

# Evaluation of the Rural Health Care Providers Training Programme

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This evaluation study started in August-September 2011 with a baseline survey which covered Rural Health Care Providers (RHCPs) from selected areas who were not covered by the training programme of the Liver Foundation till the time of survey. The average age of the RHCPs was found about 40 years. For most of the RHCPs, medical practice was found as a main profession and for those whose main profession was different were engaged in agricultural activities including petty business, LIC agent, compounding etc. On an average they have about 12 years of schooling and about 13 years of experience as RHCP.

The level of awareness of the RHCPs (who did not receive the training by the Liver Foundation) with regard to possible reasons for many illnesses is poor. Almost all the surveyed RHCPs (who were not covered by the training programme) expressed the need for undergoing a training programme by qualified doctors for improving their current knowledge and services, although they did not express any willingness to pay for obtaining such training. Majority of the RHCPs who were willing to join the training programme did not have well specified goals on what they expect to learn from the training programme. A significant number of them expressed goals which are not deliberately covered under the training programme.

The evaluation exercise using semi-randomised experimental design shows that RHCPs who underwent the training programme (*i.e.* experimental group RHCPs) demonstrate additional empowerment over the RHCPs who did not go through the training programme (*i.e.* controlled group RHCPs) when assessed by certain indicators such as owning a clinic, less involvement in cross-practicing, average number of patients seen per day, number of home calls, remaining in touch with other RHCPs and procuring medicines directly from the dealers. The training has made RHCPs' understanding of possible reasons for illness more precise. However, the training does not seem to have improved RHCPs' understanding of doses of medicine.

In a nutshell, the training has been successful in achieving some of its objectives. However, there are few areas in which the training needs to shift its focus and emphasis on an urgent basis. Moreover, there is a need for rethinking about the criteria for coverage and selection of RHCPs as well as restructuring the course syllabus. Our evaluation study clearly finds that there is a strong demand for this training programme among RHCPs who have heard about its structure and contents. Our quantitative and qualitative analysis clearly finds that community leaders and

government health workers find merits in the contribution of the training programme and they are in favour of RHCPs in their areas joining the programme.

The project report has been submitted to Bristol Myers Squibb Foundation.