

Operation ASHA Treatment Center Visits

GiveWell's Elie Hassenfeld and Wendy Knight visited Operation ASHA for several days at their headquarters in Delhi between October 25th and October 31st. During this visit, they went to three Operation ASHA treatment centers. Below are the notes from those visits.

October 25, 2011:

We arrived at a metro stop in South Delhi near Operation ASHA's headquarters. Sandeep Ahuja, Operation ASHA's CEO, was waiting for us with a car ready to drive us to the first Operation ASHA treatment center we would visit in South Delhi. Nick Gordon, eDOTS Development Manager, and Vijay Kumar, South Delhi Program Manager, accompanied us.

Center I:

We arrived at the center, which was located in a densely populated area at around 8:45am. The center was surrounded by other businesses that, like Operation ASHA's center, were housed on the ground level of a 2 to 3 story structure. The streets were crowded and busy with cars, bikes, mopeds and people. The area appeared generally well-off compared to other urban areas we have visited in India. The residences appeared to be well-maintained, multi-level apartment buildings and from the outside appeared more spacious and significantly nicer than those we had seen on visits to urban slums in Mumbai. For instance, from the street we could see terraces outside of apartment buildings on which residents hung their laundry (see photo). Sandeep told us that this particular center was in one of the better-off areas that Operation ASHA serves.

When we arrived, the gate on the center door was open, however, the Counselor wasn't inside. Sandeep had Vijay call her to find out where she was. According to Sandeep, centers are open from 8:00am-1:30pm and again from 5:00pm-9:00pm. Counselors spend from 8:00am-1:00pm at the center and from 1:30pm-3:30pm doing active case finding in the community. The Provider, the proprietor of the store or medical facility, is then available from 5pm-9pm to distribute medication if someone comes in when the Counselor is not there. Patients are scheduled to come in 3 times a week on staggered days and the Counselor spends three days at each center (each is responsible for two centers).

Once Vijay had reached her, Sandeep explained to us that the reason for the Counselor's absence was that she had left her laptop at home. When we inquired about what this meant, Sandeep explained that each center has a biometric computer housed in it and each Counselor also carries a laptop with them for use in the field.

The Counselor arrived very shortly and we went inside the center. This particular center was located in a health care Provider's shop (as we were told, most of Operation ASHA's centers are). There was a sign posted in the shop to indicate that she was a certified Provider by Operation ASHA. Elie noticed that the sign read that she was actually a Counselor (see photo) and asked about this. Sandeep was surprised and asked Vijay, who responded (according to Sandeep, who was translating) that he had informed the previous Program Director about the problem, but nothing had been done about it. When Sandeep heard this, he explained that they had since let that Program Director go.

Meanwhile, the Counselor brought out the biometrics laptop device, which was stored in/attached to a wooden box with a lock on it (see photo). We were able to test the device using Elie's fingerprint. Initially, it did not recognize him (i.e., before he had entered his fingerprint into the system), but once they rescanned his finger and entered him into the system, Elie once again had it read his fingerprint and this time it knew who he was. We noticed, however, that even once it recognized him there was a note on the screen that said, "problem recognizing" (or something to that effect). When we asked what that meant, Nick explained that that button had been added because Counselors had been having trouble with some already registered patients whose

fingerprints went unrecognized. That button allows the Counselor to override the fingerprinting when necessary, in order to record a dose as taken.

While we were being shown the equipment a few patients came in or were waiting outside, so we stepped outside to try to get out of the way and allow them to receive treatment. There were also patients arriving for the Provider, who came in after we arrived as well.

The first patient we saw come in was a younger gentleman who didn't seem ill and didn't have his finger scanned using the biometrics device. The Counselor spoke with him and then he left. Elie inquired about it and we were told that he had come in to pick up medication for his mother who was vomiting and couldn't come in, but the Counselor had told him that she wouldn't give him another person's medicine today. Sandeep told us that this is allowed up to three times when approved by the Counselor (we have been informed that this is practiced only when the patient is leaving town for at least a week). In the afternoon, Counselors go around to the homes of patients that don't or can't come in and today the Counselor should visit this patient to administer her medicine.

The next patient I (Wendy) saw being treated was an older gentleman. The Counselor didn't actually observe him taking his medication, but rather took it out of the strip and gave it to him. He carried the medication outside the center, where he had relatives or friends (presumably) waiting for him. He sat down in front of them on a bench about 6 feet from the center and one of the young men handed him a water bottle. He proceeded to take the medication fully (as far as I could tell).

In each case, the patient seemed to know and be comfortable with the Counselor, who spent a fair amount of time talking with them.

I (Wendy) asked Sandeep what the patient load per day would be, since Counselors attempt to see all their patients in the morning between 8am and 1:30pm. He said that the average center in South Delhi has 50 patients and that the maximum is supposed to be 75. About two-thirds of the patients are on the continuation phase of their meds (when they come in only once per week) and, therefore the caseload per day is about 25 patients.

Sandeep showed us the treatment strips for the continuation phase and explained why the patient only comes once per week. According to Sandeep, the patient is given the entire strip, which contains all their doses for that week and only takes the first dose in front of the Provider, who explains the way to use the strip and when to take the rest of the pills. Sandeep explained that the risk of resistance is less in the continuation phase and that one reason for default is that their symptoms get better and they stop having to come in. In counting defaults they don't distinguish between the initial and continuation phases.

In addition, Sandeep explained that private practitioners can only sell, and will therefore only buy, drugs still in blister packs; therefore, requiring that the boxes have the full set of full and empty packs prevents patients or Counselors from selling the drugs to private dealers.

We were also shown a Register of Government Visits, which was a sign in book where the government TB officers sign their names after each visit/inspection. Sandeep explained that the Government TB Control Programme Supervisor comes two times per month and that the District Officer comes every six months. There was not a lot of information in it other than a date and a signature, but looking at the dates, it seemed that regular (though not as frequent or on schedule as proclaimed) visits were occurring. We saw approximately 5 government visits in the previous 6 months. There was no title on the book, which looked like a homemade notebook, and Sandeep informed us that there is no standardization with regard to these sign in books. He also looked through it himself as he showed it to us and then noted a place where a name had been pasted in, presumably covering something that had been there previously. He asked Vijay about this

immediately and showed it to us as well (noting that it seemed strange). There was no clear explanation for this, but it was the only one like it in the book that we saw.

Using the biometrics system, we pulled up a list of patients who had arrived and taken their doses that morning. Elie randomly selected two names and consulted those patients' treatment cards and drug boxes. In both cases, the cards and boxes matched. (See photos of a patient treatment card and drug boxes.)

Following this, we asked if it would be okay to ask the Counselor a few questions about her background. They said it would be fine and she seemed happy to do so. Her responses (as translated by Sandeep):

- She has a BA in Political Science and used to work in a diagnostic lab, but wasn't happy there. She knew there were jobs dispensing medicine and heard about Operation ASHA. She wanted a job to support her family and was interested in doing work that had a social component. She explained that, when a patient comes in they are nervous and she can convince them to take their medication, which makes her feel good. She was making 3,000 rupees per month in the lab and when she joined Operation ASHA she was making 4,000 a month. She has since received a salary increase and now makes 5,000 rupees per month. She also told us that her husband runs a shop that sells cosmetics and that he earns about the same as she does. At approximately, 50 rupees to the dollar, they earn a combined \$2,400 per year. They do not have children.

We asked Vijay, the South Delhi Program Manager similar questions. His responses (as translated by Sandeep for the most part):

- Vijay was previously working for another NGO that did TB Control. He likes Operation ASHA better and it pays a bit more.
- His peers, the ones he knows of, are mostly working in call centers. No one he knows is unemployed. One friend works for the Government of India Tax Department. He thinks the call centers pay about 15,000 rupees per month. Other jobs pay around 6,000 rupees, such as couriers. Sandeep told us there are lots of tiny companies that do that, as India's mail system is unreliable. He thinks bills generally come by private courier.
- We asked Vijay why he doesn't work for a call center rather than Operation ASHA and he said that, at Operation ASHA, his value goes up as he ages and it goes down at a call center, where they want to hire young people.

We also asked about the Provider's background and were told that she has a degree in Indian Systems of Medicine. She gets 750 rupees from Operation ASHA and wouldn't get that much from dispensing TB medicines herself.

One of the impressions we had while visiting is that it takes patients a long time to receive their medicine from the time they arrive. Our impression from the 10+ patients we saw arrive during the approximately two hours we spent at this center was that it often took 15 or more minutes from the time of arrival for a patient to receive his or her medicine. It is possible that our presence added to this wait time, as we were occupying the space, interviewing the Counselor, etc. We observed that patients waited patiently for us to finish.

Center II:

The next center we visited was located just outside of a slum, which we visited first. We came to a spot where our vehicle could no longer drive and got out of the car and started walking. The road was mostly semi-paved now and the ground was frequently wet and muddy (though it had not rained since we had arrived). We walked along the edge of the road, bobbing in and out of traffic and walking along the edge of the buildings where there was often concrete to walk on. We walked for about five minutes and then came to the entrance of the slum, where the concrete

buildings ended and houses constructed of cardboard or other similar materials began. Here the ground was even muddier and there was no real way to bypass it. We stepped on dry land or rock as much as possible. There were many children watching us and they began running after us. Sandeep was explaining the environment to us, pointing out that the houses were made of cardboard, explaining what the people sorting through plastics or bundling them were doing. He then mentioned that the children would love it if we took their picture and showed it to them, which Elie did (see pictures). At about this time, Vijay who had gone back to the car, rejoined us with snacks, which he handed out to the children.

This area appeared significantly poorer than the area we had visited earlier and among the poorest urban areas we have visited in India.

We continued on our walk for a bit longer and saw some more areas where adults and young men were working with plastics in various ways and then headed back towards the car the way we had come. Our understanding is that most of the people here earn their living as "waste pickers," individuals who go to garbage dumps, collect potentially valuable raw materials, and sell them to dealers. Based on conversations with the charity Waste Ventures (see notes), our understanding is that "waste pickers" earn between 70 and 150 rupees per day.

Along the path, we also saw a small "store front" selling snacks and other goods. Sandeep explained that this area housed about 50,000 people and that if we were to continue walking in towards the center, the pathways would become narrower and muddier, the houses smaller and more cramped. We walked back out the way we had come and reached the semi-paved road again. A few blocks up from the entrance to the slum, we arrived at the next Operation ASHA center.

Later, at lunch Shelly Batra, Operation ASHA President, and Sandeep explained their strategy for placing the center at the entrance to the slum. They told us that, there is usually one entrance to a slum, which everyone must pass through daily on their way to work, etc. For this reason, Operation ASHA places its centers at the entrance/exit of the slum, making stopping in for treatment as convenient for all residents as possible. When this is not possible they will place a center in the middle of a slum, so it is accessible by all, but prefer not to do this, so that the center is housed in a more solid structure.

This second center was also located in the office of a Provider who was giving medical care. Both the Provider and the Counselor were present when we arrived. The Provider had a desk and a waiting area in the main office. A long wall on the left side of the room divided the Operation ASHA center from the Provider's area. The entrance to the Operation ASHA center was in the back of the room, to the left of the Provider's desk. It was a very narrow space, which also housed medicines that the Provider used. We saw the TB medicine boxes against the back wall and the biometrics device was on the table in front of the Counselor. We asked to see the patient cards of several patients and attempted to match them up against the missed dose reports on the biometrics machine. Upon doing this we learned that there are still certain differences between the manual data and the biometrics data because the back-end (data side) is still a work in progress (more on this later during our conversation with Nick Gordon). We also asked if we could see whether Elie's fingerprint could be recognized again, but learned that the system could not send the information back and forth that way; that Elie's print would have to be inputted centrally in order for it to be recognized by multiple biometrics machines.

We also checked a patient's card against the medicines in their box to see whether the doses taken matched the number of empty strips in the carton (see picture). Our spot check revealed that the card and box matched. I (Wendy) asked whether the Program Manager would ever check a box against a patient's missed dose report and he said no, they only check the boxes during scheduled Quality Audits.

Finally, we also spoke to the Counselor at this center regarding her situation prior to working for Operation ASHA, her background and her other work experiences.

She told us (as translated by Sandeep) that:

- Her husband is a tailor for a garment export company. He makes an average of about 4,000 rupees per month (which is the salary she makes at Operation ASHA as well). He is paid by the number of garments sewn, so his wages vary. They call him when they need him. He is sometimes not working for a month at a time.
- They have three daughters, ages 5, 11, and 13.
- She started with Operation ASHA in August and prior to that was at home with her children and her husband's salary covered them. Coming to work caused some problems because her youngest child is now alone from 9am-1pm (because she is not in school yet). She lives about 6km from the Operation ASHA center where she works. She completed 12th grade in school.
- Most of the women who live nearby her are homemakers. The ones that do work, she told us, often have factory jobs like her husband and she knows of one teacher. Teachers need at least an undergraduate degree.

October 29, 2011:

On our second day of visiting centers, we went to a center in East (rather than South) Delhi, which is not a location that Operation ASHA often takes visitors to. The site turned out to be about an hour driving from Operation ASHA's headquarters (though Sandeep thought it could have been much more had we visited on a weekday).

We drove to the site with Ashvini Vyas, Operation ASHA's COO, so that we could talk with him. The Program Manager in charge of East Delhi, Asha Negi, also accompanied us.

We arrived at the center and got out of the car directly across from it. The area seemed similar to the area that the first center was located in (see photo), perhaps not quite as nice. This center was again inside a health care Provider's office/shop and he was there with quite a few clients waiting and being seen by him. The Operation ASHA center was along the side of the waiting area in a small room (almost like a closet), which could only fit two people easily. In the waiting area, there were a few Operation ASHA patients (made clear by the government provided TB patient cards they carry). I (Wendy) noted that the sign at this center accurately described the Provider as such (rather than as a Counselor).

Asha, the Program Manager, showed me (Wendy) the card of one of the patients sitting in the waiting area (a young man). After I returned it to him, a very young man came and took the card and made a note in it. He looked to be working for the Provider in some capacity, as next I saw him give a few tablets to another patient in the waiting area. When I asked to see the card again, it showed the patient as having taken his dose on that day, so I asked if I could check his box. Sure enough, the number of empty strips matched the number of doses his card said he had taken. When I asked why the young man was helping the Counselor, Ashvini (who was translating) wasn't sure, but told me that the man was still waiting in the waiting area on his own accord (not for his TB treatment). Providers are allowed to give patients treatment on the days that the Counselors are not there and it turned out that Operation ASHA had opened this center especially for our visit. This may be why the young man was helping the Operation ASHA patient. This Provider seemed especially busy and this young man seemed to be helping him.

In the meantime, Elie went inside the Operation ASHA area, where he examined some patient cards against their treatment boxes. In one, he compared the two and there was one missing pack. Ashvini asked the Counselor to call the patient. The Counselor called the patient and reported back to Ashvini who translated for us, telling us that this patient was in the continuation phase where patients can keep one strip at home while they take it.

In another, there was some confusion between Elie, Ashvini and the Counselor about how many empty strips should be in the box. After discussing with the Counselor, Ashvini told us that different patients require different numbers of pills based on the category of TB treatment they are on, and this box had the correct number of packs. This was not something we were in a position to independently verify.

We also noted that this center had a small number of total patients, as evidenced by the total number of boxes in the center (16). There was also a patient record on the wall (which we had seen at the other centers as well) that indicated the total number of patients being treated there by type.