

## **CHAPTER V**

### **PRESENTATION**

A presentation was made on the day of the defense using the slides as shown in the next few pages. The slides are arranged in the order of presentation.

## IMPROVING MANAGEMENT IN EPILEPSY

Community based management program  
in Morang District, Nepal,  
involving Village Health Worker.

### Why is epilepsy a public health concern in

#### Nepal ?

- Not much of hard data but reported prevalence are:-
  - 10 - 15 per thousand (Text books)
  - 4.2 - 22.2 per thousand in different Indian studies
  - 7 per thousand in Morang district (program area)
- Socially debilitating illness with whole family suffering.
- Gradually causes progressive brain damage.
- With appropriate treatment, 3/4 could be symptom free.
- Leading cause of domestic accidents.

#### Why did I choose it ?

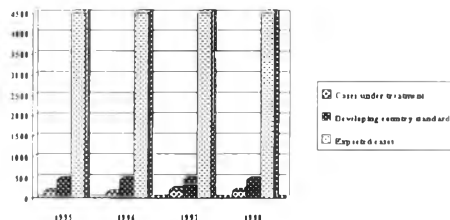
- Low cost community based program is feasible
- My field of interest
- Easy and effective entry point for introduction of general mental health.

#### Problem statement.

People suffering from epilepsy in Morang district of Nepal are not utilizing the health services for treatment.

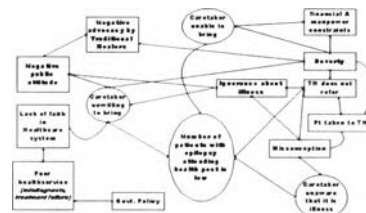
#### Number of patients actually under treatment

(Source: Annual Report, Mental Health Project, 1998)



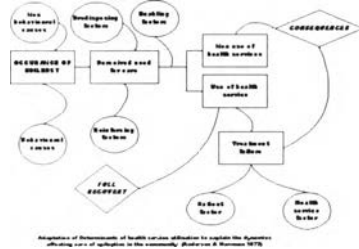
#### What is the root cause ?

#### Causal web



What influences utilization ?

Conceptual Framework



What could be done to improve the situation ?

- Increase community awareness - information flooding
- Desensitization of the community
- Increment of social pressure
- Involvement of the community
- Involvement of other healing systems of the community
- Strengthening the health delivery system : Involvement of VHW.
- Development of support system for the patient and family

What do I want to do ?

**Empowerment and mobilization of village health worker in the use of phenobarbitone to bring about better coverage and quality care of epileptics in Kerahari Health Post of Morang District.**

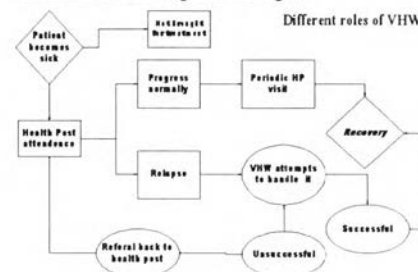
Operational Definitions

- **Empowerment:** 'to give power to'. The VHWs will be given some curative role under supervision.
- **Mobilization:** 'encouragement to take action.' VHWs will be more involved in active case-finding.
- **Quality care:** adherence to protocol leading to better control of fits.
- **Phenobarbitone:** cheap, available at health post, present in essential drug list.
- **Better coverage:** increase in the % of cases under treatment out of total number of cases identified.

General objectives

- Improve health care in relation to epilepsy.
- Increase community awareness.
- Reduce misconceptions.
- Reduce taboo attached to the illness in the community.

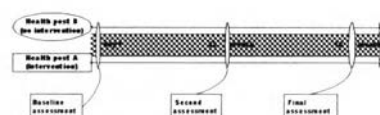
How can VHW's bring about change ?



### Specific Objectives

- To increase coverage.
- To provide quality care.
- To minimize defaulter rate.
- Increase Quality of Life of patients.

### STUDY DESIGN (Quasi experimental)



### Study site

- District : Morang (in eastern Nepal)
- Health post: Kerabari
- Population coverage: 23,687
- Manpower:
  - Health Assistant -- 1
  - Community Medical Auxiliary -- 2
  - ANM --1
  - VHW -- 6

### How to implement it ?

#### Strategy of implementation

- Horizontally integrated at the level of District Public Health Office.
- Ultimate service providers are DPHO staff.

### Components of training

- Methods of case finding
- Screening criteria
- Methods of treatment
- When to refer
- Counseling techniques
- Communication skills

### Pre training preparations

- Curriculum design.
- Formation of screening guidelines.
- Formulation of diagnostic guidelines and treatment protocol.
- Development of T/A. materials
  - flip chart
  - brochure
  - reading material for trainer

### Human Resource & Technical Requirements

- Trainer - Health assistant of the health post and master trainer from DPHO.
- Supervisor / coordinator - to be borrowed from DPHO
- Data collectors (to be hired)
- Audio visual equipment - (to be hired)

### Information & Recording

- History sheet
- Continuation sheet
- Referral slip
- QOL questionnaire
- Monthly reporting form
- Information from the health post collected at the DPHO.
- Local data-base maintained by supervisor.
- A copy of information from the DPHO sent to central data-base.

### Evaluation & Expected Outcome

- **PROCESS**
  - KAP of VHWs -- fluctuates with net rise
- **OUTCOME**
  - % of adherence to protocol
  - % of coverage
  - Change in QOL of patients - QOL score gets better
  - Seizure response- about 1/3 of patients symptom free from 6 months onwards

### Budget

• VHW training	6,000	
• VHW refresher	7,000	
• Material development	25,000	
• Seed money for CDP	1,000	
• transportation	18,000	
• Salary	45,000	
• Contingency	8,000	
• TOTAL	RS. 110,000	(\$ 1692)

Activity plan of proposed study

	Year (Month (number denotes the month - Nov-11, Apr-4)																		
	1999				2000				2001										
	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	
Meeting with DPHO																			
Preparation of material																			
Training of VHW																			
Refresher training																			
Evaluation KAP																			
Evaluation Pt. load																			
Evaluation Seizure response																			
Final evaluation																			

### What is the motivation for VHW ?

#### Intrinsic factor

Change of role from health education to 'medicine giving' role which has higher status in the community.

#### Extrinsic factor

- Carrying bag
- Repeated refresher training

### Ethical issues

- Right of a person to choose
  - to be or not to be treated
  - choice of treatment
- If patient prefers other medication, he will be referred to district headquarters
- Poor patients – DPHO rules prevails

### Sustainability

- DPHO manpower is trained
- Technical support is institutionalized with Dept of Psychiatry
- Practically no running cost

### Anticipated hurdles

- Working with Government System is a slow process.
- High taboo disease: so the denial (normal) of the patient as to the existence of the condition may be a problem.
- Traditional healer community may turn against the program

### Supportive Activities

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• <i>AIMS</i></li> <li>• increase community awareness</li> <li>• decrease misconceptions</li> <li>• decrease taboo</li> </ul> | <ul style="list-style-type: none"> <li>• <i>ACTIVITIES</i></li> <li>• training for community leaders</li> <li>• training for other levels i.e. FCHV's, TBA's.</li> <li>• training for traditional healers</li> <li>• training for school teachers</li> <li>• felicitation of community meetings</li> </ul> |
|--|--|

### Data exercise

#### A cross sectional survey of Quality of Life of patients with chronic illness

### Objectives (data exercise)

- *General Objective*
  - Test the 'DUKE Health Profile' in patients and normal population
- *Specific objectives*
  - To assess the QOL of patients with chronic illness
  - To assess the QOL of normal population..

### Duke Health Profile

- 17 point Questionnaire to be used in primary care setting.
- 6 health scores - Physical, Mental, Social, General, Perceived health and Self esteem.
- 5 dysfunction scores - Anxiety, Depression, Pain, Disability, Anxiety-Depression.
- Reliability & Validity tested in western population.

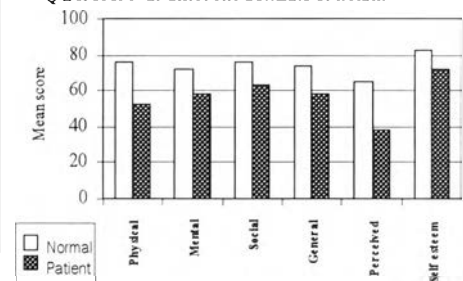
### Sample selection, size and technique

- Purposive sampling, 30 in each group.
- **Patient population:** consecutive patients attending medical OPD at Korat Hospital.
  - Inclusion:
    - ⊗ diagnosis of NIDDM
    - ⊗ duration of illness more than 6 months
  - exclusion:
    - ⊗ severely ill.
    - ⊗ Patients who did not give consent.
- **Normal population:** Staff of Adm. Section, CPH.

### Findings

- 1/3 of sample in both groups were midliners.
- The mean QOL score was lower in normal population than optimum.
- The mean QOL score was lower in patients than in normal.

QOL score in different domains of health



### Limitations & lessons learned

- *Limitations*
  - Sample size: small and nonrandomized so cannot generalize findings.
  - Two groups not identical: so cannot 'compare'
- *Lessons learned*
  - The questions have to be reevaluated in the cultural context for appropriateness in Eastern culture.
  - Time management.