

REPORT
MONITORING AND EVALUATION visit OF TRAINING OF TRADITIONAL HEALERS/RURAL
HEALTHCARE PROVIDERS AND FOLLOW UP- Eli Lilly Intervention 3
Vasandham Society (Theni, Tamil Nadu) 22nd February 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.

Venue: Theni DACT office, Theni, Tamil Nadu.

Date of visit: 22nd February 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) Medical Officer DMC, Gandamanur TU /DMC
- 2) Senior treatment Officer & Lab technician , Gandamanur TU /DMC

Focus group discussion respondents:

- 3) Trained Traditional healers/Rural healthcare providers (4 THs)
- 4) Project Supervisors (4nos)

Reporting from VS:

Situational Analysis = submitted
 Training plan and report = submitted
 Financial reports = **not submitted**
 Monthly reports = submitted till November
 Supervisor check lists = **not submitted**

Indicators:

- (a) Proportion of traditional healers trained among the traditional healers listed by the NGO in the situation analysis = **98% (116/120)**
- (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 = **not submitted as yet**
- (c) Proportion of referral increase at DMCs (using before and after analysis) = **to be submitted by VS**
- (d) Suspects referred per traditional healer engaged monthly/quarterly and through the project period= **full data not received, 78 in 3months**
- (e) Additional TB patients diagnosed from the referral of engaged traditional healers = **data not received, 11 diagnosed and put on treatment out of the 78, 6 sputum positive and 5 sputum negative.**
- (f) Additional DOT providers engaged with the programme through the project = **7**
- (g) Number of THs who are using ‘mobile telephony’ for follow up = **data to be sent by NGO.**

Findings:

Respondents	OBSERVATIONS	SUGGESTIONS
Medical Officer I/C Microscopy centre	<ul style="list-style-type: none"> - MO was aware and involved in the planning of the trainings - Feedback on the trainings was good with the THs knowledge enhanced and clarified. - STS was the resource person in all the trainings. - MO points out that referrals have increased as well as the outpatient services on an average of 3-4 referred cases per week - She is aware of the follow up mechanism and meets the Supervisor often during their visits and they cross check their reports. - MO is aware of the legal problems the state is having with quacks hence request a change in name of the trainees from THs to community volunteers to sustain their engagement - Recording of referrals from THs is a problem due to the present situation but can be done so as community volunteers - They have made 6-7 as DOT Providers from the THs trained - This training has helped early case detection and should include other stakeholders 	<ul style="list-style-type: none"> - In states with legal issues on THs or quacks possibility of renaming the project to Training of community volunteers and include all rural healthcare providers in the group - Monthly meeting with RNTCP staff and Supervisors would be beneficial for follow up action
Senior Treatment Supervisor & Laboratory Technician	<ul style="list-style-type: none"> - Involvement of the STS from the beginning is crucial as he is motivated and is linking the THs with sustained engagement as DOT providers for the program 	<ul style="list-style-type: none"> - These trainings should be continued to more THs and other providers and stakeholders - Areas for the training should be

	<ul style="list-style-type: none"> - 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. - 6-7 sputum slides per day on an average, an increase since the training - A file of the referral slips is kept in the lab and monitored by supervisor monthly. - LT records the referrals on a separate column in the lab register - STS updates the NGO of the referrals received from this project every month - He works collaboratively with the Supervisor and cross checks their reports and findings - Increase number of DOT providers - Project will help get cases from hard to reach areas 	<p>increased especially to THs practicing in hard to reach areas</p>
Traditional Healers FGD	<ul style="list-style-type: none"> - Traditional healers are motivated and have enhanced their knowledge about TB - Referrals slips makes follow up sure - THs practicing less due to legal pressure present in the state. - Use of mobile to update NGO/supervisors is normal and regular - Toolkits provided was beneficial and useful - THs will convince their patients to go for sputum test 	<ul style="list-style-type: none"> - Sustain engagement of THs through regular meetings is needed to motivate them to sustain their engagement - Becoming DOT providers will enhance their engagement - Recording of referrals made by each TH and cross checked with the data from the LT by the supervisors regularly.
Project Supervisors FGD	<ul style="list-style-type: none"> - VS requested multiple volunteers to follow up in different village panchayat to ensure reach of follow up to all trained TH - The supervisors are aware of the number of THs present, trained and followed up in their area - Supervisors are aware and were involved from the beginning of the project and have developed a rapport with the THs - Trainings are well conducted and received by motivated participants - The curriculum used was very thorough and clear - The follow ups are integrated into their work plan so they do their visits regularly using the checklist provided - A file is being kept by the LT of all received referral slips from NGO - Referrals are being recorded by the Supervisor - Mobile telephony is being used by both Supervisor and TH for updates but interactions not recorded. - Recommendation for more of such trainings and including more THs - Continuous efforts in creating awareness in the community decreases stigma and discrimination. 	<ul style="list-style-type: none"> - Supervisors checklists needs to be submitted to get complete record of follow up - Collection of the referral slips from the file in the lab by the supervisor at the end of every month to cross check with their collected data in their follow up visits - VS to send report of the supervisors - Additions of new THs for the next batch of training if there are dropouts from the first trainees.

= 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 with a clear understanding of symptoms of TB , what is needed to be done and referrals to be made. The training curriculum was very thorough. **Tool Kits** distributed was useful and beneficial which was appreciated by the THs/RHCPs.

Follow up: Project Supervisors have integrated their monthly follow up visits in their tour diary and the visits are regular. The understanding of sms follow up was encouraging and they are eager to use mobile telephony. The Supervisors are in touch with most of the trained THs and also with the MO, STS and Lab technicians. They have a good rapport with all stakeholders and acts as the link between the program and the THs.

Referrals needs to be recorded and cross checked form the file maintained in the lab. Data recorded should be reported every month and a monthly meeting with the program to update each other.

Strengths of the project in Tamil Nadu:

- Project Supervisors have been working on TB for a long time and the follow up is part of their work plan every month
- Well conducted and received trainings by VS in collaboration with District TB cell
- Traditional healers and Rural healthcare providers are open and welcoming to such trainings
- Referrals are being noted by the Supervisors and the STS so cross checks are regular

Weakness:

- Legal issues against the Traditional healers so their practice is not active as they also have other jobs so lesser patients and fear to come out
- Documentation needs to be strengthened

Recommendations for strengthening of the project:

- 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.
- Documentation to be sent
- Quality of referrals needs to be stressed on during the re sensitisation training as there seem to be less cases but a lot of referrals. Involve MO in the next trainings.

Others:

- Trainings should be continued to more THs throughout the whole district
- Trainings could be done for other stakeholders too like pharmacists, ASHAs, etc.
- Project could be renamed to training community volunteers in TB and basic DOTS and include all providers for sustainability by the program.

