

GTZ Medical Dialogue Project

Impact Assessment of the Cooperation between Biomedical Health Workers and Traditional Healers in Kasungu district

Assessment Report

Eric Umar

November 2007

ACKNOWLEDGEMENTS:

The consultant sincerely acknowledges the insightful input of the following into this report: Dr. Dieter Koecher, Huzeifa Bodal and Alick Kafunda from the German Technical Cooperation (GTZ).

Sincere gratitude is also extended to the District Health Officer for Kasungu, the task force members, District AIDS Coordinator and the District AIDS Coordinating Committee for their time and discerning inputs.

I owe a great debt of gratitude to all participants in this assessment, the traditional healers, chiefs, and chief's councillors.

TABLE OF CONTENTS

<i>Item</i>	<i>Page</i>
<i>Acknowledgements</i>	5
1. <i>Introduction</i>	5
<i>Background</i>	5
<i>Objectives of the Program</i>	6
<i>Objectives of the impact assessment</i>	6
2. <i>Methodological Approach</i>	7
3. <i>Findings</i>	8
3.1 <i>Maternal Deaths</i>	9
3.2 <i>Traditional Healer to health facility Referrals</i>	12
3.3 <i>Referrals tested for HIV</i>	12
3.4 <i>Comparison of Kasungu / Malawi HIV tests</i>	14
3.5 <i>Latex gloves</i>	15
3.6 <i>Reaction to HIV positive Result</i>	17
3.7 <i>Traditional Healers' role in Home based Care</i>	17
3.8 <i>Approximate deliveries at TBAs</i>	18
3.9 <i>Traditional Healers' Concerns</i>	18
3.9 <i>Traditional Healers' Concerns</i>	19
4.0 <i>discussion</i>	20
5.0 <i>Recommendations</i>	22

Abbreviations

AIDS	-	Acquired Immune Deficiency Syndrome
DHO	-	District Health Officer
DAC	-	District AIDS Coordinator
DACC	-	District AIDS Coordinating Committee
GTZ	-	German Technical Cooperation (GTZ)
HIV	-	Human Immuno-Deficiency Virus
HTC	-	HIV Testing and Counselling
NAC	-	National AIDS Commission
NGO	-	Non-Governmental Organizations
PLWHA	-	People Living with HIV/AIDS
VCT	-	Voluntary Counselling and Testing
STIs	-	Sexually Transmitted Infections
TBA	-	Traditional Birth Attendant

1.0 Introduction

This assessment was commissioned by German Technical Cooperation (GTZ) in order to establish the impact of the cooperation between biomedical health workers and traditional healers in Kasungu District. This was done by looking at various indicators including maternal deaths in Kasungu west where the project began in August 2005, HIV testing uptake in the district, patient referrals from traditional healers to the hospital, traditional healers' access to latex gloves, traditional healers involvement in HIV and AIDS in form of services like treatment and the traditional healers hygiene and cleaning practices. The assessment also looked at the monitoring system for the project in order to establish whether the system has been effective enough to capture information that would be useful to determine the degree of the impact the project is making.

1.2 Background

Malawi is one of the countries hardest hit by HIV/AIDS. The epidemic has become a major health problem and the leading cause of death among the productive age group. Officially, the national HIV and AIDS prevention as well as treatment are based on the biomedical model. However, it is an established fact that Malawian population survives on two different systems, thus the biomedical system which is based on medical model that see disease as a product of either physical or mental pathology and the "traditional" system which also considers disease state as a function of other mystical processes. Although unrecognized officially by the government, traditional healing has been in use in Malawi since time immemorial. Currently, traditional healing exists parallel with biomedical interventions.

Despite being consulted and their services used especially under circumstances where the biomedical services seemingly fail or do not provide hope, traditional healers have been largely portrayed as witchdoctors or charlatans by many westernised locals. Traditional healing processes have been questioned and ridiculed as essentially psychological healing. On the other hand, they are highly respected and accessible to the people in the villages, they are the custodians of the traditions, they have a holistic approach to healing and they provide effective cure for some diseases, a fact that many biomedical oriented people accepted albeit more privately.

As systems, there has never been cooperation between the two, since one has never been recognised which amongst other things the two have failed to refer patients to the other even

when it is ‘known’ that the other is better placed to deal with the particular health problem. This has also made it difficult for the two systems to work together in areas where cooperation could assist to benefit from each others strengths such as traditional healers assisting in patients’ adherence to drug administration.

Based on these facts and others, the MoH and GTZ started a pilot project in the district of Kasungu to initiate a dialog and collaboration between both sides for HIV/AIDS related health aspects. During the Dialogue process, the traditional and biomedical experts decided *to cooperate* and *developed a referral system* and *a corresponding referral form*, they agreed on periodical *information meetings* and *mutual respect* for the approaches and practices of the other. This cooperation has been in existence since August 2005.

2.0 Objectives of the assessment

- To collect Maternal Mortality Ratio (MMR) audit information for Kasungu West from the DHO.
- Cross – check on the above data with a separate data collection on MMR from the chief/Traditional Authority
- Collect information on the people who were referred from the traditional healers to the district health centre
- Gather data on number of people who have been tested for HIV /AIDS in Kasungu after being referred by Traditional healers
- Make a comparison of the number of HIV test carried out in Kasungu and other districts in Malawi
- Collect information on how many latex gloves the Kasungu DHO has provided to traditional healers from the period August 2005 to present
- Collect information on how many latex gloves were received by the traditional healers
- Document the processes that take place when an individual is diagnosed as HIV positive
- Gather data on approximately how many deliveries take place on average at a traditional birth attendant
- Based on pre determined criteria, gather data on hygiene and cleanliness at the traditional healer’s place
- Make recommendations on strengthening the project’s monitoring systems

2.0 Methodological Approach

The methodology for this assessment was largely determined by the nature of data that was required to meet the expectations of the task. The assessment adopted mainly a qualitative design.

2.1 Sampling

The assessment used several sampling methods. Stratified sampling method was used to identify the areas that the various respondents of the study were drawn from. To choose the respondents, a list of all registered traditional healers was used to select randomly the potential respondents. This was done by blindly putting a finger on the paper and in advance decided the intervals. All traditional authorities in Kasungu west were interviewed.

2.1.1 Sample

A random sample of 30 out of 44 traditional healers in the cooperation representing 68% was interviewed. This number is big enough to consider it representative enough. Two leading biomedical members of the task force and two leading members of the traditional healers were interviewed. The four TAs in Kasungu west as well as four group village headmen were interviewed. Four biomedical staff who conducts VCT was also interviewed.

2.2 Data collection

Responding to the needs of the assessment, data for this assessment was collected using primary and secondary data collection methods. Project documents and other relevant documents as well as records from the hospital were used. In depth interviews with various stakeholders, thus Kasungu hospital officials and community leaders were conducted. Data was collected in six days

2.3 Data Analysis

In-depth interview data was analysed using content analysis. Themes were isolated and catch phrases identified and reported verbatim.

3.0 Findings

The findings have been presented mirroring the objectives of the assessment.

3.1 Maternal Deaths

The study set out to assess the number of maternal deaths in Kasungu west. This was supposed to be accomplished through records from the hospital and verified by records from traditional authorities in the community.

Data from the DHOs maternity ward death register shows the following:

Table 1

Kasungu West	Other parts of Kasungu	Total
8	75	83

Source: Kasungu DHO, Maternity Death Register (August 2005- November 2007)

This data only shows the deaths that occurred in the maternity ward. It is therefore enough for comparison purposes to look at deaths in Kasungu west versus the other parts of the district. The data depicts 9% of the deaths as coming from Kasungu west and the other three areas sharing 91%. However, this does not provide the true picture of maternal deaths at Kasungu hospital since people who died in the obstetric and gynaecological ward were not registered as maternal deaths. The maternal mortality rate for Kasungu is 1006/100,000 (MDHS, 2004).

The study found that there was no traditional authority in Kasungu west that had information or data on maternal deaths. All TAs indicated that they did not have registers to record deaths. One sub traditional authority indicated that he was given a hard cover few years ago to record deaths taking place in his community. However, it was difficult for him to take this task seriously since there was no one who came to reinforce this. He said that he did record the first few months but because there was no one following up, he lost the momentum and could not recall where he placed the book. He commented:

“The problem with you people is that you come and tell us what to do. When you leave, you never look back to see if we are doing what you asked to do. With time, we lose interest. We need some constant reminder”

Effort was made to visit several group village headmen. In the four TAs visited, no village headman was recording deaths. The study had set out to establish the maternal mortality rate for Kasungu west. However given the paucity of data, it would be unrealistic to base on this data to make any plausible comparisons between kasungu west and other areas. However, given that there were 8 deaths out of 83 representing 9%, it can be safely claimed that Kasungu west registered fewer deaths compared to the other areas.

3.2 Traditional Healer to Health Facility Referrals

The study set out to establish how many people were referred by the traditional healers to the hospital. The table below shows the number of referrals, use of referral forms and whether feedback was received or not.

Traditional healer/TBA	Gender	Patients received	Patients referred (Forms used)	Feedback from hospital	Referred suspected HIV/AIDS	Confirmed positive	Maternal Death
Chrissie Mwase	F	367	7	2	6	1	0
Maria Banda	F	115	15	3	5	-	2
Lazaro Nkhomba	M	300	10	3	10	1	1
F.A. Mjedambuto	M	450	8	0	8	4	0
Yosefe Werengani	M	100	4	3	4	1	1
M.M. Dombolera	M	248	4	2	0	0	0
E.E. Muowolera	M	139	13	4	10	2	0
Maria Banda	F	200	10	6	5	2	2
Mankhaka	M	540	10	3	2	-	1
Maria Jabesi	F	106	5	3	2	-	0
Alice Phiri	F	300	30	7	10	-	0

Molera Banda	M	87	7	2	4	-	0
Eliza Nyalongwe	F	155	3	2	2	-	0
Tryness Phiri	F	400	10	5	10	2	0
Nerriet Phiri	F	96	10	4	4	-	0
Namausa Banda	M	93	20	5	5		0
White Chigawa	M	186	20	9	10	2	0
Emma Smart	F	372	8	2	8	-	1
Likisina Phiri	F	190	5	0	4	-	0
Maria Nkhoma	F	630	12	8	1	-	0
Eleazor Banda	M	234	10	0	7	4	0
Livinesi Nkhata	F	245	6	3	10	4	
Lute Phiri	F	201	8	4	2	2	0
Total	F (13) M (10)	5,774	242	80	129	25	8
Mean		240	10.08	3.3	5.3	1.0	0.3

The table indicates the number of patients that traditional healers attended to from August 2005 to present. The data indicates that 5,774 people, an average of 240 per healer, have been seeking health care from traditional healers in the past two years. The data also shows that traditional healers had referred 242 (Average of 10 per healer) patients to the hospital using the corporation forms. The number of patients referred by traditional healers is larger than this since some healers indicated that they also advised other patients to go to the hospital without using the forms.

Traditional healers referred 129 (average, 5.3 per healer) patients to the hospital that they suspected could be suffering from AIDS. The Traditional Healers did not directly refer the patients for HIV testing; rather, they knew that the condition presented could alert the hospital to test HIV. This finding suggests strongly that the project had an impact on alerting the healers on making them aware of possible AIDS cases and referring them to the hospital.

However, the study revealed that there was no formal arrangement between the hospital and the traditional healers that the referred patients would need be tested for HIV, it invariably meant that the traditional healers never received formal feedback as to whether the referred patient had been tested for HIV or not. Those indicated as “confirmed” cases in the table include largely patients who after being referred to the hospital went back to the healers to report the outcome of the referral and to seek more assistance from the healer. Some of them would disclose that the health workers at the hospital had suggested that they should test for HIV and tell them the result of the test. However, most of the confirmed cases are largely people who did not tell the traditional healer directly but the healer deduced that the patient was positive when they realised that the patient was on ARVs. Majority of the patients who were referred to the hospital never went back to report the outcome and the healer never got feedback from the hospital.

The data in a nutshell, strongly attest to the fact that traditional healers are consulted by many people. It also shows that the corporation has encouraged many healers to refer patients to the hospital.

Maternal deaths at TBA

As a way of triangulating the maternal deaths, thus as planned getting figures from the DHO, the traditional authorities, the study tried to get figures as well of maternal deaths from TBA and traditional healers by asking them to mention how many maternal deaths occurred in their clinic. Data from the TBA indicates that there were 7 maternal deaths since the project began in 2005. This represents an average of 0.3 maternal deaths per traditional healer. It is interesting to note that almost all TBAs claimed that the deaths were due to lack of transport, thus they claimed to have had requested an ambulance to take the patient to the hospital only that the ambulance came very late. One TBA commented

“It was last week when one woman died; she came here while already in labour. After assessing her, I realised she needed to be referred to the hospital. I sent my husband to ask the chief to call the ambulance. The ambulance came very late only to find the woman dead.”

Some TBAs explained that the patient died because they came very late to them. One commented, *“The patient that died here knew that she was supposed to go to the hospital for delivery because she had many complications during pregnancy. She came here when the situation was already very bad and she died”*

The above scenarios suggest that most of the TBAs were making effort to refer patients immediately after assessing the condition as needing medical attention. This is due to the awareness about the need to refer patients to the hospital.

Number of Patients served

The table also shows that there are major differences in the number of patients that different traditional healers serve. Although most of the high numbers are essentially women delivering at TBA, it is also apparent that some traditional healers saw many patients. This scenario asks for the need for quality assurance system whereby the healers who see many patients are able to maintain uncompromised service to the patients. Where big numbers could suggest the healers popularity hence more people and then whether the high numbers could compromise the quality of service rendered.

Conditions cured by Traditional Healers

When traditional healers were asked to indicate what they thought could be their role in assisting people who tested HIV positive, majority mentioned that they could take a leading role in curing most opportunistic infections. They were further asked to mention the infections they were capable of curing. Majority indicated diarrhoea and other conditions. However, there were three out of the 30 traditional healers who mentioned that they can cure AIDS. They said they had given some patients their drugs and they believe the patients were cured and that they were planning to send the patients for VCT to establish that they did not have HIV/AIDS anymore. This study found that 10% of the Traditional healers claimed that they can cure AIDS. This finding needs to be addressed through awareness campaigns.

3.2.2 Referrals Tested for HIV

The table above shows the number of people who were referred by the Traditional healers for HIV testing. However, very few indicated that they had told the patient to go to the hospital to test for HIV. They sent the patients after observing symptoms that suggested strongly that the patient could be positive. Traditional healers did not indicate on the referral form that they were referring the patient for HIV test but they knew that the patients would eventually be tested because of the symptoms they had observed.

It was impossible to establish the number of people who were referred by the traditional healers for HIV test. The hospital did not have records of the referrals that traditional healers had made to the hospital. The absence of such records meant it was impossible to establish the referral statements as well as the outcomes. Looking at the forms that had been sent back to the healers, it was clear that the healers never indicated on the referral form that they wanted the patient to be

tested for HIV. The few healers who had received feedback forms, it was shown that no one ever got feedback that explained the HIV test.

Traditional healers indicated that they referred patients to the hospital after observing that the patients had a condition that needed medical attention. While some of the referrals were made after suspecting that the patient could be HIV positive, they did not indicate on the referral form that the patient should be tested for HIV.

3.3 HIV testing

In order to compare the HIV prevalence in Kasungu to other districts, preliminary HIV testing week results are presented below although the HIV rates are for people that voluntarily responded to this campaign and therefore are not a scientific representation of all people in Malawi and neither do these HIV rates represent a scientific indication of HIV prevalence in Malawi. All districts in Malawi participated in this activity and a total 186,631 people were tested and counselled. In terms of testing, 6.0% of those aged 15 years and above were tested with their partners, while 71.% were testing for the first time in their lives; and 29.6% had been tested before. HIV rate for all persons tested was 8.4% [excluding children below 18months].

Number tested according to Regions (2007)

- Northern Region districts contributed 35,658 – [19.1%]
- Central Region contributed 62,910 – [33.7%]
- Southern Region 88.063 – [47.2%]

Comparison to HTC Week 2006

Region	Total Tested (%)
North	17,641 (18.2%)
Central	35,799 (37.0%)
South	43,409 (44.8%)

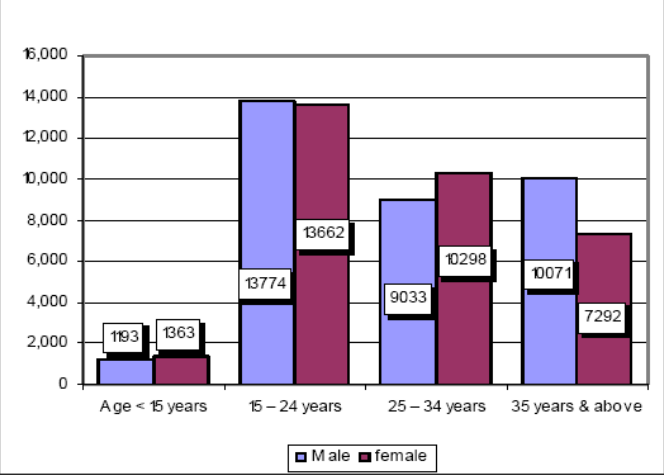
Gender Distribution

- Males Tested = 87,433 [47%]
- Females = 99,108 – [53%]

Age Groups

- There were 12,649 children between the ages of 18months and 14 yrs who were tested and this represents 6.8% of all people tested.
- There were 79,932 people between the ages of 14 and 24yrs who were tested and this represents 41.2% of all people tested; and
- There were 95,987 people between the ages of 25 years and above who were tested and this represented 51.4% of all people tested.

Comparison to 2007 access to HTC by age and gender



HIV Rates: [excludes children below 18 months]

- The HIV prevalence for all people tested was 8.4%
- The HIV prevalence for all people tested in the Northern Region was 5.8%
- The HIV prevalence for all people tested in the Central Region was 5.8%
- The HIV prevalence for all people tested in the Southern Region was 11.3%

HIV Rates:

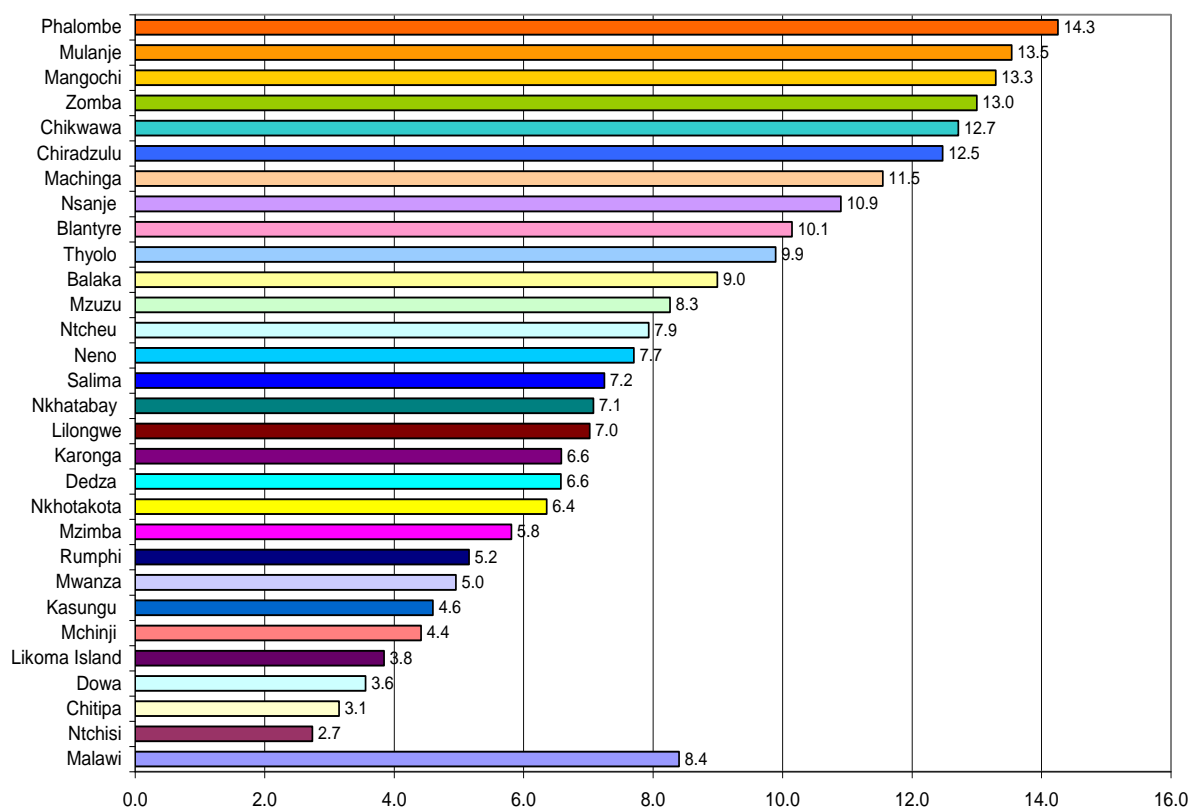
- The HIV Prevalence for all Males tested was 6.1%
- The prevalence for all Females Non Pregnant was 9.7%
- The prevalence for all Females Pregnant was 11.3%

HIV Rates by districts [excludes children below 18 months]

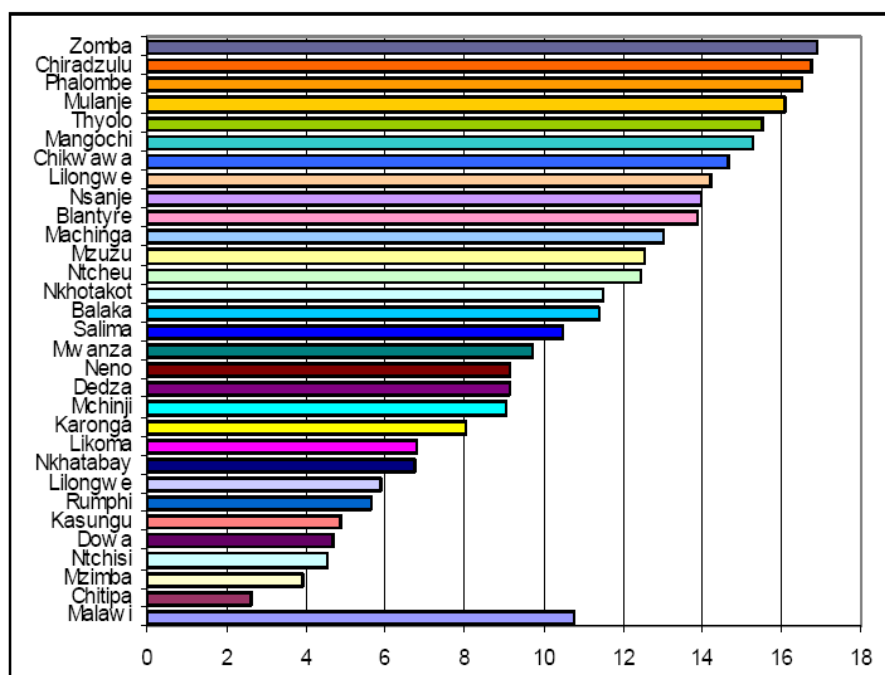
- The following districts had the highest rates of HIV ranging from 10-14.3%: Phalombe, Mulanje, Mangochi, Zomba, Chikwawa, Chiradzulu, Blantyre, Nsanje and Machinga.
- Districts with HIV Rates ranging from 5 – 10% were Thyolo, Balaka, Mzuzu, Ntcheu, Neno, Salima, Nkhotakota, Lilongwe, Karonga, Dedza, Nkhatabay, Mzimba and Rumpi.
- Districts with lowest rates of HIV rates between 2.7 – 5% were Mwanza, Kasungu, Mchinji, Dowa, Chitipa, Ntchisi and Liloma Island.

The graph below indicates the rates per district.

HIV rate by district, (excluding children < 18 months), Malawi 2007 HTC week



The 2007 HTC week results show Kasungu as one of the districts with low HIV prevalence of 4.6%. Compared to HTC week results from 2006 (see table below), the results show that the prevalence of HIV has reduced from 4.9% in 2006 to 4.6 in 2007.



HIV prevalence by District Malawi HTC Week 2006

3.4 Latex Gloves distribution to Traditional Healers

Regarding the collection and use of latex gloves, the study established that there is no system in place for distribution of gloves to TBAs. The hospital does not have a central place from which the TBA could collect the gloves from. Majority of the TBA collect gloves from the maternity ward at Kasungu hospital. Some TBAs and Traditional healers get gloves from some officers at the hospital unofficially. It was reported that the hospital does not provide latex gloves to traditional healers. However, some traditional healers get gloves unofficially from some hospitals officers who are in the task force. This is not an official arrangement. Many indicated collecting the gloves from community or mobile clinic nurses who conduct clinics once a month in their area.

Quantity received

The study established that there is no standard amount or quantity of gloves that TBAs receive. In many cases, TBA receives less than the amount of gloves they need per month. The table below shows the different amounts of latex gloves that TBAs received last months:

Number of TBA	Quantity reported	Comment
22	6-10 gloves	Not enough
2	1 Box	Enough

Only 1 traditional healer indicated that he receives latex gloves from the hospital. He is able to get the gloves because he has direct contact with the hospital staff. Otherwise, no traditional healer receives gloves.

All TBAs indicated that the above figures were typical of the usual number of gloves they receive every month

When asked if the gloves were enough. All TBAs indicated that the gloves were not adequate. All respondents indicated that gloves were not enough and ended up using empty sugar packets when touching patients.

Even TBAs, who once in a while received whole packs of gloves, indicated that the gloves were usually inadequate because the community usually would ask them to use these gloves when washing bodies that were known to be HIV positive.

Use of gloves

Although few, some respondents indicated that they normally use two gloves when touching patients. This obviously leads to fast depletion.

When asked if they ever reused the gloves, all respondents indicated that they never reuse the gloves. They throw away the gloves after every use.

3.5 People diagnosed Positive

The study set out to explore the reactions of people who were diagnosed HIV positive. The findings suggests a variety of reactions despite some negative reactions, the general trend is that people are getting used to testing and facing the reality of being positive.

3.5.1 Reaction to HIV positive Result

The study revealed that there is no system of tracing of following up clients who are tested for HIV to observe how they cope with the result. However, the typical immediate reaction for most clients when the results are being given included crying and showing intense sadness. They, normally allow them to cry or acknowledge their sadness for a while as part of the post testing counselling process. Despite the crying, few ever mention about wanting to end their lives. When asked why they thought clients never talked about committing suicide, the counsellors said most of the clients usually “come to confirm what they already know”

When traditional healers were asked how people who test for HIV respond to their status, they said there had been a shift in the way people react. Majority said that the community has lately started to accept easily the people therefore making their lives easy and are not stigmatised. Majority said this was not the case in the past when people were stigmatised in the area.

3.5.2 HIV Post Test Role of traditional Healers

Traditional healers indicated that they have a role to play in HIV and AIDS prevention and treatment.

Their roles include:

Roles of Traditional Healers in Post HIV Test
<ul style="list-style-type: none">• <i>Treating opportunistic infections</i>
Traditional healers indicated that they are able to cure most of the infections that people

with HIV suffer from. Majority mentioned conditions like shingles, Diarrhoea, skin conditions and cancers.

- *Assisting patients to take their drugs*

Majority of the traditional healers prized themselves for being able to encourage people to adhere to their drug regimen. They would therefore assist patients to take their ARVs specifically.

- *Avoiding providing herbs that may contradict the medication from the hospital*

Traditional healers would avoid giving drugs that are too strong if they were aware that the patient was HIV positive and was on ARVs. Some indicated that they believe they have herbs that can cure AIDS but they can only try them on patients who are not on ARV as the two drugs would be too strong for the body if taken at the same time.

- *Providing prevention services such as creation of awareness*

Traditional healers see themselves as providing prevention services through talks that they could give during village or community meetings where the chief could ask them to talk. They could also advise their patients to abstain as a way of making their herbs more potent.

- *Referring patients to the hospital patients who needs medical attention*

Probably the commonest perceived role was timely referral of patients to the hospital.

3.5.3 Traditional Healers and Home based Care

The study established that the traditional healers did not have an official role in post HIV testing for the person who has been found positive. No respondent ever took an active responsibility of looking after AIDS patients except for when they have come to them as clients. From the previous study¹, traditional healers identified various roles that they could play in home based care. The roles are very similar to the one indicated in table above.

3.6. TBA Monthly Deliveries

¹ Pre dialogue focus groups discussion report, Jumbe, Umar and Kabwira, GTZ

The study revealed that TBAs conduct 15 deliveries on average every month. This finding suggests that many women seek maternal health services at traditional healers. It is important then that services provided at the TBAs must be improved since they cater for many rural impoverished populations. For this project, this finding enhances the call for more services like distribution of latex gloves to the traditional healers as well as the need to seriously consider some of the requests made by the traditional healers such as transport, water and accommodation for patients at the healers' places.

3.7. Traditional healers Hygiene and cleanliness

With intent to establish the hygiene and cleanliness condition at the traditional healers' work place, effort was made to establish whether there was a pre determined tool for assessing hygiene this. It was established that there is no tool designed for doing this. However, the ministry of health and population has a checklist that is used by supervisors which assesses among other the environmental sanitation of the TBA workplace. This checklist was adapted by way of adding more items to assess both the TBAs and the traditional healers.

The assessment found that all TBAs met the environmental sanitation requirements as well as scored positively on the additional items. The following table summarises the hygiene conditions at the TBAs and traditional healers.

Item	Assessment
General outlook of house seen and clean	Good enough
Pit latrine available	Yes
Refuse pit available	Yes
Placenta pit available and clean	Yes ²
Walls of delivery room clean	Most were very good
Delivery place neat and tidy	Yes
Delivery supplies and equipment clean	Yes
Water storage facilities clean	Clean

² Since the assessor was male, he did not insist to see the placenta pit. This was established through interview. It was deemed culturally insensitive to demand to see the pit.

Bath and washing supplies clean	Yes (TBA)
Delivery Preparations	All TBAs wash their hands before and after delivery. They would ask anyone assisting to do the same
Clothes cleanliness	TBA yes Traditional healers not as clean
Personal hygiene (looking groomed)	All TBAs were well groomed compared to the traditional healers It was also apparent that the female traditional healers were better groomed than the male
Place for keeping herbs clean	All non TBA traditional healers didn't seem to pay particular attention to the place where the herbs were kept

On other hand, no traditional healer out of the five who were assessed using the checklist met the requirements. The following table indicates the items and the situation that was observed at the healers.

3.7 Traditional Healers Concerns

Although not part of this exercise, majority of the traditional healers interviewed made some comments outside what they were asked at the end of the interview, or made some important insightful comments associated to the questions they were asked.

Their comments have strong bearing on the present state of the impact that the project is making.

The concerns include

(1) Cooperation

- Traditional healers feel cheated as they are the only ones referring patients to the hospital and no one has been referred from the hospital to them.
- Would like to be recognised at the hospital by giving them name tags that could assist them to enter into the hospital to meet their counterparts outside the visiting period.

-
- Many don't get feedback from the hospital when they refer patients. They would like to know if what they thought was the problem was verified by the hospital

(2) Infrastructure

Many traditional healers, especially the TBAs indicated that they did not have permanent clinics with iron roofing that leak when it is raining.

(2) Water

Most TBAs said that they need better water storage facilities. Since the water points are very far, they would need big water storage containers. Water becomes a huge problem especially when patients give birth at night. There is need to find ways of assisting them.

(3) Transport

All TBAs mentioned that they have problems with transport. When patients come at night and there is need for the patient is referred urgently to the hospital, it is difficult to do so.

They said that they were promised that they would be given bicycles but they were not given.

(4) Food

Traditional healers wondered why they cannot be provided with food that they could be providing to patients just like the hospital does. They indicated that patients come to their clinics without carrying food or because of food shortage, the patients cannot bring food and yet the traditional healers realise that the patient probably needs food more than their herbs.

(5) They need better lighting in their clinics than the traditional lights they are currently using

(6) They need weighing scales. For the TBA to establish how the child was weighing when the child was born while the traditional healers to see whether the patients was improving through their weight

4. DISCUSSION

The assessment suggests that the project might have made a huge impact in Kasungu west probably with spill over effect to other places. This is based on the fact that traditional healers referred so many patients to the hospital who could not have gone to the hospital if the traditional healers had clung to them. It is also evident that there were few deaths at the TBAs because they referred patients quickly to the hospital. However this impact is not easy to register since the project does not have a robust or functional monitoring system in place. Furthermore, it was not easy to get some important information that could have assisted to establish with certainty the impact that the project is made in kasungu west.

Although the project had made some effort to establish a system that would assist to monitor the activities of the project, it is evident that there is no system in place to strengthen them. For instance, some chiefs were given books that they were supposed to register maternal deaths; however, there was no follow up mechanism that could encourage them to do so. With no one showing interest in the registration of deaths, the chiefs lost interest and the momentum. This suggests that the task force might not have been well prepared to carry out such tasks.

It can safely be said that the project has registered impact in the number of people who are being referred for VCT to the hospital by the traditional healers. This is encouraging and it has to be further promoted. It is reasonable that the referral forms do not indicate that the patients are being referred for HIV test as it might compromise confidentiality. However, it seems that there is need for the hospital personnel to know that the healers usually send the patients as well because they suspect that the patient could be HIV positive.

The project has also made impact in checking maternal deaths in Kasungu west. The hospital data showed that only 9% of the deaths in maternity ward were from Kasungu west. This finding suggests that the project is assisting to reduce maternal deaths as traditional healers send their patients quickly to the hospital. TBAs are more aware of the importance of sending patients to the hospital when they find the patient's condition as requiring advanced medical services. The project changed the healers mind set from believing that they have to make sure that patients is cured by themselves by doing what they can to prove that they are capable than to refer patients to the hospital which in a way implies failure to realising that the services they offer are supposed to benefit the patients and not necessarily to prove themselves as great healers.

Probably the main hitch of the project is the fact that the traditional healers believe that the cooperation is one sided whereby they refer patients to the hospital by the hospital does not refer patients to them. The project should explore the impact of this problem on the project. If left unaddressed, this issue might derail some of the achievements that they project has made. The traditional healers needs to be encouraged and make them feel that the cooperation is mutual by explaining to them that at the moment it is difficult for biomedical health workers to refer patients to them until policy is put in place. However their incentive can be the gloves they could be receiving form the hospital as well as other trainings in the areas of infection prevention and hygiene practices that the biomedical workers could provide to them.

5 RECOMMENDATIONS

In order to strengthen the monitoring system, several recommendations have been made. In addition, the assessment has established that the cooperation itself needs to be rejuvenated as it seems that there are no activities taking place to keep it active, since a vibrant monitoring system would not be useful if there is nothing to monitor.

In order to improve the project the following recommendations are made

- The task force needs to be empowered to further create awareness about the project to both traditional healers and biomedical health workers
- The task force should be trained on how it can conduct its activities with minimum financial in put
- Follow up meetings should be conducted with all people who participated in the dialogue by the task force and ask the zonal task forces to create the same awareness to their colleagues.
- There is need to explore ways through which the task force can be empowered for it to generate funds for carrying out its activities like periodic awareness campaigns, follow up or monitoring activities like encouraging traditional healers to use the referral forms and the traditional authorities to use the registers.
- Traditional healers must be encouraged and made aware that the cooperation is not necessarily one sided that is only them referring patients to the hospital but that the hospital will be able to refer patients to them when there is a policy that allow biomedical workers to refer patients to traditional healers. However, before the policy issues are sorted out by government traditional healers can enjoy the benefits of working with the biomedical system like infection prevention services supported by the hospital such as gloves provided at the hospital. This entails that traditional healers should be given gloves as well. Probably the project should explore ways of sourcing gloves specifically for traditional healers which should be distributed at a central point at the hospital.
- The assessment established that there are no activities happening to enhance the cooperation especially in the areas where the cooperation was extended to. It is therefore recommended that GTZ should revitalise its relationship with Kasungu District authorities.
- The cooperation has not been very smooth due to the absence of a policy that mandates biomedical workers to work with traditional healers. It is therefore recommended that

GTZ should facilitate traditional healer policy development. The policy would assist biomedical health workers to interact better with traditional healers.

In order to improve the monitoring system, the following recommendations were made

- Since it is established that traditional authorities, thus TAs and Group village headmen do not record deaths that take place in their communities, it is recommended that a proper system for recording deaths should be put in place. This should include providing hard covers to village headmen and group village headmen who should record all deaths in their communities indicating the cause. The headmen should send these records to the TA who will compile records for the area. In order for this to be effective, there should be periodic follow ups to see as well as encourage them to record the deaths.
- The study established that there is no established system of keeping the projects' records at district level. It is therefore recommended that there should be special files at the Kasungu hospital in which all referral forms should be kept.
- To facilitate proper record keeping at hospital level, it is suggested that the task force members preferably the traditional healers, should visit the hospital once a months to collect and file the feedback forms.
- It is further recommended that traditional healers should be provided with files that they can put their referral forms. It was observed that they were keeping them in the registers. The forms were therefore torn and this could account for the many forms that were lost.
- It is further recommended that traditional healers' registers should be improved by including columns that would indicate whether they used a referral form when they referred a patient to the hospital, another one indicating if they received feedback from hospital. Another column should show the patients diagnosis, if the healer got feedback from the hospital that included the patient's diagnosis.
- It is apparent that many traditional healers did not receive feedback from the hospital and referring patients. This could have been due to a number of factors including the patients seeing clinicians who were not aware of the cooperation and therefore did not know what to do with the referral forms. It is therefore recommended that all clinicians at the hospital should be made aware of the cooperation and they should be oriented to the referral forms.
- It is recommended that efforts should be made to identify ways of assisting traditional healers to transport their patients to the hospital smoothly and faster.