Chapter 1
Introduction

1.1 Background

It has been found in different empirical studies that a large proportion of the rural population in India, cutting across income classes, depend on unqualified medical practitioners who have very little or doubtful technical knowledge to back their treatment practice. For genuine reason, serious concerns have been raised from time to time by different quarters about the quality and harmful side of the services rendered by the vast number of unqualified medical practitioners (or quacks or rural health care providers). It is said that the harmful side of their practices are many: improper or scientifically wrong treatment, complication of patients' medical conditions of patients due to no/delay referral to hospital/qualified doctor, development of anti-biotic resistance in the community due to improper dosage of drugs, non-following of certain preventive measures (such as safe injection practices, use of sterilised medical equipments etc) to avoid spreading of communicable diseases etc. However, their easily accessible service, close contacts with the community, availability in the time of need and cheap price have made them popular in the rural areas where public or formal health care providers are inadequate. This probably makes the policy makers and research community to rethink about the role of the rural health care providers in the health care system, instead of completely throwing them out. Given the easy accessibility and popularity of the RHCPs, the initiative of 'training programme of rural health care providers', by the Lever Foundation (West Bengal, India) in select blocks of West Bengal is an attempt to explore the possibility if some of health-related goals of the society can be attained by providing appropriate training to the RHCPs.

1.2 Rural Health Care Providers (RHCPs)

RHCPs (which is used as an alternative to the term quacks or rural unqualified medical practitioners) consists of self-employed informally trained health care providers who come mostly from the stock of educated unemployed youth in the rural areas. Available studies on choice health care providers by economic classes in the Indian context have

found that RHCPs are widely utilised not only by the poor but also by the rich. The baseline survey conducted by the Liver Foundation has found that 41% of the RHCPs have completed higher secondary education and another 45% completed degree. These RHCPs try to immolate the practice (the prescriptions) of the practising qualified doctors. But the lack of scientific medical knowledge and approach on their part coupled with their earning motive obviously raise questions about the merits of the health care services that they provide.

1.3 RHCP Training Programme and its objectives

As stated in the document prepared by the Liver Foundation, the basic objective of the training programme is *to convert a clan of "Self proclaimed, unqualified doctors" to a clan of enriched health care workers through educational, social and cultural inputs in order to reduce harm and increase benefits of the services rendered by them*. The training programme has multiple objectives which can roughly be classified as (1) short-term objectives; and (2) long-term objectives. The short-term objectives are (a) prevention of emergency deaths in the community; reduce under-5 mortality; and (c) strengthen maternal care. The long-term objectives are (a) establish a referral network in locality; (b) enriched clan of health worker from within for public health programs; and (c) Ensure social/community accountability, monitor and regulate the activities of the RHCPs.

Trainees were selected on the basis of following criteria: (a) education 10^{th} standard or above; (b) securing at least 50 marks in the screening test which was combination of a written exam and an oral interview. Attempt was also made to select 20% of the trainees from socially backward classes and from among women. The training programme which consists of both theoretical and clinical classes lasts for 10 months to one year and split into three stages: preparatory, enrichment and consolidation.

Completed and ongoing activities

Till the training session of 2010-11, a total of 1437 RHCPs appeared for the test of the training programme, out of which 815 RHCPs were selected for the training and 689 RHCPs completed the training programme successfully implying a 15% drop-out rate.

Table 1.1: RHCPs targeted and covered by the training programme (2007-2011)

year of training	name of district (State)[1]	name of block	no of RHCP			
			appeared for test	selected for training [2]	admission for training	completed training [3]
2007-2008	Birbhum (WB)	Rajnagar	72	50 (69)	50	42 (84)
		Suri I	67	50 (75)	50	43 (86)
2008-2009	Birbhum (WB)	Khoyrasole (part)	58	50 (86)	50	37 (74)
		Md Bazar (part)	78	50 (64)	50	40 (80)
	Dumka (JHA)	Mosliya	75	40 (53)	40	29 (73)
	Nadia (WB)	Nakashipara	126	50 (40)	50	46 (82)
2009-2010	Birbhum (WB)	Dubrajpur	75	50 (67)	50	45 (90)
		Khoyrasole (part) & Md Bazar (part)	64	50 (78)	50	45 (90)
	Dumka (JHA)	Raniswar	72	40 (56)	40	38 (95)
	Nadia (WB)	Chapra	72	40 (56)	40	35 (88)
	Purulia (WB)	Arsha	128	56 (44)	56	40 (71)
	S 24-Pargonas (WB)	Patharpratima	84	50 (60)	50	48 (96)
2010-2011	Birbhum (WB)	Dubrajpur (part) Mayureswary II (part)	74	60 (81)	60	50 (83)
		Mayureswar I	66	50 (76)	50	35 (70)
	Dumka (JHA)	Shikaripara	68	38 (56)	38	31 (82)
	Murshidabad (WB)	Nabagram	188	51 (27)	51	50 (98)
	Purulia (WB)	Purulia-2	70	40 (57)	40	35 (88)
Total			1437	815 (57)	815	689 (85)

Note: 1: WB- West Bengal (state), JHA- Jharkhand (state); 2: figures in the parentheses show number of RHCPs selected for the training programme as a percentage of number of RHCPs who appeared for the entrant test; 3: Figures in the parentheses show number of RHCPs who successfully completed the training programme as a percentage of number of RHCPs

Source: Documents provided by the Liver Foundation, West Bengal.

The districts which have been covered by the training programme (till 2010-11) are Birbhum, Purulia, Nadia, South 24 Parganas and Murshidabad in West Bengal and Dumka in Jharkhand. Table 1.1 presents a block-wise list of RHCP training coverage. The geographical locations of the states, districts and blocks covered by the training programme are shown in Maps 1-5.

1.4 Objectives of the Evaluation Study and Its Design

Generally evaluation of an intervention focuses on to what extent the intervention has been successful in achieving its stated objectives. However, for good reasons the scope of evaluation should go beyond assessing the fulfilment of the stated objectives and should highlight some aspects of the intervention which are useful to those who are sponsoring the intervention and to those who are implementing the intervention. Ideally an evaluation in our context needs to focus on the following five dimensions of the training programme: (1) evaluation of the need for the training programme; (2) evaluation of the conceptualisation of the training programme, its design and structure; (3) evaluation of the implementation/operation of the training programme; (4) evaluation of the training programme's outcome or impact; and (5) evaluation of the efficiency and cost-effectiveness of the training programme. Given the nature of the training programme, time and resource constraint, we may focus on dimensions (2), (3) and (4).

1.5 Organisation of the Report

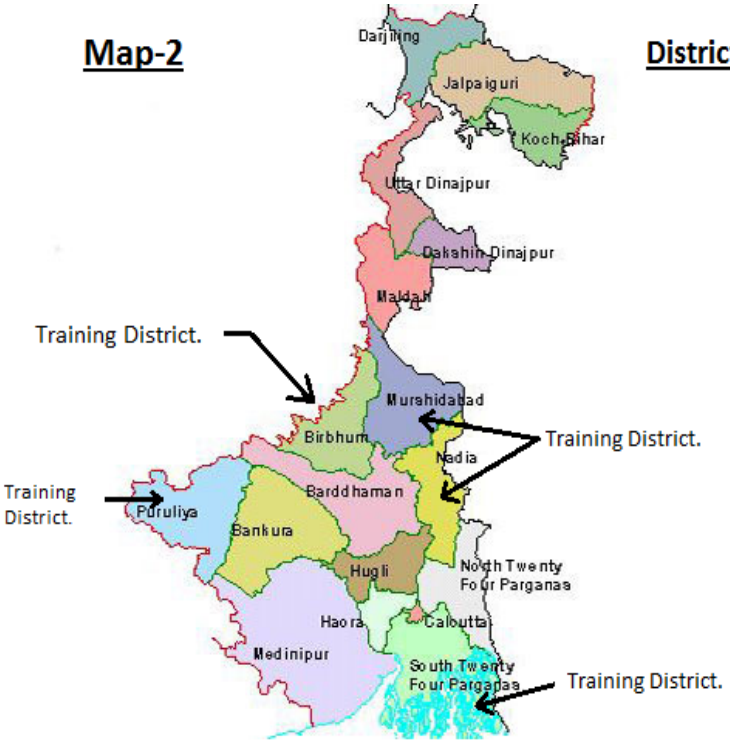
The remaining chapters of this report are organized in the following way: Chapter 2 describes the methodology of sample selection followed by this evaluation study. Chapter 3 presents a detailed description as well as the analysis of the current state of affairs with regard to the rural health care providers (RHCPs) based on secondary literature and analysis of the baseline survey. It analyses the very important question whether RHCPs genuinely need any training for improving their practices. Chapter 4 analyses how well the training has been carried out mostly based on data from the RHCPs who have gone through the training programme as well as based on an analysis of the training syllabus. Chapter 5 attempts to documents the failures and successes of the training programme by comparing the experimental and control groups before and after the training programme.

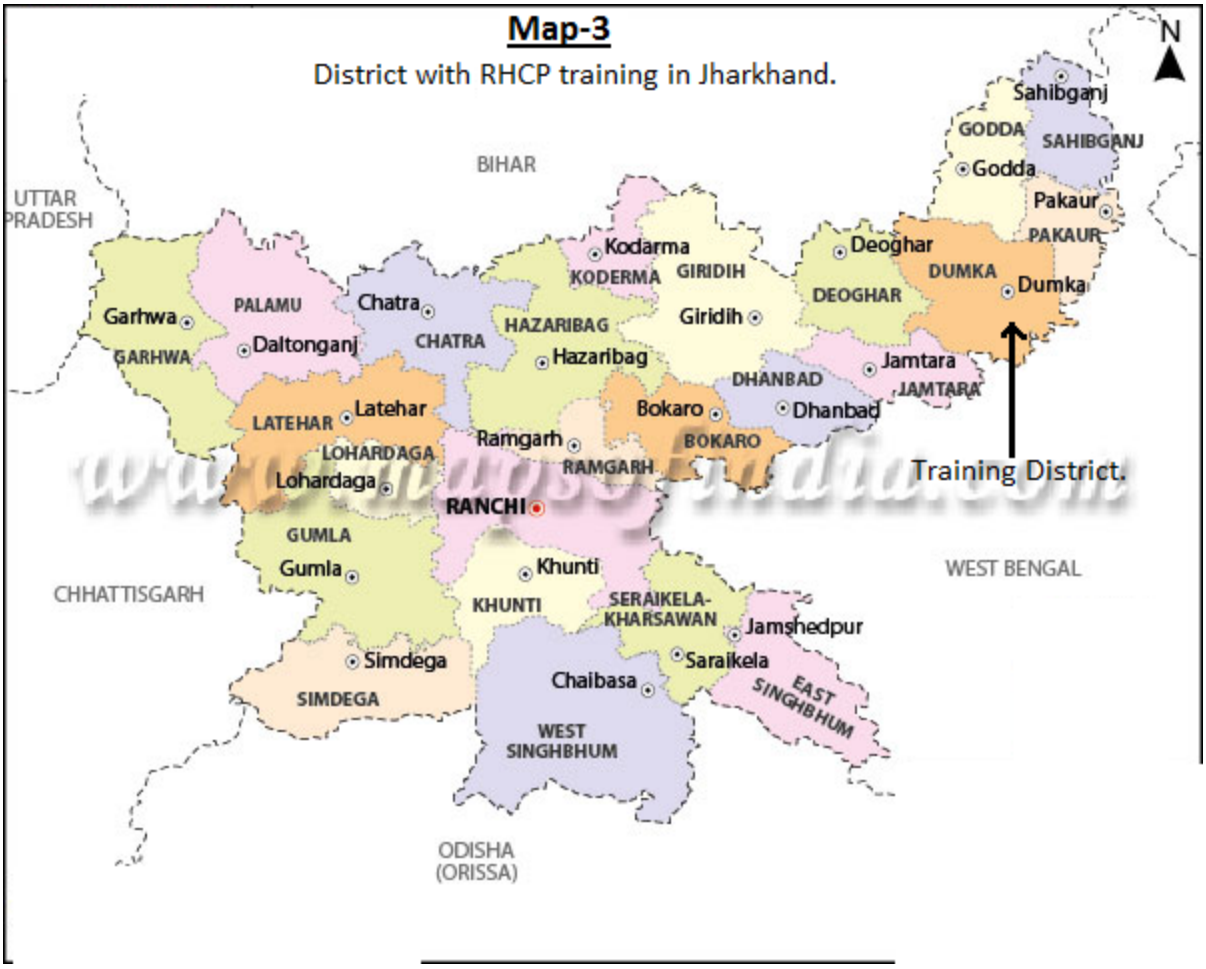
Chapter 6 examines to what extent the training programme has been successful in improving the knowledge and practices of the RHCPs and their users with regard to liver diseases and hepatitis B. Chapter 7 concludes the report and recommends important points which the trainer organization may consider incorporating while designing the next training programme or any similar event.

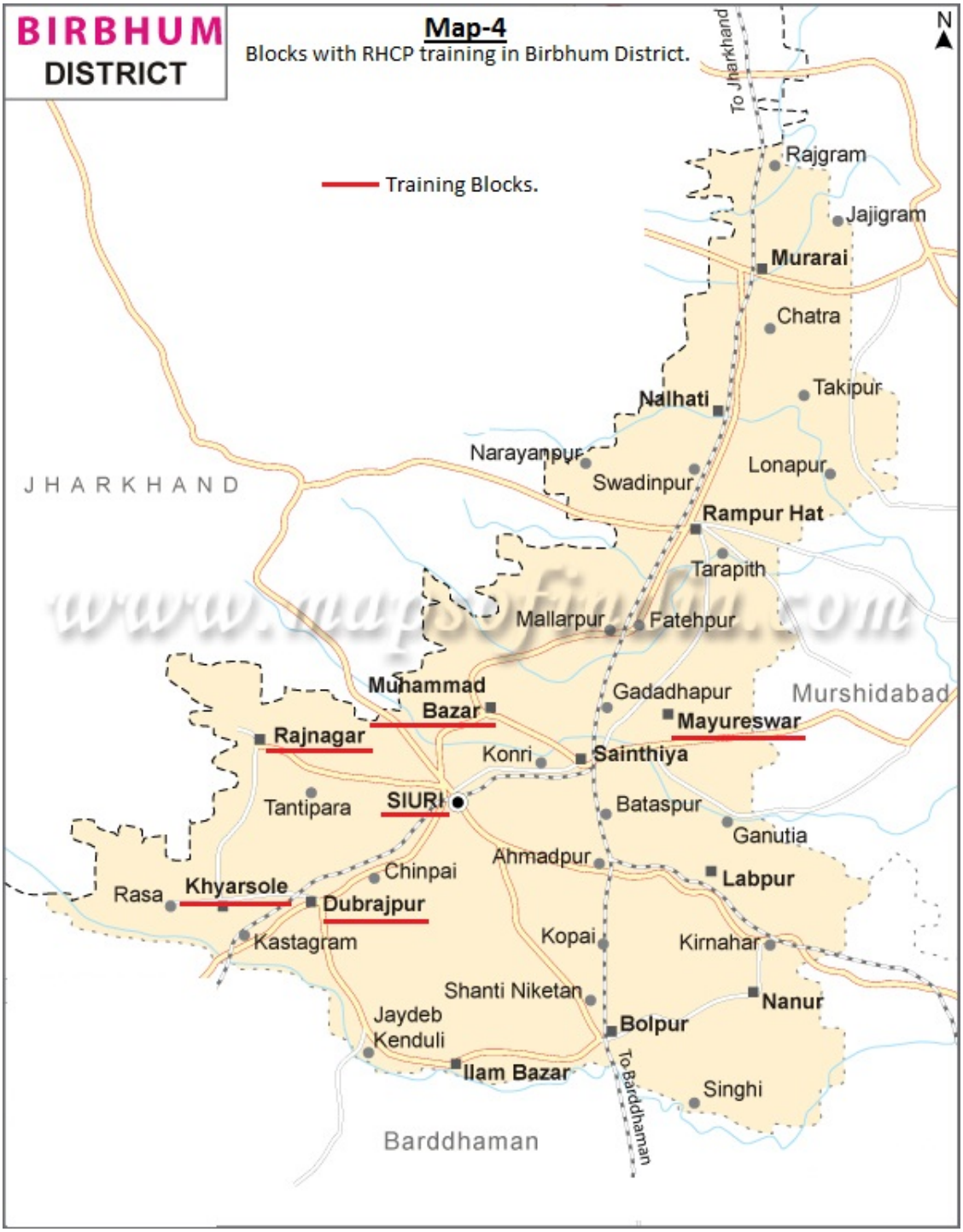

Map-1
INDIA
State with RHCP training.
N
TAJIKISTAN
AFGHANISTAN
PAKISTAN
CHINA
NEPAL
BHUTAN
BANGLADESH
MYANMAR
SRI LANKA
INDIAN OCEAN
ARABIAN SEA
BAY OF BENGAL
Srinagar
JAMMU & KASHMIR
Jammu
HIMACHAL PRADESH
Shimla
Chandigarh
PUNJAB
Dehradun
UTTARAKHAND
HARYANA
DELHI
New Delhi
Jaipur
RAJASTHAN
UTTAR PRADESH
Lucknow
SIKKIM
Gangtok
Itanagar
ARUNACHAL PRADESH
Dispur
ASOM (ASSAM)
NAGALAND
Kohima
Shillong
MEGHALAYA
Imphal
MANIPUR
Agartala
TRIPURA
Aizawl
MIZORAM
BIHAR
Patna
JHARKHAND
Ranchi
WEST BENGAL
Kolkata
Gandhinagar
Bhopal
MADHYA PRADESH
GUJARAT
DAMAN & DIU
Daman
Silvassa
DADRA & NAGAR HAVELI
Mumbai
MAHARASHTRA
Raipur
CHHATTISGARH
ODISHA (ORISSA)
Bhubaneswar
Hyderabad
ANDHRA PRADESH
Yanam (Puducherry)
Training State.
Panaji
GOA
KARNATAKA
Bengaluru (Bangalore)
Chennai
PUDUCHERRY (Pondicherry)
Mahe (Puducherry)
Karaikal (Puducherry)
TAMIL NADU
KERALA
Kavaratti
LAKSHADWEEP (INDIA)
Thiruvananthapuram
Palk Strait
ANDAMAN & NICOBAR ISLANDS (INDIA)
Port Blair

Map-2

District With RHCP training in West Bengal




Map-3
District with RHCP training in Jharkhand.
N
BIHAR
UTTAR PRADESH
CHHATTISGARH
WEST BENGAL
ODISHA (ORISSA)
Sahibganj
GODDA
SAHIBGANJ
Godda
Pakaur
PAKAUR
Deoghar
DUMKA
Dumka
DEOGHAR
Kodarma
KODERMA
GIRIDIH
Giridih
Garhwa
PALAMU
Chatra
Daltonganj
CHATRA
HAZARIBAG
Hazaribag
GARHWA
Jamtara
JAMTARA
DHANBAD
Dhanbad
Bokaro
BOKARO
LATEHAR
Latehar
Ramgarh
RAMGARH
LOHARDAGA
Lohardaga
RANCHI
GUMLA
Gumla
Khunti
KHUNTI
SERAIKELA-KHARSAWAN
Jamshedpur
Saraikela
Simdega
SIMDEGA
Chaibasa
EAST SINGHBHUM
WEST SINGHBHUM
Training District.


BIRBHUM
DISTRICT
Map-4
Blocks with RHCP training in Birbhum District.
Training Blocks.
N
To Jharkhand
Rajgram
Jajigram
Murarai
Chatra
Takipur
Nalhati
Narayanpur
Swadinpur
Lonapur
JHARKHAND
Rampur Hat
Tarapith
Mallarpur
Fatehpur
Muhammad Bazar
Gadadhapur
Murshidabad
Mayureswar
Rajnagar
Konri
Sainthiya
Tantipara
SIURI
Bataspur
Ganutia
Ahmadpur
Chinpai
Labpur
Rasa
Khyarsole
Dubrajpur
Kastagram
Kopai
Kirnahar
Shanti Niketan
Nanur
Jaydeb Kenduli
Bolpur
Ilam Bazar
To Barddhaman
Singhi
Barddhaman


Map-5
Blocks with RHCP training in Dumka District.
Training Blocks.
Hansdiha
Saraiyahar
Ramgarh
Silingi
Nunihat
Gopikandar
Karbindha
Jarmundi
Katikund
Jamua
Manjhiara
Saldaha
Haripur
Jhilimili
DUMKA
Baramasia
Chorkata
Sikaripara
Masalia
Mor
Benagaria
Asanbani
Kirabani
Masanjor
Karmatanr
Kendghata
Raneshwar
Narainpur
Dhowa
Barakar
Jamtara
Kundahit
Mor
Nala
Mihijam
Maithon
Maithon
Ajay River