

PARTNERSHIP FOR TB CARE AND CONTROL IN INDIA  
ELI LILLY PROJECT (INTERVENTION 3 &4)  
TRAINING OF TRADITIONAL HEALERS & TRAINING PARTNERS ON MEDIA ENGAGEMENT  
REPORT POST PILOT MEETING, USEA OFFICE, NEW DELHI  
10 -11 JULY 2012

**Intervention 3:** Engaging all care providers, specifically informal providers such as traditional health providers (traditional healers, quacks, non-medical providers) in the basic DOTS.

**Goal:**

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.

**Objectives:**

1. To sensitize traditional healers on TB control in 4 tribal districts across 4 states using standardised sensitization methods/materials.
2. To engage the traditional healers for suspect referral with specific follow up plans.
3. To use innovative monitoring mechanisms to assess impact of different engagement approaches in sustaining the interest of the traditional healer's involvement with the programme.

**Operating Procedure:**

1. Pre pilot workshop was held on the 5<sup>th</sup> and 6<sup>th</sup> May 2011 to discuss with implementing partners (IPs) on the way forward i.e. methodology, follow up measure and budgeting. Detailed report available at <http://www.tbpartnershipindia.org/PEvents.asp>
2. **Methodology** that was agreed upon and followed by all IPs, is as follows;
  - (i) Implementing partners will conduct a more detailed situational analysis to identify Traditional healers/Rural Health care practitioners' practices within the chosen districts and their blocks/DMCs and other relevant information. A format was shared with all.
  - (ii) Sensitization of RNTCP officials on the proposed activity project by all 4 IPs to decide on dates of first 4 batches of trainings , training method, resource person, follow up measures and referral documentation.
  - (iii) First Training of RHCPs/ Traditional healers in 4 batches of 25 per batch on TB its diagnosis and treatment especially the DOTS strategy. Focus was given on how to refer patients to the nearest DMC, follow up measures with supervisors, either through physical visits or mobile telephony.
  - (iv) Follow up for 3 months post training by supervisor identified by the IP with trained THs/RHCPs on number of patients referred to the DMC, DMCs for cross checking on referrals and documentation/ reporting of referrals, TB patient referred by the THs/RHCPs, use of mobile sms/phone call for referrals reported,etc. A supervisor monthly checklist was shared with all IPs for utilisation by Supervisor.
  - (v) Retraining of the trained THs/ RHCPs for evaluation and also to sustain their engagement for referrals of TB suspects to the DMCs to be done on the 6<sup>th</sup>/7<sup>th</sup> month and this is followed by another 3-4 months of follow up of the trained.
3. Post pilot meeting on the project closing month to discuss achievements and challenges faced by IPs and also to meet with donor.
4. Final reporting to be completed along with M & E reports of all 4 sites. Monthly reporting formats were shared with all IPs.

## DAY 1: Post Pilot meeting – Intervention 3

### Participants;

- Implementing Partners Intervention 3, i.e. Inter Aide (Maharashtra), SIR (UP), Vasandham Society (Tamil Nadu) and VHAP (Punjab).
- Partnership Secretariat – Vianca and Manpreet
- The Union – Dr. Vishnu Kamineni

### Discussions:

- Update on achievements of all IPs for Intervention 3 through complied monthly reports and monitoring visits of all sites was shared by Dr. Vianca. Presentation is available (Annex 1)

	Indicators	VHAP (PN)	Inter Aide (MH)	VS (TN)	SIR (UP)	Total
1	Number of traditional healers/ RHCPs trained	102/100	113/ 100 (including one to one)	116/ 100	101/100	432/400
2	Referrals by THs/RHCPs	25	14	249	528	816
3	TB positive from referred cases	0	1	33	45	79
4	Number of THs/RHCPs made Dot Providers	15	0	24	8	47
5	Number of THs /RHCPs re sensitised	?	NA	NA	74	74/432
6	use of 'mobile telephony' for follow up	23	58	?	85	166/432

Table: Indicators and achievement by all IPs.

- She also shared the monthly reported data if each IP and strengths and weakness and recommendations for strengthening the project in each district as collected during her M & E visits to 3 sites UP, Tamil Nadu and Punjab.
- **Dr. Srivastava from SIR, UP** implementing in **Unnao district** shared their achievements (Annex 2) and challenges as per prescribed format. He highlighted an increase of 9% in OPD using comparative data, 25 % in number of sputum tested and 22% increase in case detection. He also mentioned a few challenges and the local solutions used to solve them. Dr. Srivastava requested replication of the intervention in three neighbouring districts of UP.
- On further discussion a request was made to SIR for the additional data for comparison and final reporting, such as ;
  - 1) Data from similar blocks for comparison for the prior, during and after the implementation period. ( July 2010 – September 2012) monthly if possible
  - 2) Data of sputum negative cases , extra pulmonary cases from lab register
  - 3) Population of the Nawabganj block and number of villages covered
  - 4) Copies of the appreciation letters from DTO/STS.
- As there was some budget left SIR had requested an extension of 3 months (June till September) and will continue with follow up activities for the same district. SIR to submit work plan and budget for approval by The Union.
- **Mr. Kunasekaran from Vasandham Society, Tamil Nadu** implementing in **Theni district** shared his experience of training traditional healers who are not well received by the government (Annex 3). Key findings included all 120 THs identified was trained in 8 blocks by

their 6 NGO partners. Sputum referrals by THs were all tested and 72% of the positive cases are being provided DOTS by the TH themselves (Annex 4) . Linkages between the THs and RNTCP have been formed and were followed up by the NGOs. Few challenges to implementation were due to government arresting THs it was difficult to involve THs in the beginning so start of project was delayed, some DMCs refuse to accept referrals by THs and delay in sputum testing due to unavailability of lab technician. He also mentioned that the Vasandham board was not in favour of submitting vouchers in The Union's name as they would like to take ownership of the project implementation.

- Vasandham requested an extension of 3 months (till September end) to complete all planned activities with no extra budget but from the 50% received from beginning of project.
- A request was made for Vasandham to submit cross checked data from DMCs regarding referrals by THs and a template for collecting data will be shared with all partners for their follow up.
- **Mr. Man Mohan Sharma from VHAP, Punjab** implementing in **Kapurthala district** reported on their activities with their methodology used and their successes such as involvement of RHCPs/THs and RNTCP staff in the project. He shared challenges such as failure to convert more RHCPs to DOT provider and shortage of time to utilize the full potential of the trained RHCPs/THs. (Annex 5). He also shared a data comparison sheet which did not have much difference in readings year wise (Annex 6).
- A request was made for VHAP to submit cross checked data from DMCs regarding referrals by THs and a template for collecting data will be shared with all partners for their follow up. Data collection from DTO is mandatory and should be submitted for final report.
- No extension for VHAP in Punjab.
- **Dr. Himanshu Gupte from Inter Aide, Maharashtra** implementing the project in **Nandurbar district** shared his experience with the project (Annex 7). He began with profile of project area and protocol used for implementation of activities. Some key findings included 71% of the identified THs were trained first on one to one basis (113) and then collective trainings. 10 THs sent referrals amounting to 14 referred symptomatic out of which 6 reached DMC for testing and 1 positive case identified and put on treatment. Dr. Himanshu mentioned the challenges faced such as unavailability of local implementing NGO, unavailability of regular staff for follow up and the difficult terrain and string beliefs of the community leading to reluctance to engage with the project. There is a need to extend project period for a longer time to achieve result in the area with extension to surrounding areas and continued follow up with trained THs and additional resources for staffing and transportation.
- A request was made for Inter Aide to submit cross checked data from DMCs regarding referrals by THs and a template for collecting data will be shared with all partners for their follow up. Data collection from DTO is mandatory and should be submitted for final report.
- No extension for Inter Aide in Maharashtra.

## **DAY 2: Financial discussion & Intervention 4**

### **Participants:**

- Implementing Partners Intervention 3, i.e. Inter Aide (Maharashtra), SIR (UP), Vasandham Society (Tamil Nadu) and VHAP (Punjab).
- Implementation Partners Intervention 4, i.e. REACH (South & East zone trainings), IMCFJ (North & West trainings)
- Partnership Secretariat – Vianca and Manpreet
- The Union – Dr. Vishnu Kamineni, Mr. Manas Rout
- **Mr. Manas Rout, Finance Officer, The Union** shared the utilization of the budget and non timely receipt of financial statement and vouchers and bills from all IPs. He raised the issue that kachha bills were not as per format to which the IPs replied that no format was shared

with them during the pre pilot meeting. Request all IPs to submit all financial documentation required as the earliest for release of final payment.

**Intervention 4:** Building Capacity of Partners on Media engagement and Sensitizing Media on RNTCP and TB care and control in India through media plan.

**Objectives:**

- To build the capacity of our Partners on engaging the media, and on providing them with relevant inputs such as story ideas and communiqués.
- To sensitize local and vernacular media on TB care and control in India through media plans of trained partners.

**Methodology:**

- 4 training courses to be conducted, 2 each by the implementing partners REACH ( South and East zone partners) and IMCFJ ( North and West zone partners) .
- As follow up all trained partners to submit a media plan to sensitize and involve local media in activities and increase coverage on TB related activities in the state or district.
- A media campaign was announced for all partners implementing media plans and an award to be given to the organization with the most engagement with media.
- The training course would consist of presentations, discussions and hands-on exercises facilitated by resource persons from the programme at State and District level, technical agencies and the media. 4 trainings will be conducted (1training for 2 days for Partners and one day for Media representatives per region).

- Update on achievements of all IPs for Intervention 4 through complied reports and monitoring visit of all sites was shared by Dr. Vianca. Presentation is available (Annex 8)
- Indicators were:

	Indicators	IMCFJ (North & West)	REACH ( South & East)	TOTAL
1	Number of partners trained in 4 zones	27	31	58
2	Submission of media plans by trained partners	1	10	11
3	Media plans conducted and submitted	1	6	7

**Intervention 4**

- **Ms. Anupama from REACH** shared the training methods, materials, resource person and follow up mechanism used to train partners of the Partnership on engagement with media. (Annex 9). She also shared key findings and observations from the trainings such as for most organizations this is a first training of its kind, they have no methodological manner working with media, not a real priority for most organization and lack of dedicated staff for media activities. Challenges faced were the

diversity in the type of organizations and languages, finding a balance between mandated actions and letting partners work at their own pace, among the few. Recommendations for next trainings include;

- More information about partners, prior to training
- Longer training period, with more time on skills-building
- Build in mentoring systems year-round, especially in the period immediately after the training
- Give partners grant amount outright, not as reimbursements
- Thinking about the consultation of tracking system as a need
- Further discussed were on next steps and queries like;
  - 1) How do we document lessons learnt
  - 2) Framework of uptake why & why not? – need for rigorous evaluation
  - 3) Evaluation of Intervention 4 through questionnaire of the partners who did not take the media plans
- A request was made to Ms. Anupama for final evaluation of trained partners , both who submitted media plans and does who did not submit and why? Anupama along with Dr. Vishnu and Vianca to prepare a concept note with budget for Anupama to take this forward.
- **Mr. Ashutosh from IMCFJ** shared his experience with the trainings and follow up with trained partners. He also shared his challenges and recommendation to increase and sustain these trainings as they are much needed.
- The 2 day meeting ended with an interaction of all Implementing partners with the Ms. Sunita Prasad (Eli Lilly) donor of the project to share their achievements and challenges. Recommendations were also shared with Mr. Sunita for her approval especially the extension of the project period till end September 2012.

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