them in their practice as well - The supervisor is in regular contact with the trained THs - Being made a DOT provider is a reward for the TH 	<ul style="list-style-type: none"> - RNTCP to make DOT providers of the motivated TH
Traditional Healers Group 3	<ul style="list-style-type: none"> - Traditional Healers are motivated and the training have helped improve their limited knowledge on TB, referrals, diagnosis and DOTs - They value the training by SIR and would like to attend the next training - They have referred 17 patients among the 4 of them - The knowledge on TB have helped them in their practice and also the patient is getting better soon - The supervisor is in regular contact with the trained THs - They have expressed a desire to be a DOT provider as an acknowledgment of their efforts 	<ul style="list-style-type: none"> - RNTCP to make DOT providers of the motivated TH - Sustaining of these trainings to reach out to more THs
Traditional Healers Group 4	<ul style="list-style-type: none"> - Traditional Healers are motivated and the training have helped improve their limited knowledge on TB, referrals, diagnosis and DOTs - They notice that out of 80 patients a month around 3-4 of them are suspected of TB and they increase during the harvest season - The supervisor is in regular contact with the trained THs - They have expressed a desire to be a DOT provider as there is none in their work area 	<ul style="list-style-type: none"> - Sustaining of these trainings to reach out to more THs - Pictorial information of TB to hang in the TH's clinic
FGD Patient Group 1	<ul style="list-style-type: none"> - Patients were made aware of their illness and the importance of diagnosis and being regular with the treatment - Patients have faith and trust their traditional healer Mr. Maurya - It is easy for them to consult with the TH as its nearby and they have heard positive feedback from others about 	<ul style="list-style-type: none"> - Formation of TB patient group can be started by the THs who are acting as DOT providers as they are in knowledge of the area they are taking patients from. - Training more traditional healers and making them DOT providers will be an incentive to ensuring adherence of the

	<p>Mr. Maurya</p> <ul style="list-style-type: none"> - The TH Mr. Maurya is motivating patients for testing and makes sure they take their medication especially the patients he is administering DOTS. - Stigma and discrimination in this village and surrounding areas is very limited and TB is treated like any other disease 	<p>patient and also a motivational tool for early case detection by referrals from these first point of contact for the communities.</p>
FGD Patient Group 2	<ul style="list-style-type: none"> -Patients approached a private provider but no relief to their illness - Patients were made aware of their illness and the importance of diagnosis and being regular with the treatment by the trained TH - Patients have faith and trust their traditional healer - It is easy for them to consult with the TH as he is easily accessible - Stigma and discrimination in this village and surrounding areas is very limited and TB is treated like any other disease 	<p>-Training more traditional healers and making them DOT providers will be an incentive to ensuring adherence of the patient and also a motivational tool for early case detection by referrals from these first point of contact for the communities.</p>
FGD Patient Group 3	<ul style="list-style-type: none"> - Patients approached a private provider but no relief to their illness - Patients were made aware of their illness and the importance of diagnosis and being regular with the treatment by the trained TH - Patients have faith and trust their traditional healer - It is easy for them to consult with the TH as he is easily accessible - Stigma and discrimination in this village and surrounding areas is very limited and TB is treated like any other disease - Patients will advocate to other TB patients when they see them 	<p>-- Training more traditional healers and making them DOT providers will be an incentive to ensuring adherence of the patient and also a motivational tool for early case detection by referrals from these first point of contact for the communities.</p>
Project Supervisor	<ul style="list-style-type: none"> - Supervisor is very actively involved in the planning, conducting and follow up of the trainings and THs. - She has established a good rapport with the THs, the RNTCP staff and the NGO ensuring regular updates - She is using the checklist provided for all of her visits and is conducting regular visits. - She believes that this initiative will help early diagnosis of TB and reducing deaths 	<ul style="list-style-type: none"> - Inclusion of video presentations in the next trainings - Addition of new THs interested for the next training if there are seats available from the older group - Monthly meetings with the trained THs for sustained engagement – SIR to look into this possibility

= Challenges/Problems

= Good points

Overall Observations:

Implementation of action plan – Trainings have received good feedback from all stakeholders and the knowledge of the traditional healers/Rural Healthcare provider have moved from minimal to clarity and clear understanding of symptoms of TB, what is needed to be done and referrals to be made. **Tool Kits** distributed was beneficial and appreciated by the THs/RHCPs.

Follow up: Project Supervisor has a monthly tour diary and follow her visits regularly every week like clockwork. The understanding of sms follow up was encouraging and they are eager to use mobile telephony. The Supervisor is in touch with 85 of 101 trained THs and also with the STS and Lab technicians. Mrs. Mishra has built a good rapport with all stakeholders and acts as the link between the program and the THs.

Strengths of the project in UP:

- Good relationship of SIR with the STS and MO of the DMC
- Well conducted trainings by SIR in collaboration with District TB Cell.
- Traditional healers and Rural healthcare providers are open and welcoming to such trainings
- Accessibility of health infrastructures
- A dedicated and motivated Project Supervisor who is responsible and have been able to build a good rapport with all stakeholders including the trained THs.
- Good field staff of the NGO
- Referrals are being noted by the Supervisor and the STS so cross checks are regular and documented

Weakness:

- Reluctant from the DTO of involving the THs due to some problems between them and the government. SIR had to do a lot of advocacy with higher authorities to convince him for cooperation.
- Involvement of one block in a district restricts the referrals made

Recommendations for strengthening of the project:

- Video presentation on TB for the next round of trainings
- Monthly meeting of supervisor, STS and trained THs to motivate and sustain the engagement of THs with the program.
- More trained THs to be made DOT providers by the STS for sustainability to the program post project.
- Pictorial charts or IEC materials to be given to THs to hang in the clinics
- Patient charter could be distributed to patients
- Involving the CMO in the next training as suggested by the DTO
- Drop Box should be provided and maintained by the NGO in the DMC.

Others:

- Sensitization meeting with the older generation on TB to clear misconceptions
- Trainings should be continued to more THs throughout the whole district
- THs could think of motivating patients to start a patient association.

