

**PARTNERSHIP FOR TB CARE AND CONTROL IN INDIA**  
**ELI LILLY PROJECT (INTERVENTION 3) – TRAINING OF TRADITIONAL HEALERS**  
**REPORT PRE PILOT WORKSHOP, USEA OFFICE, NEW DELHI**  
**5<sup>TH</sup> -6<sup>TH</sup> MAY 2011**

**Intervention:** 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.

**Methodology:**

1. Implementing partners will conduct a detailed situational analysis to identify traditional healer practices within districts and their blocks/DMCs.

**Pre pilot workshop:**

- Implementing partners present situational analysis of each district

**Participants:**

State	District	Implementing Partners	Participants	Situational analysis
Maharashtra	Nandurbar	Inter Aide	Dr. Himanshu Gupte & Ms.Smita Gurav	Submitted ( <b>Annex 1,2</b> )
Punjab	Kapurthala	VHAP	Mr. Manmohan Sharma & Mr. Lakshmi Kant Bhatia	Incomplete. Will submit by 20 <sup>th</sup> May
Tamil Nadu	Theni	Vasandham Society	Mr.Kunasekaran.K & Ms.Vijayarani.P	Incomplete. Will submit by 15 <sup>th</sup> May
Uttar Pradesh	Unnao	SIR	Dr. S.K.Srivastava & Shri Manoj Kumar Tiwari	Partial ( <b>annex 3,4</b> )

**Situational analysis:** The Implementing partners requested for more time to complete the analysis with line listing of the Traditional Healers for the implementing districts. They have however provided a framework of their work plan but will send the final plans by 16<sup>th</sup> May along with budget estimates.

The tentative work plans are as follows:

**Maharashtra:**

Activity	Time Line
Talk to DTOs for DMC data and complete line listing of the situational analysis according to provide template	End of 1 <sup>st</sup> week May
Sensitization meeting with RNTCP at PHC level about the project	1 <sup>st</sup> week June
Training of Interface NGO	2 <sup>nd</sup> week June
Trainings of Traditional healers (THs) PHC wise at PHC x 4 batches	June - July
Follow up by interface NGO	Begins as soon as trainings over
Reviewing meeting of trained THs x 4 batches	September - October

**Punjab:**

Activity	Time Line
Complete line listing of traditional healers in the situational analysis	15th May
Sensitization meeting with RNTCP at PHC level about the project	1 <sup>st</sup> week June
Trainings of Traditional healers (THs) PHC wise at PHC x 4 batches	June - July
Follow up by a part time staff and use of mobile telephony	Begins as soon as trainings over – 1 person per area ( June 2011 – May 2012)
Reviewing meeting of trained THs x 4 batches and exploring sustainability factors	October

**Tamil Nadu:**

Activity	Time Line
Situational analysis	First fortnight of May
Data collection and study of THs and Trainee	June
Build rapport with THs and Govt. health department.	June
Sensitisation of programme staff	July
Sensitisation of THs – 4 batches	June - July
Follow up of training I	Aug – Oct
Review meetings – Focus on impact of training, suggestions to improve, problem analysis. Review or meeting with programme staff	Nov – Dec
Experience sharing with District TB , Dots provider from existing and Traditional healers 2 Batches	Feb 2012
Follow up of Review meeting	Jan 2012 – April 2012

**Uttar Pradesh:**

Activity	Time Line
Complete line listing of traditional healers in the situational analysis in 1 block	2 weeks

Sensitization meeting with RNTCP at PHC level about the project	2 weeks
Trainings of Traditional healers(THs) PHC wise at PHC x 4 batches	June - July
Follow up by a part time staff and use of mobile telephony	Begins as soon as trainings over – 1 person per area ( June 2011 – May 2012)
Reviewing meeting of trained THs x 4 batches and exploring sustainability factors	September - October

**Note: Work plan and budget requirements received from Vasandham Society (Annex 5). Work order is being prepared for them.**

#### **Discussions around:**

Selection of participants; The Implementing Partners understood that a traditional healer is defined as those without a professional qualification in modern medicine or AYUSH, but provides treatment services to population for common ailments. They may or may not be from any organised sector.

The number of participants is = 25-30 per batch.

Trainings I – 4 batches x 25 -30 THs will be trained = 100- 120 per state

Reviewing trainings – 4 batches x 25 trained TH will be reviewed and re sensitized = 100 per state

Total numbers trained will be around 400 from all 4 states.

#### **Sensitization of traditional healers;**

The ½ day sensitization will consists of sessions covering basic elements of DOTS and advocacy.

They will have sensitization **meeting with RNTCP** personnel about the project and develop ways of collaboration before the actual trainings begin.

**Curriculum and training materials** have been given for local modification. Taking examples from Project Axshya training for RHCPs and RNTCP guidelines.

**Registration form** sample was provided (**Annex 6**) and a pre training evaluation will be developed by the IPs.

A common **tool kit** is being developed for all the THs which would be a **bag** containing:

- A cap,
- Umbrella,
- Dairy/note book
- Referral tokens/slips
- Booklet on TB in local language
- Patient charter in local language
- Pencil/pen
- A badge as DOT provider( still being decided)

Secretariat of the Partnership has been given the responsibility to develop the kit and be ready for distribution by end May.

**Certificates** for attendance will be given by IPs containing signatures of both IP and DTO.

DTO will be consulted on THs willing to be DOT providers.

#### **Referrals:**

Suspects will be referred to the nearest TB service centre (will be entered in the participants dairy) from their operational area using referral slips (for educated THs) and pink referral tokens with TH ID number and serial number of referral (for uneducated THs). The referral slips/tokens will be placed in a box by the Lab Technician and monthly the staff doing follow up visits will go and pick them and register them updating the TH on their referrals. In the state of UP and Punjab sms/ calls will be used

for reports and record by the NGO staff/volunteers who are paid to do follow up. (more details in budget break up- to be submitted by all by 16<sup>th</sup> May)

**Follow-up plan and approaches:**

1. Active measures involving peripheral health staff of general health services
  - a. Involve peripheral health staff (MPW) of the DMC from where the traditional healer belongs during sensitization events
  - b. Link the MPW with the traditional healer for referral services and DOT services
  - c. MPW does the monitoring and supervision activities, sends a monthly report on the number of suspects referred, number of suspects examined, number found positive and started of DOT by the traditional healer
  - d. Non-financial incentives provided to the MPW.
  - This idea was **rejected** as the burden for MPWs will be too much and ASHAs/Teachers were suggested.
2. 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 in the same way as strategy 1. Use referral slips for tracking referrals.
  - b. Financial incentive provided to CBO/NGO and traditional healer (500/month/IFNGO representative)
  - This is the follow up which all are opting for and there is some amount allotted to either a part time of full time staff/s from the NGO/Interface NGO. The staff/s will make visits in and around the operating area of the THs and follow up on referrals under the guidance of the Implementing partners. ( Detailed in Budget estimates)
3. 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
  - Punjab and UP are going to check the feasibility of this approach and will try it. They will include it in their work plans.
4. Financial incentives to Traditional healers for referral.
  - a. Rs 50/month for traditional healers involved in suspect referral. (50/month/TH)
  - This has been included as well but it is Rs 50/- per diagnosed TB case out of referred cases. This will be discussed with the program before implementing as it may not be sustainable if government is not willing to continue with paying for referrals.

Finalization of all financial incentives during the planning workshop and to ensure that these incentives are all in line with existing RNTCP/NRHM norms. There are available state schemes that could be tapped in to, for example towards DOT provision. These schemes need to be examined by partner agencies.- The IPs are keeping this in mind and will try to link it with existing schemes

Non-financial incentive for DTOs: DTOs of the implementing districts will be provided with non financial incentives such as opportunity for cross-learning, participation of conferences etc. - no comments on this

**Reporting format** was developed along with all IPs for the entire project and IPs will be submitting a monthly report both for project and financial transactions. **(Annex 7)**

**Monitoring and Evaluation**

The Union M&E Unit of the project will overview the M&E of the intervention during the project period. The monitoring indicators are

1. Proportion of traditional healers trained among the traditional healers listed by the NGO in the situation analysis
2. 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
3. Proportion of referral increase at DMCs (using before and after analysis) (Validate TH referrals in lab records during monitoring visits).
4. Suspects referred per traditional healer engaged monthly/quarterly and through the project period.
5. Additional TB patients diagnosed from the referral of engaged traditional healers
6. Additional DOT providers engaged with the programme through the project

Two monitoring/evaluation visits one at 3 months and another at the end of the project period will be done.

- We have now 4 monitoring visits for the entire project. 1 visit per state and each visit will be after 3 months by Union staff. Internal discussions on who and when and where will be organised.

The objective of the first three monitoring visits at end of each quarter would be 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.

The final evaluation during the last quarter will be to study the impact of the different types of follow up mechanisms on the sustainability of the engagement of traditional healers with RNTCP.

### Outcomes

- To sensitize and engage traditional healers in 4 districts.
- To engage at least 50% of the trained traditional healers with RNTCP (engagement being defined as referring at least 2-3 TB suspects/month to a designated microscopy centre using a referral slip)
  - To engage at least 50% of the trained traditional healers with RNTCP (engagement being defined as referring at least 1- 2 TB suspects/month to a designated microscopy centre using a referral token or becoming DOT providers)
- Improved suspect referrals by 25% at DMC/block levels
  - Improved suspect referrals at DMC/block levels
- Qualitative outcomes – strengthen collaboration between CBOs and THs, established links between CBOs/NGOs and public system (quantitative- No of CBOs/NGOs newly involved in TB control due to the project activities during the project period)
  - Qualitative outcomes – strengthen collaboration between NGOs and THs, established links between NGOs and public system (quantitative- No. of NGOs apply for schemes)

**Time Frame:** June 2011 - May 2012

### Other important points:

- A letter from CTD has gone to all STO and DTOs of implementing districts for collaboration on the project. CTD also expects DTO to report on the activities.
- Work orders are being prepared as soon as they have submitted their work plan and budget break up.