

REPORT
MONITORING AND EVALUATION visit OF TRAINING OF TRADITIONAL HEALERS/RURAL
HEALTHCARE PROVIDERS AND FOLLOW UP- Eli Lilly Intervention 3
VHAP (Kapurthala, Punjab) 30th Nov – 1st Dec 2011

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 CBO/NGO and traditional healer (500/month/IFNGO representative)
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.

Venue: Kapurthala Civil hospital, Kalasingha CHC , Tibba PHC, Kalasingha village, Tibba village and Navan Thatt village.

Date of visit: 30th November to 1st December 2011

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

Methodology:

Semi structured interviews was 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. Observations was analysed from responses received along with overall findings and challenges noted with remedial actions to be taken.

Respondents:

- 1) District TB Officer
- 2) Medical Officer (2)

- 3) Trained Traditional healers/Rural healthcare providers (4 – 5)
- 4) Referred Patients (4- 5) **did not manage to meet any**
- 5) Laboratory Technician (2)
- 6) Project Supervisor (1)

Reporting from VHAP:

Situational Analysis = submitted

Training plan and report = submitted

Financial reports = **not submitted**

Monthly reports = submitted upto October 2011

Supervisor check lists = **not submitted**

Indicators:

- (a) Proportion of traditional healers trained among the traditional healers listed by the NGO in the situation analysis = **102 / 500 (whole district) 200(kapurthala TU) [50% trained]**
- (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 = **15 THs visited and reported , no referrals reported**
During M & E visit found 19 referrals mentioned by 2 THs.
- (c) Proportion of referral increase at DMCs (using before and after analysis) = **none validated**
- (d) Suspects referred per traditional healer engaged monthly/quarterly and through the project period= **not reported**
- (e) Additional TB patients diagnosed from the referral of engaged traditional healers = **not reported**
- (f) Additional DOT providers engaged with the programme through the project = **none reported but 2 were requested by DTO during visit.**
- (g) Interactions with THs /RHCPs on the use of ‘mobile telephony’ for follow up = Yes, **23/106** 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. - Feedback on the trainings was good - He is positive with time the referrals will increase with this project but none received so far. - He is not aware of the follow up mechanism and has not met the supervisor. - He confirms that this project will help achieve universal access through improved case detection. - DTO is highly cooperative and supportive of the project. - He was present with the M&E team throughout all interviews and also spoke to 2 trained traditional healers to be DOT providers. 	<ul style="list-style-type: none"> - DTO wishes to be involved in follow up measures and express a desire to meet with the Supervisor more often for cross referrals of referred cases. - He suggested VHAP and Supervisor to be present during their monthly meetings (5th of every month) to update him on the progress and for his staff to report referrals. - Findings from this visit could help plan the re sensitisation training of THs - DTO suggested a sensitization meeting of all LT's and STLS of the district for better handling of patients referred by all trained TH/UPP/RHCP.
Medical Officer I/C Microscopy centre	<ul style="list-style-type: none"> - MO was aware of the trainings. - He believes that this project will help achieve universal access through improved case detection. - Referrals have been coming from ASHAs and not THs and are recorded as such. - HR problem is huge at the CHC and staff over 	<ul style="list-style-type: none"> -MO suggested a sensitization meeting of all LT's and STLS of the district for better handling of patients referred by all trained TH /RHCP and recorded as such and not as ASHAs. - Communication with Supervisor is

	burdened	crucial
Laboratory Technician 1	<ul style="list-style-type: none"> - LT was not aware of the trainings of THs/RHCPs or recording of referrals as required. - There is no LT designated for TB test but a general LT who is overburden and does not take TB testing seriously. - No collection box was present for referral slips from NGOs - No referrals from THs/RHCPs recorded - LT was rude and non cooperative even to the DTO 	<ul style="list-style-type: none"> - Sensitization meeting of all LT's and STLS of the district for better handling of patients referred by all trained TH/UPP/RHC. - Follow up and communication with Supervisor is crucial
Traditional Healer 1	<ul style="list-style-type: none"> - Mr. Pal attended the training and gained knowledge on the signs and symptoms of TB which was nonexistent prior to the training. - Mr. Pal greatly benefitted from the knowledge and is able to identify symptoms of TB patients. - He has referred 13 cases to Kalasinghia CHC (cross checked with Supervisor but not LT) and is following up on them through ASHAs - Feedback on the trainings was good but he needed more clarity on referrals in the next trainings. - He particularly liked the detailed information on TB symptoms - He felt the tool kit provided was beneficial for him especially the note book to record his referrals and contact details of patients, Supervisor and focal points at DMC. - He has no register to record his patients - Mr. Pal has met the supervisor and is updating him about his referrals via mobile. - He expressed a desire to be a DOT provider. - There is less follow up on his referrals as he is on the move. - He wishes to join an association if present - Mr. Pal would like to learn of more diseases. 	<ul style="list-style-type: none"> Follow up and communication with Supervisor is crucial
Traditional Healer 2	<ul style="list-style-type: none"> - Mr.Nahar attended the training and gained knowledge on the signs and symptoms of TB which was nonexistent prior to the training. - Mr. Nahar greatly benefitted from the knowledge and is able to identify symptoms of TB patients. - He has referred 6 cases to Kalasinghia CHC (cross checked with Supervisor but not LT) but no follow up - Feedback on the trainings was good in particular the detailed information on TB symptoms - He felt the tool kit provided was beneficial for him especially the note book to record his referrals and contact details of patients, Supervisor and focal points at DMC. - He has no register to record his patients - Mr. Nahar has met the supervisor and is updating him about his referrals via mobile. - He expressed a desire to be a DOT provider. - He wishes to join an association if present - Mr. Nahar would like to learn of more diseases. 	<ul style="list-style-type: none"> Follow up and communication with Supervisor is crucial
Medical Officer Tibba PHC	<ul style="list-style-type: none"> - MO was aware of the trainings. - He is positive with time the referrals will increase with this project but none received so far. 	<ul style="list-style-type: none"> -MO suggested a sensitization meeting of all LT's and STLS of the district for better handling of patients

	<ul style="list-style-type: none"> - He believes that this project will help achieve universal access through improved case detection. - Referrals have been coming from ASHAs and not THs and are recorded as such. Maybe due to non receipt of referral slips by THs. 	<ul style="list-style-type: none"> referred by all trained TH /RHCP and recorded as such and not as ASHAs. - Communication with Supervisor is crucial and should be done weekly - Information on the project with ASHAs in the area could be shared by Supervisor during PHC meetings
Unregistered RHCP 3	<ul style="list-style-type: none"> - Mr. Singh attended the training and improved his knowledge on the signs and symptoms of TB which was minimal prior to the training. - Mr. Singh greatly benefitted from the knowledge and is able to identify symptoms of TB patients. -He has referred patients to Tibba CHC and followed up through the Sanitary Inspector but not with LT. No TB patient so far. -Feedback on the trainings was good - He felt the tool kit provided was beneficial for him and is using the notebook. - He has no register to record his patients - He expressed a desire to be a DOT provider and also set up a DOT center at his clinic. - Mr. Singh belongs to a private practitioner association which has 1lac 50 thousand members state wide. 	<ul style="list-style-type: none"> - Improving referrals of TB suspected patients - Follow up and communication with Supervisor is crucial
Registered RHCP 4	<ul style="list-style-type: none"> - Mr. Singh attended the training and improved his knowledge on the signs and symptoms of TB which was minimal prior to the training. - Mr. Singh greatly benefitted from the knowledge and is able to identify symptoms of TB patients. -He has not referred patients so far. -Feedback on the trainings was good - He felt the tool kit provided was beneficial for him and likes the reading material the most. He wishes to put the material on his wall for quick reference. - He has no register to record his patients - He expressed a desire to be a DOT provider and also set up a DOT center at his clinic. - Mr. Singh belongs to a private practitioner association which has 1lac 50 thousand members state wide. 	<ul style="list-style-type: none"> Improving referrals of TB suspected patients - Follow up and communication with Supervisor is crucial - Pictorial information on TB symptoms and care measures for his clinic.
Patient	<ul style="list-style-type: none"> -Patient has little knowledge of TB but understand the consequences - He was afraid that his illness was getting serious hence contacted the ASHA. - ASHA is helping the patient get tested and checked and has escorted the patient to the PHC. - Patient was curious about the effects of smoking as he is a heavy smoker 	<ul style="list-style-type: none"> Information on the project with ASHAs in the area could be shared by Supervisor during PHC meetings
Project Supervisor	<ul style="list-style-type: none"> - Supervisor was aware of the project to a certain extent but was not present in the planning and trainings held as he had to replace the former Supervisor. -He has made a few visits and was not using any supervisor checklist. -Mr. Jagdish was not informed of the supervisor checklist - He has a list of referrals made by trained THs amounting to 30 referrals but have not been able to verify them at the DMC as they were not 	<ul style="list-style-type: none"> Sensitization of the Project Supervisor by the Program Manager on the project along with follow up mechanisms -Project Supervisor should be from the district and not having to travel too much distance. -A tour diary should be maintained keeping in mind DTO monthly meetings and PHC meetings at all 4 sites

	<p>recorded as such.</p> <p>-Program Manager expressed the challenge of too limited funds thereby making it impossible to hold on to Project Supervisor</p>	<p>-Supervisor should be regularly updating the program as well as the project manager on his follow ups.</p> <p>-Regular visits should be done to Trained THs, LT at DMC, Referred patients and DOT provider(if any from project)</p>
Laboratory Technician 2	<p>- LT was aware of the trainings of THs/RHCPs</p> <p>- No collection box was present for referral slips from NGOs</p> <p>-LT received 10-12 referrals by RMPs on RNTCP referrals forms and recorded as ASHAs</p> <p>- LT raises the issue of quality of sputum collected away from DMC</p>	<p>-A sensitization meeting of all LT's and STLS of the district for better handling of patients referred by all trained TH/UPP/RHC.</p> <p>- Follow up and communication with Supervisor is crucial</p>

= 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 none and minimal to clarity and clear understanding of symptoms of TB , what is needed to be done and referrals to be made. The understanding of sms follow up was varied but eagerness to use mobile telephony was encouraging. Follow up mechanism was not good as there was a change in Supervisor and work was just starting for the new recruit Mr. Jagdish Singh. Tool Kits distributed was beneficial and appreciated by the THs/RHCPs.

Strengths of the project in Punjab:

- Good relationship of VHAP with state and district official for TB
- Well conducted trainings by VHAP in collaboration with District TB Cell
- Cooperation and encouraging DTO who is active and passionate about his work and is open to receiving support from THs/RHCPs
- Traditional healers and Rural healthcare providers are open and welcoming to such trainings
- Accessibility of health infrastructures
- The private healthcare association comprising of 1 lac 50 thousand members whose potential could be tapped to reach private healthcare practitioners.
- Hard working ASHAs who are a huge help to the communities

Weakness:

- Change in Supervisor in a short follow up period is not advisable
- Delay in production and distribution of referral slips leading to referrals not being recorded by LT as case detected through the project.
- Lack of coordination between Supervisor and program
- Not enough follow up visits being done
- Supervisor checklist not used so missing on relevant information

Concerns relating to recording TH referrals:

Concerns:

- Non awareness of the LT of project referrals hence he notes them as referrals from ASHAs
- Non availability of referral slips as it was recently distributed. Project Manager cited the time taken to get approval from all concerned on these slips and delay in distribution to THs.
- ASHAs was not aware of the project hence did not mention the referrals sent by them were from THs
- Referred patients go to MO first at DMC and they get referred for sputum test by him and recorded as such.

Solutions to be taken:

- Project Manager and Supervisor to attend the monthly meetings of DTO with LT, STLS, etc on the 5th of every month to create awareness of the project and request for recording referrals from referrals slips made for the project.
- Referrals slips are to be made available to all trained THs/RHCPs
- Supervisor during his weekly visit to DMC/PHC to attend meetings of ASHAs and create awareness of the project and request for cooperation
- Supervisor to prepare a tour dairy monthly to visit Trained THs, LT at DMCs, DOT Providers, Patients and update meetings with DTO and M/O of PHC/CHC, etc.
- Use of the Supervisor checklist is mandatory and lists submitted every month with monthly reports.
- Financial statement of expenditures so far to be submitted by VHAP.
- Supervisor should increase his contacts with trained THs for sms information of referrals both with THs and LT

Recommendations for strengthening of the project:

- Follow up and regular communication between the Supervisor and DTO, LT, THs/RHCPs is crucial for success of the project.
- A sensitization meeting of all LT's and STLS of the district for better handling of patients referred by all trained TH/UPP/RHC.
- Improving referrals of TB suspected patients
- Regular visits should be done by Supervisor to Trained THs, LT at DMC, Referred patients and DOT providers (from Project)
- Involving the private practitioners association for more reach