



ASPIRE- A Collaboration to Intensify Actions on  
the Non-communicable diseases (NCDs) Program  
in Telangana

A **Sanofi** and **PPHF** partnership

Annual Report 2021-22



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## Executive Summary

People to People Health Foundation (PPHF), the state government of Telangana, and National Health Mission (NHM) in CSR partnership with Sanofi India are implementing Project ASPIRE in 52 Basti Dawakhana (BDKs) and 2 Urban Primary Healthcare Centers (UPHCs) in Medchal - Malkajgiri district of Telangana to reduce morbidity and mortality due to NCDs. The project is aimed at building the capacity of the healthcare staff and testing the feasibility of community mobilisers at the urban primary healthcare level for its impact on NCD care services.

In the second year, the project worked towards capacity building, achieving screening targets, and fine-tuning the urban community mobiliser model within the state public health system. This was

done under the context of urban health to deliver NCD services and integrate the intervention into the existing program on NCDs, specifically through Basti Dawakhana (BDK) for contributing to Population Based Screening efforts for NCDs. Apart from this, PPHF supported the interventional sites with quality equipment supply towards supporting cardiac Health and BP monitoring. Project ASPIRE reached out to 5,72,463 people in the community with 3,40,894 people above 30 years being screened for hypertension, diabetes, oral cancer, breast cancer, and cervical cancer as shown in Fig 1. Dedicated 68 cervical cancer screening camps were organized reaching out to 686 women in the community who were screened.

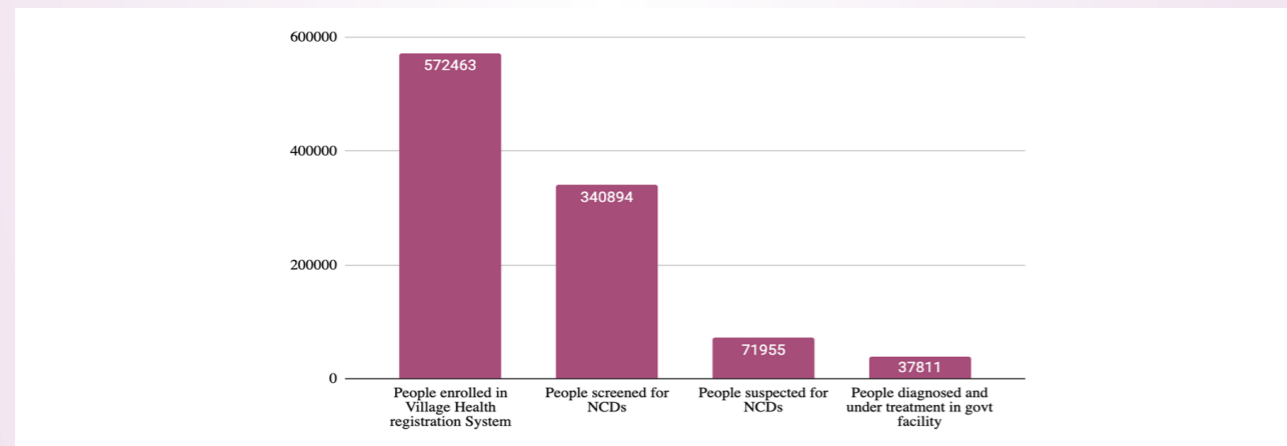


Figure 1. Population reached in year 2 (Jan 2022-Dec 2022) for NCDs, Telangana  
Source: Telangana state NCD portal, 31 Dec 22

### Impact of community mobilisers

The Basti Dawakhana (BDK) initiative was launched by the Greater Hyderabad Municipal Corporation (GHMC) in Telangana in April 2018 with the background of lack of basic government urban health system in Hyderabad slums, resulting in high out-of-pocket

expenditure from the underprivileged population. The BDKs envision strengthening urban primary health care. The initiative is a joint endeavor of GHMC and the Union Government under the Ayushman Bharat program. Each of these Basti Dawakhana has a doctor, ASHA workers, and an auxiliary nurse midwife. It caters to the population in urban slums

and works from 9 am to 5 pm on all days except Sundays. In March 2022, Telangana Chief Minister K Chandrashekhar Rao has announced there should be 350 Basti Dawakhana in Hyderabad. As of November 2022, a total of 263 BDKs are functioning and providing free medical care, and 57 different types of tests apart from distributing free medicines. With 37 more such clinics, the authorities are hopeful of extending these services further. The community mobilisers are

envisioned as part of strengthening the BDKs through health promotion, timely referrals, and active follow-up care and management of NCD cases. A few service delivery indicators (Nov 21 to Dec 22) are compared in Figure 2 in the Medchal-Malkajgiri district before and after the implementation of the community mobilizer model. It shows there is a significant increase in NCD performance indicators in the Medchal-Malkajgiri district.

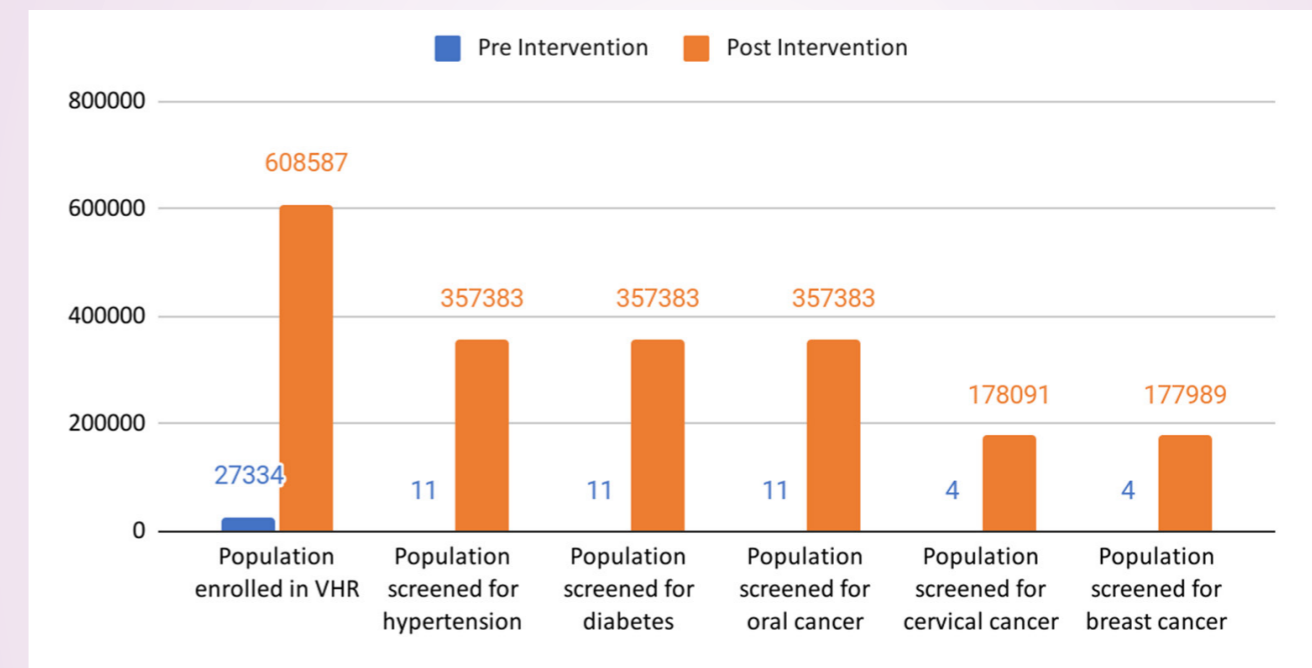


Figure 2- Comparison of Community Mobilizer intervention in Medchal-Malkajgiri district Pre & Post (Pre: Nov 20 to Nov 2021, Post: Nov 2021 to Dec 2022)

### Other Key Achievements:

- ❖ **Upskilling of Health care professionals:** All 60 community mobilisers, 60 Medical officers, 90 Staff nurses, and 200 ANMs have been trained on services as per the latest government guidelines on NCD.
- ❖ **Health care infrastructure strengthening:** 34 BP apparatus and ECG roll refill for the 52 ECG machines were distributed.

- ❖ **Community awareness:** Women's Day and World Diabetes Day celebrated through awareness drives. A total of eight IEC prototypes were created and distributed (Annexures A & B)
- ❖ **The second Technical Advisory Group (TAG) meeting** was conducted on 19th October 2022 virtually with 17 attendees to present progress and receive recommendations for the future. (Annexure C).

## ASPIRE Overview

India is a major contributor to the global burden of non-communicable diseases (NCDs). This constitutes a major public health challenge, impacting both social and economic development. The percentage of deaths caused by non-communicable diseases (NCDs) in India has increased from 37.9% in 1990 to 61.8% in 2016, according to ICMR’s “India: Health of the Nation’s States” report-2017. In Telangana, the proportion of total disease burden from NCDs was recorded at 59.2%<sup>1</sup>. To address this, the People-to-People Health Foundation (PPHF) proposed strengthening the NCD service delivery at the primary health level. PPHF is working on an integrated approach for prevention, early detection, and capacity building for NCD services. As part of its approach and efforts PPHF, with the support of the state government of Telangana, National Health Mission (NHM), and Sanofi India, is working towards strengthening healthcare services like prevention,

health promotion, early detection, and management of NCDs and their risk factors. It is particularly working at the urban primary healthcare level to reduce morbidity and mortality due to NCDs.

### Target beneficiaries:

1. All adults aged 30 years and above
2. Healthcare workers in urban healthcare centers

### Objectives:

1. Capacity building of the UPHC health team to deliver essential NCD services
2. Increased public awareness on NCDs through health education and promotion of critical health issues in the community.
3. Strengthen implementation of NCD population-based screening (PBS) guidelines at the UPHC.
4. Establish linkages between Aarogyasri Insurance schemes for improving treatment adherence

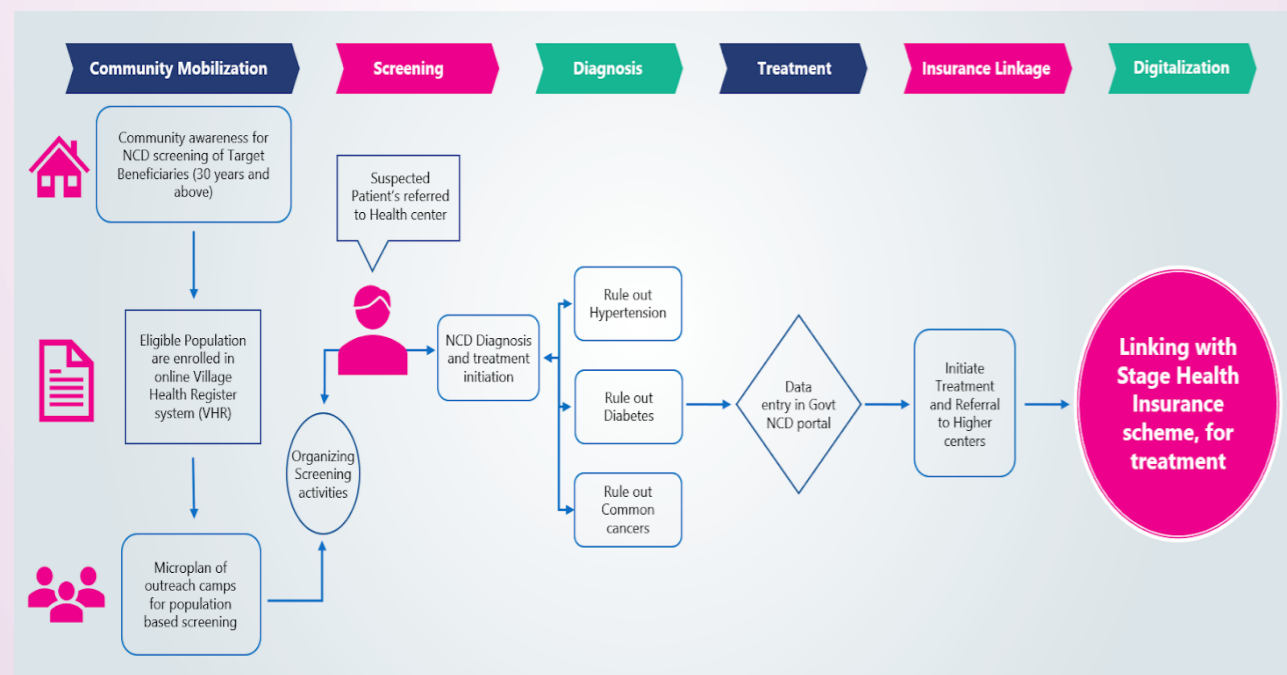


Figure 3: Project at a glance at each intervention site

### Intervention site:

**Project site I:** Two primary healthcare centers (UPHC Kukatpally and UPHC Moosapet)

**Project site II:** 52 Basti Dawakhana of Medchal District

### Strategies:

1. Capacity building at the primary healthcare level
2. Enable community awareness through

a call-to-action drive

3. Advocacy for scaling up services via community mobilisers
4. Creating digitized patient records on referrals and linking the identified cases under Aarogyasri for treatment adherence.
5. Developing IEC material in the local language for display at project sites and for community mobilization.

## Project activities of Year 2

### 1. Upskilling the Health Care Professionals on NCDs:

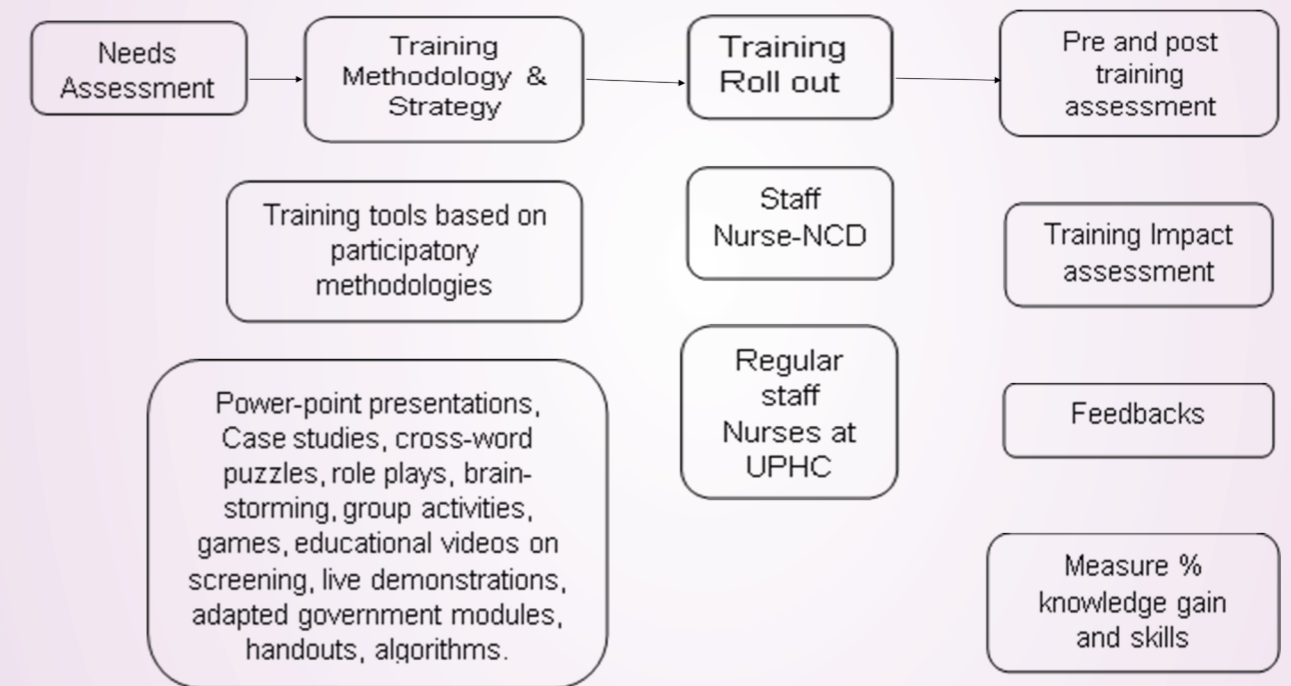


Fig 4- Capacity building framework

### A. NCD Refresher training for Staff Nurses and ANMs:

**Need:** The refresher training was conducted to enhance the skills and capabilities of nurses and ANM’s in Medchal – Malkajiri.

**Specific activity:** On 8th April 2022, a refresher training was organized with the help of the District NCD cell for staff

nurses and Auxiliary Nurse Midwives (ANM). CMHO of Medchal, Dr. Raghunath Reddy (DPO of NCD) was invited as a guest speaker to provide training on NCDs at Malla Reddy Institute of Medical Sciences.

**Process:** A group message was sent to all the participants to notify them about the venue, date, and training time. Initially, we conducted a Pre-Assessment test based

1. Indian Council of Medical Research, Public Health Foundation of India, and Institute for Health Metrics and Evaluation. India: Health of the Nation’s States - The India State-level Disease Burden Initiative. New Delhi, India: ICMR, PPHF, and IHME; 2017.

on which discussion-based training was conducted by Dr. Raghunath Swamy. Dr. Mounika (SPM, PPHF) then addressed questions from the trainees. After the completion of the session, we conducted a post-training assessment.



Image 1 & 2 - NCD Refresher training for Staff Nurses and ANMs

**Outcome:** A total of 36 staff nurses and 200 ANMs attended the session. The pre and post-assessment median scores were 13 and 16 respectively signifying an increase in knowledge and understanding of how to provide quality and deliver NCD service care.



### B. Refresher Training of Community Mobilizers

**Need:** PPHF state team organized a physical meeting to refresh the knowledge of NCDs and upskill the community mobilizers on NCD awareness generation.

**Specific activity:** A refresher training was arranged with 60 community mobilizers including the PPHF state team, Dr. Vijaya from Magna Carta Foundation, and community mobilizers of Medchal – Malkajgiri District at Bharat Nagar community hall on July 26th 2022.

**Process:** A group message was sent to all the participants to notify them about the venue, date, and training time. The

team conducted a pre-assessment test initially. Training on cervical cancer awareness delivery was demonstrated by Dr. Mounika (SPM, PPHF) and Dr. Vishali (MEL Officer-PPHF). Dr. Vijaya and Dr. Mounika addressed the questions from the trainees. A post-training assessment was conducted after the session.

**Outcome:** A total of 60 community mobilizers attended the session. It was observed that there was an increase in their knowledge and understanding. The pre- and post-assessment median scores were 14 and 17, respectively, signifying an increase in the knowledge and understanding of how to provide and deliver care.



Image 3 & 4 - Refresher Training of Community Mobilizers



### C. NCD Refresher training for Staff Nurses:

**Need:** The refresher training was conducted to enhance the skills and capabilities of staff nurses and MOs in Medchal – Malkajgiri.

**Specific activity:** On 25th and 26th August 2022, NCD refresher training was conducted for 90 staff nurses at UPHC Balanagar & UPHC Uppal, respectively in two batches of 45 each. After the pre-training assessment, Dr. Mounika (SPM, PPHF) delivered a talk on the importance of early NCD screening, especially for cancers, and the latest government guidelines on NCD. Following this, Dr. Vishali (MEL, PPHF) demonstrated the visual examination method for identifying oral cancer signs with the help of one of the Staff Nurses who volunteered for a

patient role play. After the session, a post-training assessment was done.

**Process:** A group message was sent to all the participants to notify them about the venue, date, and training time. Initially, we conducted a pre-assessment test based on discussion-based training conducted by Dr. Raghunath Swamy. Dr. Mounika (State Program Manager, PPHF) then addressed questions from the trainees. After completion of the session, a post-training assessment was conducted.

**Outcome:** A total of 90 staff nurses attended the session in two batches of 45 each over the period of two days consequently. The pre- and post-assessment median scores were 11 and 14 signifying an increase in knowledge and understanding of delivering quality care related to NCDs.



Image 5 & 6 - NCD Refresher training for Staff Nurses



### D. NCD Refresher training for Medical Officers

**Need:** Refresher Training is to update and improve the knowledge and skills on non-communicable diseases (prevention, screening, diagnosis, referral and treatment).

**Specific activity:** On 8th September 2022 NCD refresher training was conducted for medical officers at UPHC Uppal. Medical officers were trained on Cervical, Breast, and overall cancers and NCD screening.

**Process:** The refresher training was

organized with the help of the District NCD cell for medical officers. Dr. Swarnalatha, a gynecologist gave training on Breast and Cervical cancer screening. CMHO of Medchal and Dr. Raghunath Reddy (DPO of NCD) was invited as a guest speaker to provide training on NCDs at UPHC Uppal.

**Outcome:** A total of 60 medical officers attended the session. The pre and post-assessment median scores were 12 and 15 respectively, signifying an increase in knowledge and understanding of delivering NCD-related quality care.



Image 7 & 8 - NCD Refresher training for Medical Officers

## 2. NCD Screening Activities:

### a) Village Health Registration (VHR)

#### Number:

**Need:** Village health registration is like the family folder of population-based screening. This is required to register the population under each BDKs service area. The family members aged 30 and above are then mobilized to get screened for NCDs at the nearest BDK.

**Specific activity:** Digitizing patient records with house surveys state-specific ADP (ASHA Disease Profile) which is similar to the CBAC form and Family folders under NPCDCS.

**Process:** At each intervention site, the community mobilizer/volunteer conducted a survey through house-to-house visits and recorded household information in the first half of the day. This also included recording Aadhar details and the contact information of the members who are older than 30 years. The mobilizer also engaged in a positive dialogue to encourage the target beneficiaries to visit the Basti Dawakhana (intervention site) and get screened for the NCDs under population-based screening. Post-lunch, the volunteer would enter this gathered information in the database supported by the NCD state portal. This stored data in the database ensured that community members migrating to another place in Telangana while undergoing

treatment at the Basti Dawakhana, could still visit the nearest PHC by providing their Aadhar details or contact details to pull out the relevant health information and continue their treatment. This process also minimizes the risk of duplication of services at the population level..

**Impact:** Till the end of 2022, a total of 5,72,463 population has been enrolled in VHR.

### b) Supporting Population-based screening (PBS):

**Need:** To reduce the mortality of NCDs, the government has initiated Population Based Screening for early detection and treatment of the five targeted NCDs. For this to be successful, the community mobilizers who act as ASHAs in a regular system must mobilize the beneficiaries and follow up with them to ensure that they are seeking appropriate treatment.

**Specific activity:** The PPHF Community mobilizer in each facility supports the NCD staff nurse in educating, mobilizing, and streamlining the screening activities and providing support in digital entries of the NCD data in the State NCD application.

**Outcome:** A total of 3,40,894 individuals aged 30 and above were screened in 54 interventional sites. Indicator-wise details of NPCDCS-related activities are tabulated below. Data from January 1st, 2022, to December 31st 2022, was collected from Telangana State NCD Portal.

Table No. 1 Population Screened in the year 2 (Jan 2022 - Dec 2022)

NCDs	Number of people screened	Number of people suspected and referred to PHC	Number of people diagnosed and under treatment in govt facility
Diabetes	340894	26413	14392
Hypertension	340894	43489	23382
Breast cancer	144738	1119	9
Cervical cancer	144338	312	14
Oral cancer	340894	1411	24

Source-Telangana State NCD Portal

### B. Outreach NCD Camps

**Need:** To increase the screening and to reach the NCD targets, the State NCD cell-initiated outreach screening camps for hard-to-reach areas of urban slums.

**Specific activity:** The District NCD Cell, with the help of PPHF and Magna Carta Foundation organized two outreach camps on Tuesday and Thursday of every week at BDKs and two UPHCs at Medchal-Malkajgiri. The team of the outreach camp includes a medical officer, NCD staff and a community mobilizer (PPHF).

**Process:** A Day prior to the outreach camp, all community mobilizers conducted house-to-house visits and informed them about the nearby camp site and

services provided. On the day of the camp, mobilizers collected information of patients recording their age, sex and Aadhaar numbers to upload in the Village Health registry (VHR). The blood pressure and blood glucose levels were monitored by the NCD staff nurse. If a patient was suspected to have any NCD, then the diagnosis, treatment, and referral (if needed) were managed by the medical officers. The screening data was entered in a state NCD portal by community mobilizers and the NCD staff nurse.

**Outcome:** A total of 462 outreach camps were conducted in year 2. The screening numbers and data were entered in Telangana State NCD portal.





Image 9 & 16 - VHR, Screening & outreach camps

### C. Cervical Cancer awareness cum screening camps

**Need:** Cervical cancer awareness cum screening camps were conducted in urban slums and hard-to-reach areas to increase awareness about cervical cancer, its screening, and importance.

**Specific activity:** The District NCD Cell, with the help of PPHF and Magna Carta Foundation, organized Cervical Cancer Screening camps across BDKs and UPHCs at Medchal-Malkajgiri. The team of the Cervical Cancer Screening camp included a medical officer, NCD staff and a community mobilizer (PPHF).

**Process:** A Day prior to the outreach camp, all community mobilizers conducted house-to-house visits and informed the women of the community about the Cervical Cancer Screening camp at nearest BDKs and UPHCs and

services provided. On the day of the camp, mobilizers collected information of women recording their age and Aadhaar numbers to upload in the Village Health registry (VHR). The screening for Cervical Cancer by VIA (Visual Inspection with Acetic Acid) method was performed by trained staff nurses and/or Lady Medical Officers. Suspected women were referred to higher centers for diagnosis by the medical officers. The screening data was entered in a state NCD portal by community mobilizers and the NCD staff nurse.

**Outcome:** A total of 68 Cervical Cancer Screening camps were conducted in which a total of 3420 women received awareness and education of cervical cancer out of which 686 (consenting) women were screened for cervical cancer and 22 were referred to Mahatma Gandhi cancer institute, Hyderabad for diagnosis.



Image 17 & 18 -Cervical cancer screening camps.

### 3. Community mobilization and awareness

#### A. Special Awareness cum Screening Camps:

**Need:** To engage community, establish good rapport with community members and create awareness about NCD related service delivery at nearby Basti Dawakhana.

**Specific activity:** The PPHF state team works with local partner Magna Carta

Foundation and NCD Telangana Nodal Cell to identify opportunities to increase the screening in Basti Dawakhana'. These Special camps are typically organized to positively engage with the community, create awareness about NCDs and enroll the beneficiary for treatment, if needed. An outreach camp was conducted on 10th of March 2022 at Ramanthapur.

**Process:** Prior to each event, the community mobilizers conducted door-to-door visits to inform people about the





#### 4. Technical Advisory Group (TAG) meeting:

On October 19, 2022, the second Technical Advisory Group meeting was held virtually for Project ASPIRE. Dr. Mounika Pydipalli, State Program Manager, presented ASPIRE status updates to the TAG members and received feedback.

**Need:** The TAG council is set up to provide technical assistance and expert advice required to make modifications in the ASPIRE Project. Agenda attached in Annexure A at the end of the report.

**Process:** This meeting was moderated by Dr. Sona Deshmukh, Senior Technical Advisor, PPHF who welcomed all the members and requested for self-introduction by the members. After self-introduction by the TAG members, Dr. Palo, CEO of PPHF, gave the attendees a brief overview of PPHF and shared the agenda of the second TAG meeting as to discuss learning from the field and gaining guidance from the members to improve the implementation part. Apart from this, discussing how a dedicated community mobilizer as a subset of the whole ASPIRE program can help to improve NCD related service delivery in urban areas was another major purpose of the second TAG meeting. Followed by Dr. Palo's brief on PPHF, Dr. Mounika Pydipalli presented the project updates from Telangana. After talking about Vision, Mission, and work of PPHF, she presented the aim of project ASPIRE in Telangana is to provide healthcare to the urban poor with the same four broad objectives. At the end, conclusion and vote of thanks were delivered by Dr. Sona. She thanked all the esteemed members for their valuable suggestions.

**Outcome:** Summary of recommendations and suggestions by TAG members.

1. Capture and calculate the exact impact of introduction of community mobiliser approach by comparing intervention and control areas.
2. To explore and include tracking mechanisms for confirming patients to assess the treatment adherence, improvement in NCD status and adoption to lifestyle changes.
3. Calculating the Prevalence (Screening, Disease, treatment) of Hypertension, Diabetes separately for rural and urban Health care settings
4. Focus on the Common cancer training and screening activities
5. Deliver evidence based sustainable IEC-BCC interventions in a cascading manner, e.g., strategy to include and stress one behavior change every 3 months for 18 months, rather than one-time general counseling
6. Forming patient to patient support groups and engaging them actively for community mobilization and patient behavior change.
7. Engage the community leaders and NCD ambassadors to intensify prevention and control of NCDs through role model /positive deviance approach.
8. Capture and widely disseminate the Patient stories as a crucial method of spreading awareness for prevention and control NCDs.

### Field Testimonials

“ My name is Madhavi, I am 45 years old. I live in Anjaiah Nagar area. My husband had a long-standing painful lesion in his mouth. We did not know what caused it. After a few days, volunteers came for a door-to-door survey. They examined my husband's mouth and suggested we consult doctors at Basti Dawakhana. We went to Basti Dawakhana where they referred us to a bigger hospital. There we got to know that my husband was suffering from oral cancer. My husband has surgery there and now we are taking regular treatment there for my husband. We are getting regular medicines from Basti Dawakhana ”

Mr. Madhavi, 45 years old  
 Occupation: Homemaker  
 Intervention site: Hasmathpet BDK  
 Translated by Dr. Vishali from Telugu to English

“ Community mobilizers and quality equipment provided by PPHF helped us to reach & deliver NCD related free services at household level. Portable ECG machines helped in early diagnosis of cardiac issues and to save critical time by quick referrals. I am thankful to PPHF for their support ”

Dr. M. Bhavana  
 Medical Officer  
 Marriguda Basti Dawakhana

“ I am T Raghavelu. I recently completed 80 years of age. I have been living in Valluvar Nagar for a few years now. I was told about this Basti Dawakhana by the volunteers. Now, I take medication for my knee pain from this BDK as it is nearby, and the doctors also give me regular advice to take care of my health. The doctor and other staff listen to me patiently and medicines are also provided free of cost. This whole area’s residents are benefiting from this Basti Dawakhana.

Mr. T Raghavelu, 80 years old  
 Occupation: Self employed  
 Intervention site: Valluvar Nagar BDK  
 Translated by Dr. Vishali from Telugu to English ”

“ My name is Narasimha, a resident of Marriguda. I am a retired iron factory worker. I am a diabetes patient. I have been taking my treatment and getting check-ups done from a distant govt hospital. My son lives far away due to his job, so we faced many difficulties, particularly during COVID. Now that the Basti Dawakhana has opened near us, I am able to get free treatment easily. I am thankful to the PPHF volunteer for regularly visiting me to monitor my health. If sometimes I am unable to get medicines, she provides me medicines from the center prescribed by the Doctor. ”

Mr. Narasimha, 66 years old  
 Occupation: Retired iron factory worker  
 Intervention site: Marriguda BDK Mallapur  
 Translated by Dr. Vishali from Telugu to English ”

## Achievements

- **Urban frontline Healthcare worker model:** Implemented frontline worker model for Urban health commitments focused on NCD services which catalyzed timely completion of screening target and provision of quality health services in time.
- **Breaking the ice on Cervical Cancer screening:** Through rigorous cervical cancer awareness camps which the mobilizers facilitated, they were able to motivate women to overcome their reluctance and get screened for cervical cancer. In well-equipped centers we were able to screen 686 and refer 22 women suspected of CA cervix. The trend is promising and will definitely improve NCD service delivery through dedicated Community Mobilizers.
- **Digitization of Records:** Screening data was successfully digitized in state HMIS.
- **Increased Community Awareness:** Creating awareness in the community, bringing the people close to services, and bridging the gaps in supplies and coordination with the district authorities and community is critical for NCD related service delivery.
- **Effective Micro planning:** Role clarity for screening activities with clear definitions of the roles and responsibilities of the Community Health Workers/ Medical Officers/ Nurses (micro-planning) were insured in achieving the target.
- **Effective IEC:** A comprehensive package of training manuals, job-aids and Information-Education- Communication (IEC) materials to support the implementers, planners, trainers and health workers was placed.



## Learnings and Challenges

### Challenges

### Learnings

**Human Resource constraint:** Temporary withdrawal of NCD staff Nurse post and halt of outreach screening camps from centers by the state government.

Around the end of October 2022, the state government made the decision to temporarily withdraw the post of NCD staff nurse and halted the weekly NCD Outreach camps. Although this affected the pace of screening, the community mobilizers continued to work under the guidance of medical officers and succeeded in covering their targets by utilizing the opportunity during other health events like vaccination drives, MCH camps etc. to screen attendees aged 30 and above. Under MOs guidance the community mobilizers continued to arrange cervical cancer awareness cum screening sessions at well-equipped centers.

**Digitization challenge:** Community mobilizers finding it hard to update entries in Epicollect 5 app used by PPHF to gather secondary data.

Despite continuous guidance and efforts to raise digital literacy and motivate the community mobilizers to use Epicollect5 for collection of secondary data, it was observed that the agility and enthusiasm to update data in this software was critically low among the community mobilizers. This could have been mainly due to heavy workload and engagement with digitizing data in state NCD portal HMIS under the guidance of center staff apart from door-to-door community mobilization.

**Barriers for Cervical cancer screening:** Because of the stigma associated with cervical cancer, women often ignore or underplay their own signs and symptoms. Another important issue is their insufficient or complete ignorance of the risk factors, symptoms, and indicators associated with CA Cervix.

At BDks and PHCs, frequent awareness events and targeted Screening camps are organized to address this. These educational events increased their understanding on the one hand, and on the other, the counseling offered by the PPHF community mobilizers, and the female health personnel of the health centers encouraged them to get examined at the closest facility. The PPHF team worked to make sure that facilities have trained Staff Nurses, ANMs and Lady Medical Doctors, as well as enough equipment before arranging camps. More women opted for screenings because of the privacy that was maintained. The anonymity that was maintained throughout screening encouraged more women to participate. Women's awareness has increased, and more suspicious cases are being reported to higher centers.

**Cardiovascular health:** Some centers giving less priority to do frequent ECGs

We have placed a focus on routine ECG checks of high-risk patients in locations where service delivery priorities may differ regarding NCDs, specifically linked to cardiac care, in order to save critical time crucial to the survival of cardiac patients. Additionally, regular consumables refilling is made sure for continuum of cardiac care services. A total of 79 ECG were taken in Basti Dawakhana and 12 people were referred to higher facilities for cardiologist consultation.

**Population based screening:** Households are spread out in hard-to-reach and industrial regions, making it more difficult to conduct door-to-door surveys there, which is necessary to achieve the intended goal of community mobilization.

In order to better spread the effort, we reallocated and posted additional community mobilizers by transferring from close-by, easy-to-cover locations.

### Plan for next year

- Continuum of care approach model in year 3 of the project will focus on capacity-building (Training-of-Trainers)
- It will work on strengthening the appropriate and timely referral mechanism for treatment and management of common NCDs especially cancer.
- Scientific evaluation of Community mobiliser model and testing the suitability for scaling up in urban context.
- Scientific evaluation of bottlenecks in cervical cancer screening to effectively implement the cancer screening drive in the community.

### Conclusion

The health system and population health indices will remain vulnerable without a planned intervention with widespread coverage for NCDs. With partner support in metropolitan areas and the involvement of community mobilizers, population-based screening for NCDs was a remarkable achievement where 100 % target was completed. The impact of extra human resources in urban community can be seen as there is a 76% increase in screening data in State HMIS portal as achieved in Medchal-Malkajgiri District. In addition to halting the disease in its early stages and addressing the stigma around

breast and cervical cancer, this can help delay the onset of NCDs. This will improve disease prognosis, treatment compliance, and disease reversal, as well as perhaps reduce catastrophic out-of-pocket costs while providing a continuum of care.

PPHF, with support from Sanofi and in conjunction with the state government, will continue working to strengthen supporting NCD service delivery among the urban poor in Hyderabad, capturing a total of 52 Basti Dawakhana and 2 UPHCs, building on the lessons learned during Year 2 of the programme.

### Annexure A - Diabetes Diet Chart

డయాబెటిక్ ఫుడ్ చార్ట్		
P సమయం	భోజనం రకం	ఆహార పదార్థములు
7:30 AM (ఉదయం)	టీ	చక్కెర లేని ఒక కప్పు టీ
8-9:00 AM (ఉదయం)	అల్పాహారం	2 చపాతి(లేదా) - 2 ఇడ్లీ (లేదా) - 1 దోస
12:30 PM (మధ్యాహ్నం)	మదాయనంభోజనం	1 కప్పు అన్నం - ½ కప్పు చ్చలికూరకూర - 1 కప్పు రాజ్జా (లేదా) పప్పు - ¼ కప్పు ల్పిన/వేయించిన చేప/కోడిలేదా 1 ఉడికించిన గుడ్డు చికెన్ - వారానికి ఒకసారి మటన్ - నెలకు ఒకసారి చేపలు - వారానికి ఒకసారి గుడ్డు - వారానికి రెండుసార్లు
4:00 PM (సాయంత్రం)	మధ్యాహ్నం సాక్వి	చక్కెర లేని ఒక కప్పు టీ 1/4 కప్పు డ్రైఫ్రూట్స్ (లేదా) 2 బిస్కెట్లు 1 కప్పు పండ్లు
8:00 PM (రాత్రి)	రాత్రి భోజనం	నెయ్యి లేకుండా 2 రోటీలు మరియు ½ కప్పు సెనగలు కూర(లేదా) 1 కప్పు కూర(శాకాహారం)
9:30 PM (రాత్రి)	అల్పాహారం	చక్కెర లేని 1 తాజా పండు రసం(లేదా) ఉప్పు లేకుండా 1 గ్లాసు మజ్జిగ

### సిఫార్సు చేయబడిన పండ్లు మరియు కూరగాయలు

పండ్లు	కూరగాయలు
<p><b>తినవలసినవి</b></p> <ul style="list-style-type: none"> <li>ఆపిల్ (రోజూకు సగం ఆపిల్)</li> <li>దొరక్క (10-20/రోజూ)</li> <li>నిమ్మకాయ (1-2)</li> <li>పైనాపిల్ (2-3 ముక్కలు)</li> <li>ఆల్ఫి (1)</li> </ul>	<ul style="list-style-type: none"> <li>టమోటా</li> <li>దోసకాయ</li> <li>క్యాబేజీ</li> <li>కారెట్</li> <li>క్యాప్సికమ్ మరియు</li> <li>ఆకుపచ్చ ఆకు కూరలు</li> </ul>
<p><b>తినకూడనివి</b></p> <ul style="list-style-type: none"> <li>మామిడి</li> <li>చక్కెరతో పండ్ల రసం</li> <li>ప్యాక్ చేసిన రసాలు</li> <li>పుచ్చకాయ</li> </ul>	<ul style="list-style-type: none"> <li>నూనెలు</li> <li>సోడా</li> <li>ఊరగాయలు మరియు పులియబెట్టినవి</li> <li>దాక్షిణ్య</li> <li>బంగాళదుంప మరియు చిలగడదుంప</li> </ul>

Annexure - 1

## Annexure B - CA Cervix IEC

**PPHF**  
PEOPLE TO PEOPLE HEALTH FOUNDATION

**sanofi**

### Let's Talk about CERVICAL CANCER

Cervical cancer is the cancer of the opening of the uterus called cervix. The cervix connects the vagina and the uterus. It affects women who are aged 30 years and above

One in every eight women dies due to cervical cancer in India

#### WHAT ARE THE CAUSES?

- Smoking & Alcoholism
- Multiple Pregnancies
- Human Papilloma Virus Infection
- Family History

#### SYMPTOMS YOU HAVE TO KNOW!

- ⇒ Unusual vaginal bleeding
- ⇒ Pain or discomfort during sex
- ⇒ Changes in vaginal Discharge
- ⇒ Pain in your lower back or pelvis

#### IS IT PREVENTABLE?

75% of Cervical cancer can be prevented by Screening  
The earlier cervical cancer is found, the easier it is to treat.  
Don't delay, go and talk to your community mobilizer and get screened in local Basti Dhawakhana's.

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## Annexure C - TAG meeting agenda

**PPHF**  
PEOPLE TO PEOPLE HEALTH FOUNDATION

### Project ASPIRE

Collaboration to Intensify Actions on Non-Communicable Diseases (NCDs) Program

#### Technical Advisory Group (TAG) Meeting

#### Agenda

October 19<sup>th</sup>, 2022 | 3:00 pm - 04:30 pm

3:00 pm – 3:20 pm	Introduction of TAG Members
3:20 pm – 3:30 pm	Welcome address and Introduction to PPHF by Dr. Laxmikant Palo, Chief Executive Officer, PPHF and Convener of the TAG
3:30 pm – 3:50 pm	ASPIRE Telangana Overview, Strategies, Key learning/ findings, and updates by Dr. Mounika Pydipalli and team members
3:50 pm – 4:10 pm	Suggestions and Recommendations from TAG members
4:10 pm – 4:30 pm	Concluding remarks by Dr. Sona Deshmukh Senior Technical Advisor, PPHF
4:30 pm	Vote of Thanks

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## About People to People Health Foundation (PPHF)

We are a global health non-profit organization working towards transforming lives for improved health and wellbeing through locally-driven solutions. We have worked in more than 20 states of India with an aim to build the skills of health care providers, strengthen management capacity and help create sustainable systems to improve access to quality health services.

We work closely with communities and key actors on sustainable solutions for public health challenges:

- 1) Non-Communicable Diseases
- 2) Women, Adolescent and Child health
- 3) Nutrition
- 4) Infectious diseases
- 5) Environmental Health
- 6) Emergency Health and Disaster Response

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. Drawing on our experiences and recognizing the unique needs of each region in India, We work in partnership with key stakeholders to design and deliver targeted responses.

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### Contributor

People To People Health Foundation

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### Contact us

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