



RAPID FORMATIVE ASSESSMENT

on Non-Communicable Diseases

MAHARASHTRA



MAY 2021



BRIEF SUMMARY

BACKGROUND

People to People Health Foundation (PPHF), in partnership with Government of Maharashtra and Sanofi India, has been working on an integrated approach to prevention, early detection, and capacity building on non-communicable diseases (NCDs) in PHC Kinhiraja of Washim district and PHC Karla of Jalna district.

The RFA was conducted by PPHF, in collaboration with GRID Council, with an aim to create contextualized interventions for strengthening the public health system and the delivery of NCD services at the selected PHCs in Washim and Jalna districts of Maharashtra state.

OBJECTIVES OF THE RFA

- To understand the community needs, awareness, behaviours and perceptions on NCDs.
- To explore various factors (on the demand and supply side) affecting the delivery of NCDs.
- To understand the knowledge and capacity of health professionals to help people prevent and manage NCDs.

BACKGROUND

We used an exploratory descriptive design (qualitative study). Table 1 provides sample details.

Table 1: Details of study participants and sample size for the study

Participant	Washim	Jalna	Total
Healthcare Provider	21	18	39
MO Primary Health Centre	02	01	03
MO In-charge District Hospital	01	-	01
Health & Wellness Centre-CHO	03	04	07
ASHA Supervisor	01	-	01
ASHA	11	08	18
Staff Nurse	01	-	01
Outreach ANM	03	05	08
Patient (Client)	07	07	14
Diabetes Mellitus	02 (1M, 1F)	03 (1M, 2F)	05 (2M, 3F)
Hypertension	02 (1M, 1F)	02 (1M, 1F)	04 (2M, 2F)
Tuberculosis with Diabetes	01 (F)	-	01(F)
Hypertension with Diabetes	-	01 (F)	01(F)
Cancer	02 (F)	01 (F)	03 (3 F)
Total	28	25	53

**Patients were from the age group of more than 30 years*

Abbreviations: ANM: Auxiliary Nurse Midwife, ASHA: Accredited Social Health Activist, CHO: Community Health Officer, F: Female; M: Male; MO: Medical Officer.

SUMMARY OF FINDINGS

SYSTEM LEVEL CHALLENGES

- **Disruptions due to COVID-19 pandemic:** Non-essential health services and programmatic outreach activities had to be suspended due to the pandemic, resulting in the disruption of routine screening, camps and OPD services for NCDs.
- **Gaps in logistics and drug supply:** Drug supply was inconsistent and often, inadequate.
- **Existing staff lacked training:** Training on NCD management was deemed to be very basic i.e., it did not lead to the gain and retention of functional skills for counseling and the management of NCDs.

The choice of drugs for NCDs depends on the patient's health and risk profile.

- **Inadequate staffing:** The current practice of having just one ANM per sub-center was reported to be less by the healthcare workers.
- **Inadequate infrastructure:** Lack of basic infrastructural amenities also impeded the performance of the providers.

COMMUNITY LEVEL CHALLENGES

- **Community hesitance:** Community members hesitated to avail screening facilities and the treatment for NCDs from public health facilities. Most patients cited that NCD services were mostly unavailable at the PHCs.
- **Lack of awareness about NCDs in the community:** The community did not have adequate knowledge of the prevention and management of NCDs.
- **Lack of compliance to treatment:** Patients were often reported to neglect screening, follow-ups and advice for referral visits to higher facilities for NCD care. Health care workers reported that patients stopped taking medicine abruptly, and only came back for treatment once they had complications.
- **Mistrust in public health facilities:** Inconsistent provision of services, requirement of multiple visits, a fragmented chain of referral, inconvenient care-seeking experience, and the unavailability of preferred medicines had eroded the community's trust in the public health system.

Lack of immediate treatment at the NCD camps: The NCD camps for population-based screening were mostly intended for screening, monitoring and referral, and did not have the scope for providing treatment. People diagnosed with diabetes and/or hypertension at the camps often demanded onsite treatment and medicines during the screening camps and were dissatisfied with receiving just a referral.

RECOMMENDATIONS

- **Strengthen capacity of Health Care Workers(HCWs) on NCDs:**
 - Design training content that focusses on building skills (clinical and counselling).
 - Prioritise ANMs for the trainings.
 - Conduct regular refresher trainings.
 - Strengthen supportive supervision.
- **Regularize supply and logistics for NCDs:**
 - Ensure timely and adequate procurement and adequate supply.
 - Attune supply to drug preferences.
 - Ensure the supply and maintenance of equipment (e.g., sphygmomanometer, glucometer, etc.) in working condition.
- **Provide logistic support to the PHC:**
 - Improve basic amenities (e.g., building repairs, electricity supply).
 - Provide transport facilities, preferably once a week, to patients referred from the PHC to the DH for elective/ routine NCD care.
- **Expand scope of outreach services:**
 - Expand the mandate of Population Based Screening (PBS) camps: Consider if the camps could also provide treatment services.
- Strengthen counseling services at NCD camps.
- Improve treatment provisioning at sub-centres.
- The community looks forward to having specialist consultation. This could be provided as per feasibility at camps/ PHC (selected days).
- **Evolve approaches to instil trust and confidence:**
 - Standardise care by implementing primary care protocols for common NCDs.
 - Make services demand-driven, client-friendly.
 - Focus on the quality of care at the outreach activities.
 - Bring NCD services under Universal Health Coverage schemes to reduce out-of-pocket expenditure and improve treatment compliance.
 - Engage with community leaders to improve awareness and mobilisation.
 - Make referral and follow-up linkages robust.
 - Improve community-mobilisation for NCD care and adherence.
 - Amplify awareness campaigns for NCDs and services available in the public health system.

CONCLUSION

Services for NCDs at the primary level at PHC Kinhiraja in Washim and PHC Karla in Jalna can be strengthened and hold promise for increased utilisation.

ABOUT PPHF

PPHF is a non-profit organisation that works towards transforming lives for improved health and wellbeing through locally- driven solutions.

PPHF works closely with communities and key actors on sustainable solutions for public health challenges. These include :

- 1) Women, Adolescent and Child health
- 2) Non-Communicable Diseases
- 3) Nutrition
- 4) Infectious diseases- T.B, Malaria, COVID-19
- 5) Environmental Health

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices.

Contributors:

People To People Health Foundation and GRID Council

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