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Engaging with Village Doctors to Improve Quality of Healthcare in Chakaria

Village doctors (VD) are an integral source of healthcare in the rural areas. The VDs are mainly unregulated, less than fully qualified non-physician practitioners and vendors of modern (allopathic) medicine who provide a significant proportion of health care. It was evident from a recent study in Chakaria, a rural area in Bangladesh, that the VDs were providing care of questionable quality with considerable over prescription of drugs and the choice of drugs used for treatment were mostly inappropriate and at times harmful. To reduce the harmful practices of the VDs, an intervention was undertaken to improve the knowledge and skills of the unqualified providers through training; and to increase accountability of the VDs in the community, the local government and leaders were involved in monitoring the healthcare related activities of the providers. In addition, a network of the village doctors named as Shayshta Shenas was established to ensure strict adherence to treatment guidelines provided. Training in treatment guidelines for relevant common illnesses was provided to 125 out of 135 eligible village doctors in the intervention area. To assess the usefulness, relevance and the issues related to the intervention i.e. the training sessions, in-depth interviews and Focus Group Discussions (FGDs) were carried out with the village doctors, villagers and the members of the local union level committee. The feedback from the interviews/discussions with the different stakeholders provides important insights on the reasons for poor adherence to treatment guidelines offered and ways to improve the training intervention and health care practices of the VDs.

Details of the training sessions

Two physicians from ICDDR,B were involved in the training of village doctors mainly explaining what to do and what not to do when treating patients for eleven common diseases. The types of diseases included in the training session were pneumonia , severe and very severe pneumonia, diarrhoea, hepatitis, malaria, tuberculosis, viral fever, and various complications related to labour and delivery, The treatment guidelines had been prepared on the basis of the guidelines provided by IMCI.

Fifteen training sessions had taken place in which 125 VDs of the 135 village doctors of the 9 unions had participated. The main purpose of the training session was to reduce harmful practices and inappropriate prescription of drugs of the village doctors.

Opinion of the village doctors

A team of researchers visited Chakaria, the intervention area in January, 2009 to assess the usefulness, relevance of and the

Training Village Doctors

A Village Doctor in his Pharmacy in Chakaria

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issues related to the training sessions through in-depth interviews and Focus Group Discussions (FGDs) of the village doctors, villagers and the members of the local union level committee.

Interest in training programme

It was evident from the in depth interviews that the village doctors were quite enthusiastic about the training sessions on treatment guidelines for common illnesses. There was a common consensus amongst the VDs that the training programme is an unique effort of ICDDR,B as similar programmes for the VDs from the government or other NGO sources do not exist, thus the training programme should be extremely beneficial to the VDs. It was obvious from the discussions that the certificate from ICDDR,B for participation in the training programme was much coveted by the VDs and was thought to be useful for the village doctors for endorsement within the community. Interestingly, a village doctor had mentioned that when the police had come to check whether he had any certification which allows him to provide healthcare services to the community, he was able to show a certificate for a course he had completed on veterinary healthcare. It was obvious that most members of the community are unable to differentiate or assess the type and appropriateness of the qualification of a village doctor. As reported by a village doctor, the villagers opt to choose a provider on the basis of the reputation s/he has in the community of providing proper treatment in addition to other factors such as accessibility, behaviour, and lower costs.

The reasons for interest in the training sessions were mainly:

i) VDs were aware that the level of knowledge with which they provide healthcare services is quite inadequate.

ii) They were keen to learn more about the methods of treating different types of illnesses.

iii) It was evident that the interest was there to know more about additional drugs that can be prescribed or used for other diseases.

iv) VDs mentioned that the information or knowledge that they acquire will help them to diagnose accurately, provide adequate treatment and thus better serve the community, especially the poor.

v) The VDs mentioned that the training would increase their acceptance as health care providers and would increase the patient volume.

Poor adherence to treatment guidelines

Despite the repeated training provided most of the VDs were unable to remember the details of the treatment guidelines. The VDs were able to recall some of the practices identified as harmful such as of steroids and antihistamine for the treatment of pneumonia; the few guidelines that they were able to remember were: medicine is not required to treat jaundice, patients with symptoms of tuberculosis should be advised to have the diagnostic tests done and should refrain from smoking. It was evident from the interviews that the most common types of drugs prescribed by the village doctors were ranitidine, salbutamol, paracetamol, diclofenac (NSAID), steroids, antibiotics such as azithromycin, erythromycin, amoxicillin, ciprofloxacin, cephradine, metronidazole. The existing financial incentive to prescribe medicine with larger profit margins such as steroids and antibiotics more frequently was identified as one of the major reasons for inappropriate use and over prescription of drugs.

The feedback from the discussions provides important insights into the reasons for poor adherence to treatment guidelines offered in the short training sessions to reduce harmful practices. The VDs identified some of the important reasons for the poor adherence to treatment guidelines, which were mainly.

i) Existing demand for certain drugs within community members as some drugs are perceived to be 'miracle cures' and capable of providing instant relief, for example, steroids for fever reduction.

ii) As VDs do not charge fees and usually make a living from selling medicine, financial incentives exist among VDs to sell unnecessary drugs or overprescribe certain types of medicine for which the profit margin is more e.g. steroids and antibiotics.

iii) Inability to remember the details of the standard treatment protocols/guidelines provided.

iv) Apprehension of losing patients for not providing the preferred drugs.

A few of the VDs stated that if they adhere to guidelines and refuse to prescribe the drugs that are considered as 'miracle cures', the strong competition among VDs will drive them out of the market as some others might actually provide the preferred drugs. The VDs were afraid that refusal to provide the drugs considered as instant cures would decrease their popularity within the community.

v) When patients come to the VDs they expect some sort of treatment which has to do with prescribing medicine. The VDs mentioned that if they give advice alone as treatment they will lose their reputation within the community as an effective practitioner.

vi) The VDs were not willing to accept that prescribing the drugs unnecessarily were harmful, as they were aware that qualified MBBS doctors do prescribe these drugs, not considering the fact that the use of the drugs in particular cases may have been appropriate.

Suggestions from VDs for improvement of the training programme

A strong need for more frequent training sessions was observed. The village doctors thought that training should be provided more frequently, so that they are able to remember the guidelines, and should also be more comprehensive i.e. include a wider range of diseases to increase its usefulness. A village doctor mentioned that if the training sessions are more frequent, discussions with the instructor of the training session would help them to avail treatment advice on diseases that are not included in the training material on a timely manner. He mentioned that a woman had come to him earlier with skin lesions, as he was not aware of the treatment required he was not able to help her. As the training sessions are not too frequent, he was not able to consult a trainer for advice and provide the necessary treatment at that time.

To improve the accessibility of the training sessions, it was suggested that the sessions be held at the union level, the time for the training sessions (11am -3pm) should not coincide with the time during which the patients usually visit the VDs (before 10 am and after 3 pm). It was suggested that the training should be provided to smaller groups on separate days.

Difficulties in introducing fees for services provided

Village doctors are usually people who have lived in the community for most of their lives and thus, are more acceptable as providers to the community. The village doctors are a part of the community, which makes it difficult for them to ask for fees as they share quite close relationships with most of their patients who are well known to them. They are afraid that if they charge fees the members of the community would find it highly inappropriate which will have a devastating effect on their image or reputation. As stated by a VD,

"If someone comes to the chamber with 20 taka, s/he would prefer to buy medicine with the money instead of paying the 20 taka as fees to the VD."

Difficulties associated with referring patients to higher facilities

The main issue associated with referring patients to higher facilities involve the lack of financial resources. Most patients are poor and are unable to go to the government facilities and as an alternative resort to VDs for treatment. In addition, the VDs mentioned that the physicians are not available most of the time at the public facilities.

The payment issues of VDs

The village doctors mentioned that although their main earning comes from the sale of medicine, most patients are unable to pay for the medicine and in most cases are allowed to defer payment. For instance a woman who had come to a VD without money was given the required medicine and was told to send her husband. However, the husband had not come to pay for the medicine.

The less reputable pharmaceutical companies are known to provide higher financial incentives to the VDs for prescribing their medicine. A VD mentioned that the pharmaceutical companies sometimes give them 10% of the price of drugs they are able to sell. Most of the MBBS doctors in Chakaria receive about 2000-5000 taka (22-50 US$) per month from the pharmaceutical companies. The companies are also known to have given televisions, refrigerators as an incentive for prescribing their medicine to the Village Doctors. It was also mentioned that they are invited to meetings annually where they receive free gifts.

Some examples of inappropriate practices

During the interview of a VD an infant with fever was prescribed with antibiotics (amoxicillin) vitamins and salbutamol although there were no signs of respiratory distress.

There was evidence of a willingness to prescribe steroids unnecessarily for women as they demanded the drugs to alter their physical appearance by increasing their body weight, as in the rural areas, obesity is considered to be a positive attribute.

It was also observed that the men and women who work in tobacco fields usually come to the VDs for infusions of glucose saline and vitamin B complex, because of the common belief that the infusion will help to reduce the increase in body temperature that they experience from working in the tobacco fields. It is also believed that vitamin injections are useful in reducing aches and pain.

The village community suggested that there should be rules to regulate the type of drugs that the VDs are allowed to keep and they should be denied access to or prohibited from keeping harmful drugs on their shelves. The community felt strongly about strengthening the Thana Health Complex, Family Welfare Centre and other government facilities at the local level.

Opinion of the elected representives

The Union Committee members of the nine unions were also visited. As the union committee had been formed only recently, in most cases a month before, the coordination and understanding between members were in its formative stages. There was a consensus amongst the committee members that the village doctors are known to provide inappropriate treatment which at times is harmful for patients. In the discussion the members emphasised the need for monitoring the treatment practices of the village doctors. They suggested that the village doctors should maintain records of the treatment that they provide to the patients and it was suggested that if maintained properly this would be a helpful monitoring tool. However the union committee members felt that they did not have the knowledge on how to judge appropriateness of treatment and

as such they should also be made aware of harmful, inappropriate, and appropriate treatment practices. The members suggested that the village doctors should be rewarded, e.g. with bonuses, or recognition for adherence to the treatment guidelines and providing appropriate treatment. The UC members recognised the importance of rewarding the VDs who adhered to guidelines in the presence of community members as a means of encouragement as well as a process of eliminating harmful practices amongst VDs. A village doctor mentioned that "the rewarding of VDs who adhere to appropriate treatment guidelines will drive away from the market those who are involved in harmful practices."

It was also mentioned that the union committee members were willing to pay for the services of qualified SBAs, physicians and paramedics who would provide services on a contractual basis to the community on a regular basis. The members also mentioned that the government had allotted certain funds at the union level and the committee members were willing to accept guidance for proper utilization of the funds.

The union committee members were very supportive of the programme and were extremely willing to participate in the process of developing a conscientious committee who would work vigilantly to increase awareness in the community and also ensure a certain standard in treatment practices. The members suggested that the inclusion of the influential people such as teachers of schools, *madrasas* and the *imams* of the mosques will be beneficial and helpful in the effective dissemination of knowledge of disease conditions as well as appropriate measures to be taken in the community.

The Union committee (UC) members mentioned that the VDs are known to sell medicine after the expiration dates which threaten the well being of the people in the community. In addition, many of VDs promote the sale of low quality drugs because of the financial incentive provided by 'bad' pharmaceutical companies which are not so reputable or trustworthy. The UC members suggested that direct observation of the VDs treatment practices, and regular liaison with the VDs as well as the other members of the Shaystha Sena network will facilitate effective awareness within the community of harmful practices and monitoring of the VDs. The UC members also mentioned that awareness of the harmful effects of certain drugs should be raised amongst the community members, especially the uneducated populace.

Opinion of the community members

From the discussions with the people of the community, it was evident that the villagers felt that they had limited access to qualified physicians. The costs incurred in seeking care from a qualified doctor, especially the travelling expenses, were reported to be quite substantial. The rural community were aware that the village doctors provide inappropriate treatment and also over-prescribe because of their financial motives to do so and are not exactly the most reliable source of treatment. However they seek treatment from the VDs as they are more accessible. The village doctor is a member of the community and is therefore, one of them. The community members are usually not aware of the type of qualifications that the village doctors have. They generally seek treatment advice from village doctors who have been recommended by friends, relatives or neighbours.

An interesting suggestion based on the comments of the VDs should be noted here, it was proposed that a network may be established in which each village doctor is linked to a qualified physician. Instead of travelling to distant places to contact a qualified practitioner, the people in the community can contact the village doctors who in turn can contact a qualified physician for advice (via telecommunications) when necessary. The village doctors can act as reliable referral points thus, increasing the chances of provision of appropriate treatment. If the villagers provide fees for the consultation received, which should be less than the actual fees and travelling costs incurred, the money can be split between the village doctor for being an intermediary and the qualified practitioner for providing the advice. The financial incentive for village doctors to prescribe unnecessary drugs will be curtailed. In addition the VDs will still be able retain their business of selling drugs, however in this case, only necessary and appropriate medicine to the villagers.

- Financial incentives exist for over-prescription and inappropriate use of certain drugs.
- Demand for certain drugs exist among community members .
- Village doctors are unable to charge fees for the treatment they provide.
- Most Village Doctors were unable to retain/recall appropriate treatment guidelines from the training sessions.

Source: Wahed T, Alamgir F, Urni F, Bhuiya A. Engaging with village doctors to improve quality of healthcare in Chakaria. (Unpublished).

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