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Pilot Project on Capacity Development of the Unqualified/semi-qualified Allopathic Healthcare Providers

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(Interim Report of an on-going Intervention)

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ABSTRACT

The study conducted in the CFPR/TUP areas of the first phase has shown that the sales people at drug retail outlets and the village doctors *(Palli chikitsak)* are one of the major sources of allopathic healthcare for the poor and the disadvantaged people in Bangladesh, besides community health workers/volunteers (CHW/CHV) (Ahmed 2006). As a follow-up of this finding, a pilot research project was undertaken to improve the quality of care provided by the above-mentioned categories of providers. The participatory training intervention began in September 2006 in Domar *upazila* of Nilphamari district. Pre-training activities included an inventory of the informal providers, a survey on their current knowledge and practices, and need assessment workshops. A comprehensive training package was developed.The six modules of the training package are: i) Fever and rational use of drugs (reducing misuse/overuse of drugs), adverse drug reaction and pharmaceutical care; ii) Diarrhoea, dysentery and digestive problems; iii) Pain and body aches (rheumatism); iv) Pneumonia/ARI in children; v) Reproductive health, RTI/STI/ and HIV/AIDS; and vi) Food, nutrition, and healthy life style. The sessions were fully participatory. The training manual of the respective topic was distributed among the participants after completing the sessions. Some other IEC materials such as leaflet, poster, etc. were also given as reference material. Modest monetary incentives including actual travel cost and daily allowance were provided to the trainees. It is also expected that the participants who would successfully complete all the sessions would be awarded certificates.The first phase (fever, rationale use of drugs and medicine dispensing) and the second phase (diarrhoea, dysentery and gastric ulcer) of the training were completed in December 2006.

INTRODUCTION

A recent study, conducted in the first phase Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP) areas[1], has shown that the salespeople at drug retail outlets and the village doctors (*palli chikitsak*) are one of the major sources of allopathic healthcare for the poor and the disadvantaged population in Bangladesh, besides community health workers/volunteers (CHW/CHV) (Ahmed, 2006). Almost all of these drug sellers are untrained and not licensed for drug dispensing, not to speak of diagnosis and treatment. Village doctors have had few months training on common illnesses and diagnoses mostly from private institutions. But the quality of training is still questionable. Together, these providers are often blamed for doing over prescribing, multi-drug prescribing, misuse of drugs, etc. (Guyon *et al.* 1994, Ronsmans *et al.* 1996). Studies from Vietnam, Laos, Thailand and Nepal have shown that it is possible to improve the knowledge and practice of these providers if they receive appropriate support to fulfill their public health role in rational use of drugs, including prevention of resistance and misuse of antibiotics (Chuc 2002, Syhakhang 2002, Chalker 2003). Given the above facts, a pilot operation research project on improving the capacity of these providers was undertaken. This paper reports on the on-going interventions being implemented under the pilot project 'Capacity development of the unqualified/semi-qualified allopathic healthcare providers in the CFPR/TUP areas' which began in September 2006.

[1] "Challenging the Frontiers of Poverty Reduction/Targeting the Ultra Poor (CFPR/TUP)" (BRAC 2001).

BACKGROUND

Three sub-districts (*upazilas*) from the three northern districts of Bangladesh (Domar of Nilphamari, Gongachara of Rangpur, and Rajarhat of Kurigram) were conveniently selected for this study. In these three districts a targeted poverty alleviation programme for the ultra-poor is in place since 2002 which delivers a customized package of grants-based intervention comprising social protection and health protection measures (BRAC 2001). The idea for this study originated from search of pathways to provide an acceptable level of healthcare services for the targeted population. The pilot project aimed to develop an informed, need-based intervention module to improve the quality of care provided by the above categories of informal allopathic providers through participatory training activities. Most important is to ensure that the providers do not cause harm to their clients through irrational practices and make referrals to formal sector when due.

PRE-TRAINING ACTIVITIES

Inventory

A comprehensive inventory was carried out to record the unqualified/semi-qualified healthcare providers in the three *upazilas* using free listing technique. Field workers visited all the villages, markets, and healthcare facilities. Records and documents of different healthcare facilities, NGOs and indigenous organizations of healthcare providers were also used to gather information. Cross-checking was done for proper identification and to avoid duplication. Finally, compilation of the inventory data yielded a final list of all unqualified/semi-qualified healthcare providers working in each *upazila*.

The inventory registered 1749 healthcare providers of the above categories in the three *upazilas* (Table 1). Of these, the medical assistants/sub assistant community medical officer(SACMO), the family welfare visitors (FWV), and some CHWs were employed in the public sector. The data also revealed that village doctors (524), CHWs (502) and allopathic drug retailers (463) were the most common allopathic care providers in the areas. A substantial number of homeopathic practitioners (214) were also identified during the inventory. CHWs/CHVs include *Shasthya Sebika* (*SS*) and *Shasthya Karmi* (*SK*) of BRAC, health workers of RDRS and PHC, health assistants (HA), family welfare assistants (FWA), and family planning inspectors (FPI).

Table 1. Distribution of healthcare providers by their type and study areas

Type	Study Area			Total
	Domar	Gongachara	Rajarhat	
Allopathic Drug retailer	122	232	109	463
Palli Chikitsak (PC)	163	231	130	524
Medical Assistant /SACMO	7	6	4	17
Family Welfare Visitor (FWV)	12	10	7	29
CHWs (SS/SK/HA/FWA/FPI)	210	196	96	502
Homeopath	58	107	49	214
Total	572	782	395	1749

Monitoring

After classroom sessions, the practices of the HCPs are also monitored through spot observation by the field workers of the project. A semi-structured observation checklist is being used. The field worker compiles the monthly collected observation data and sends it to project management including project coordinator and the trainer. The observation findings are discussed in the following sessions with the respective participants.

PRESENT STATUS

The first phase training on fever, rationale use of drugs, and medicine dispensing are completed and 239 participants attended 15 sessions in this module. The remaining 46 HCPs are still out of training where most of them are not found in the areas because of out migration to different places for jobs. Some HCPs have changed their profession in the meantime while very few HCPs are not interested to attend the training. Currently, 2nd phase training on diarrhoea, dysentery and gastric ulcer is underway and 165 participants are attending 11 sessions. The 2nd phase training will be continued till the end of December 2006. It is expected that the 3rd phase training on pain/rheumatism and ARI in children will be started from early January 2007. The training is expected to be completed in June 2007 followed by a post intervention KAP survey to assess the impact of the training.

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