Project ASPIRE
Telangana

Fourth Quarter Report | October-December 2022

Project ASPIRE:
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October – December 2022

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Project 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. According to the ICMR report 2017 , the percentage of deaths caused by NCDs in India increased from 37.9% in 1990 to 61.8% in 2016. In Telangana, NCDs were recorded at 59.2% of the total disease burden(1). To address this, People to People Health Foundation (PPHF) proposes to strengthen the NCD service delivery at the primary health level. PPHF is working on an integrated approach for prevention, early detection, and capacity building for tackling NCDs. PPHF, with the support of the Telangana state government, National Health Mission (NHM), and Sanofi India, came together to work towards strengthening of healthcare services like prevention, health promotion, early detection, and management of NCDs and their risk factors. It will particularly work at the urban primary healthcare level to reduce morbidity and mortality due to NCDs.

Target beneficiaries:

- ✧ All adults aged 30 years and above.
- ✧ Health care workers in urban health care centers.

Objectives:

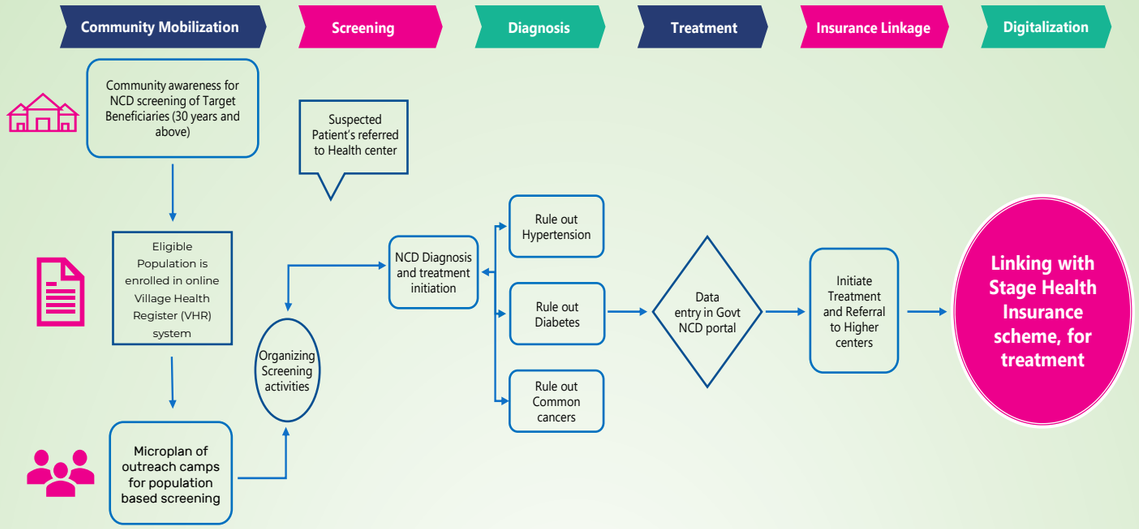
- ✧ Build the capacity of the Urban Primary Health Center (UPHC) health teams to deliver essential NCD service.
- ✧ Increase public awareness of NCDs through health education and promotion related to critical health issues in the community.
- ✧ Strengthen the implementation of NCD Population-Based Screening (PBS) guidelines at the UPHC.
- ✧ Establish linkages between Aarogyasri Insurance schemes for improving treatment adherence.

Intervention sites:

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

Project site II: 52 Basti Dawakhanas (BDKs) of Medchal District

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, PHFi, and IHME; 2017.



PPHF Non Communicable Disease Program Implementation Flow

Figure 1: Program intervention plan at the intervention site

Key Highlights:

- ✧ Enrollment of 48,095 people in the Village health registry
- ✧ A total of 25,342 were screened with 14,473 women undergoing breast and cervical cancer screening
- ✧ 174 outreach camps conducted including 46 cervical cancer screening camps at Medchal-Malkajgiri
- ✧ Celebrated World Diabetes Day on 14th November 2022
- ✧ The Technical Advisory Group meeting held on October 19th, 2022 virtually (Annexure A)
- ✧ Designed and distributed IEC material on CA cervix awareness (Annexure B)

Population Screened in the Fourth Quarter

NCD	Number of people screened	Number of people suspected and referred to PHC	Number of people diagnosed and under treatment in govt facility
Diabetes	25342	17339	5032
Hypertension	25342	15933	5071
Breast cancer	14473	765	13
Cervical cancer	14473	215	7
Oral cancer	25342	1073	17

(Source: State NCD portal from October 1st, 2022 till December 31st, 2022)

Major activities during Q4 (October-December 2022)

1. Screening Activity

a. Village Health Registration (VHR)

Need: The purpose of a Village Health Register is to make a permanent patient database of all residents who are residing in the catchment area and establish a linkage between insurance (Aarogyasri) and individuals for improving treatment adherence. Project ASPIRE aims to strengthen this provision.

Specific activity: Digitizing patient records through house-to-house surveys.

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 activity included recording Aadhaar details, and the contact information of the members aged above 30 years. The mobilizer also engaged in a positive dialogue encouraging the target beneficiaries to visit the Basti Dawakhana (intervention site) and get screened for NCDs under population-based screening. Post lunch, the volunteer entered this information in the database supported by the NCD state portal. This collected 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 Aadhaar 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.

Outcome: 5,72,463 people have been enrolled in VHR till the end of the fourth quarter of 2022.

b. Community awareness call to action drive for screening

Need: To reduce the mortality due to NCDs, the government has initiated Population Based Screening (PBS) for early detection and treatment of the five targeted NCDs. For this to be successful, the community mobilizers 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 supported 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 25,342 individuals aged 30 and above were screened in 54 interventional sites.

c. Outreach Camps

Need: To increase the screening and to reach the 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 every Tuesday and Thursday at BDKs and two UPHCs at Medchal-Malkajgiri. The team of 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 surveys and informed them about the nearby campsite and services provided. On the day of the camp, mobilizers collected information about patients recording their age, sex, and Aadhaar numbers to upload into 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 into a state NCD portal by community mobilizers and the NCD staff nurse.

Outcome: A total of 174 outreach camps were conducted in this quarter. The screening numbers and data were entered into the Telangana State NCD portal.







Community Mobilization and Outreach camps at Moosapet, Anjaiah Nagar, Ramanathapuram, Venkatreddy Nagar & Mallapur BDKs

World Diabetes Day Observed

Need: On November 14th, 2022, World Diabetes Day was observed by organizing an awareness-cum-screening camp at Errakunta Nacharam BDK.

Specific activity: The District NCD Cell, with the help of PPHF and Magna Carta Foundation, organized the World Diabetes Day Screening camp at Errakunta Nacharam BDK on the 14th of November 2022. The team on World Diabetes Day Screening camp included a medical officer, a staff nurse, and community mobilizers from nearby BDKs (PPHF). Dr. Raghuram Swamy, DPO Medchal-Malkajgiri district, and Dr. Mounika, PPHF ASPIRE Telangana delivered a talk on the growing threat of NCDs and the criticality of screening all community members aged 30 years and above. Dr. Vijaya Bhavani from Magna Carta Foundation talked about the role of community mobilizers in bridging the gap between government service delivery and beneficiaries availing of NCD-related care at their nearest BDKs. Apart from this, IEC material on diabetes and Diabetic Food Chart handouts were distributed among camp attendees. Some of the community members shared their experiences of interaction with the community mobilizers and how they benefited.

Process: A day prior to the outreach camp, all community mobilizers conducted house-to-house surveys and informed the community members about the World Diabetes Day screening camp at Errakunta Nacharam BDK. On the day of the camp, mobilizers collected information from the attendees including their age and Aadhaar numbers to upload into the Village Health Registry (VHR). The screening for diabetes was performed by the BDK Medical Officers. The screening data was entered into a state NCD portal by community mobilizers.

Outcome: A total of 411 individuals were delivered health education and provided with Diabetic Food Charts to assist them in keeping a check on their dietary sugar intake. (Annexure C).


ఘనంగా వరల్డ్ డయాబెటిస్ క్యాంప్

హైదరాబాద్, జీవన్ గార్డ్ (వెంకట శ్రీ):
ప్రపంచ డయాబెటిస్ దినోత్సవం సందర్భంగా
హైదరాబాద్ నాచారం ఎర్రగుంట కమ్యూనిటీ హాల్
కాల్రా ఫౌండేషన్, పీపుల్ టు పీపుల్ హెల్త్ ఆర్గనైజే
షన్ ఆధ్వర్యంలో ఉచితంగా డయాబెటిస్ స్క్రీనింగ్
చేస్తున్నామని అన్నారు. నాచారంలో 300 మంది

World Diabetes Day observed at Errakunta Nacharam BDK

Cervical Cancer Screening Camps

Need: To initiate cervical cancer screening and spread awareness in urban slums and hard-to-reach areas.

Specific activity: The District NCD Cell, with the help of PPHF and Magna Carta Foundation, organized 46 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 surveys and informed the women about the Cervical Cancer Screening camp at the nearest BDKs and UPHCs and the services provided. On the day of the camp, mobilizers collected information on women including 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 into a state NCD portal by community mobilizers and the NCD staff nurse.

Outcome: A total of 46 Cervical Cancer Screening camps were conducted in this quarter in which 2,750 women received health education. 326 women were screened for cervical cancer and 9 women were referred to Mahatma Gandhi Cancer Institute, Hyderabad.

Cervical Cancer Screening & awareness sessions in camps organized at Qutubullapur, Rajeevnagar, Errakunta Nacharam, Parvathnagar, Yellammabanda, Cherlapally, L N Colony, Shubashnagar, Gajularamaram & Shahpur Nagar BDKs

Technical Advisory Group (TAG) Meeting

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

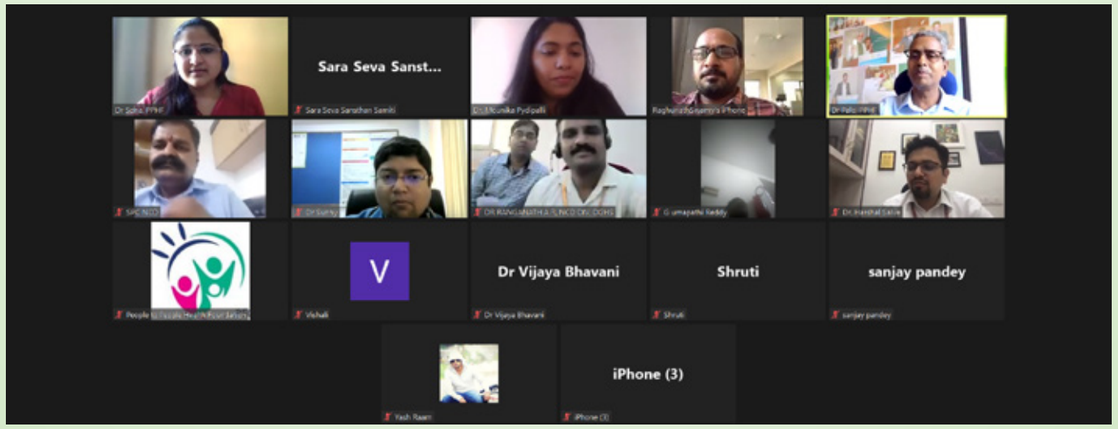
Need: The TAG council is set up to provide technical assistance and expert advice required to make modifications to the Project ASPIRE. Agenda present in Annexure A at the end of the report.

Process: This meeting was moderated by Dr. Sona Deshmukh, Senior Technical Advisor, PPHF who welcomed all the members and requested self-introduction by the members. After self-introduction by the TAG members, Dr. Laxmikant Palo, CEO of PPHF, gave the attendees a brief overview of PPHF and shared the agenda of the second TAG meeting 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 is 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 the Vision, Mission, and work of PPHF, she presented the aim of Project ASPIRE in Telangana, which was to provide healthcare to the urban poor with the same four broad objectives. In the end, the 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 the introduction of the community mobilizer approach by comparing intervention and control areas.
2. To explore and include tracking mechanisms for confirming patients to assess treatment adherence, improvement in NCD status, and adoption of lifestyle changes.
3. Calculating the Prevalence (Screening, Diagnosis, and Treatment) of Hypertension, Diabetes separately for rural and urban Health care settings.
4. Focus on the Common cancer screening 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 the prevention and control of NCDs through a role model /positive deviance approach.
8. Capture and widely disseminate Patient stories as a crucial method of spreading awareness for the prevention and control of NCDs.



Testimonials from the field

"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 Dawakhnana 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

"Few years back I was diagnosed with hypertension at a private hospital. I was taking my treatment there until one day Srilatha madam (PPHF community mobilizer) visited my home and told us about nearby Basti Dawakhana and free services under the government of Telangana. I have been taking free medicines from this BDK and now my BP is in normal range as told by the doctor here."

Mrs. Lata (Name changed), 50 years old
Occupation: Homemaker (Husband is a pvt. employee)
Intervention site: Chilkanagar BDK Uppal
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)

Learnings and Challenges

Challenges	How we address challenges and our learnings
Reduced focus on cardiac health and & check-ups	In some areas where service delivery priorities may differ regarding NCDs, particularly related to Cardiac Care, we have emphasized regular check-ups of high-risk patients through ECG so that the crucial time detrimental to the survival of cardiac patients can be saved. Regular replenishment of the consumables is also ensured for the continuum of cardiac care services at the BDKs.
NCD screening in hard-to-reach and industrial areas	Population enumeration in hard-to-reach and industrial areas has consistently been a challenge where households are located far away from each other, and door-to-door survey demands higher efforts to reach the desired target of community mobilization. To tackle this, we redistributed and posted extra community mobilizers by transferring from nearby easy-to-cover areas so that the workload can be better distributed.
Inadequate awareness and participation in cervical cancer (CA Cervix) screening	Due to the stigma attached to cervical cancer, women tend to ignore or downplay their signs and symptoms when they notice it in themselves. Another major reason is attributed to their inadequate or total lack of awareness about risk factors, signs, and symptoms of CA Cervix. To address this, regular awareness sessions and specific screening camps are arranged at BDKs and PHCs. These awareness sessions added to knowledge at one end, and at another end, counseling provided by the PPHF community mobilizers and female health center staff motivated them to get screened at their nearest center. PPHF worked to ensure that centers are well-equipped and have trained Staff Nurses, ANMs, and Lady Medical Doctors. The conduction of screening with well-maintained privacy encouraged more women to take up screening. A rise has been observed in awareness among women and referrals of suspected cases at higher centers.

Plan for the next quarter

- Scientific evaluation of the Community mobilizer model and testing the suitability for scaling up in the urban context.
- Scientific evaluation of bottlenecks in cervical cancer screening to effectively implement the cancer screening drive in the community.
- Develop implementation guidelines to operationalize and scale the government’s urban NCD program, adopting evidence-based lessons from ASPIRE Hyderabad.
- Continuum of care approach model in the third year of the project will focus on strengthening the appropriate and timely referral mechanism for the treatment and management of common NCDs especially cancer.
- Capacity-building (Training-of-Trainers) on guidelines and roll-out plan for scaling NCD service delivery in urban areas.

Annexures

A 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

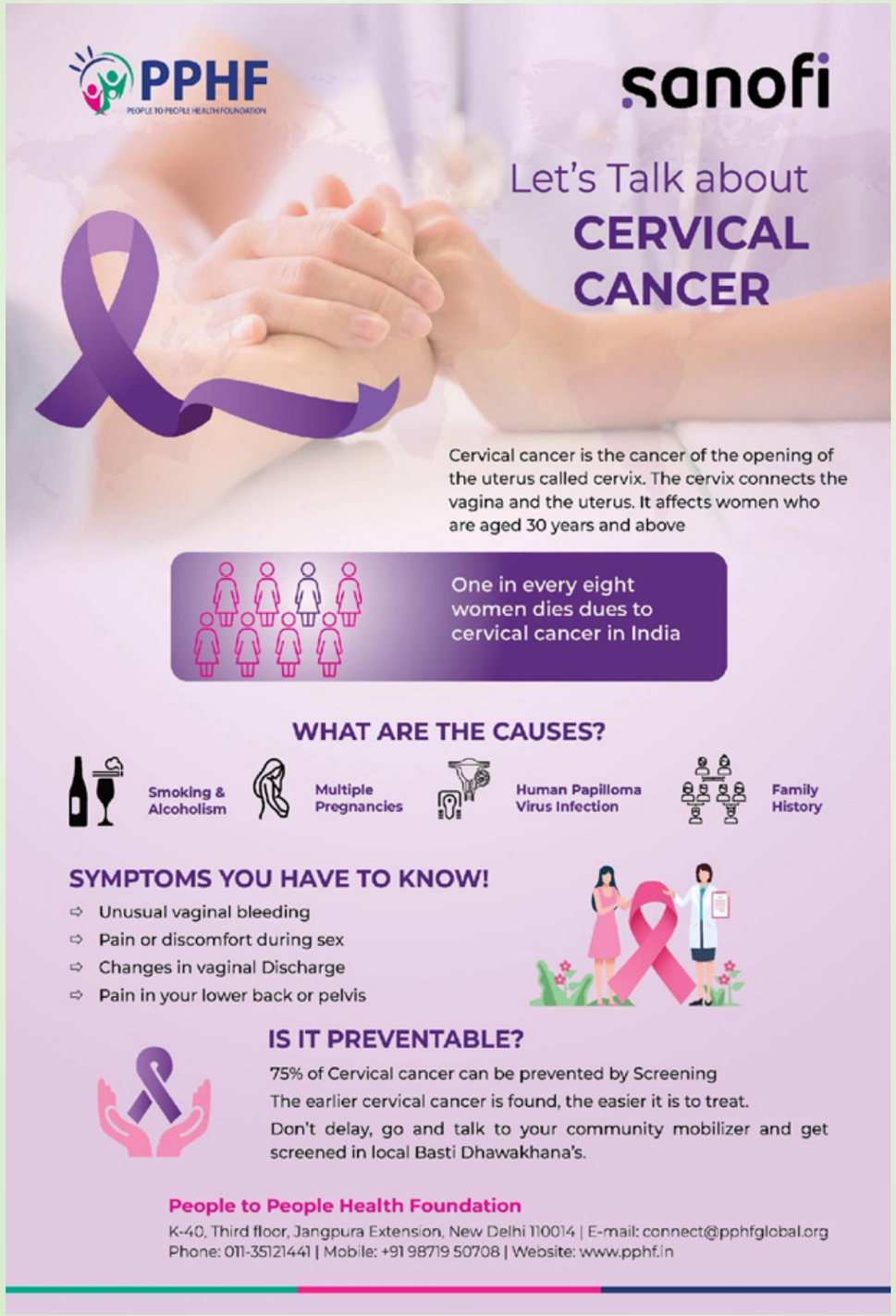
Agenda

October 19th, 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

www.pphf.in | f y in

B CA Cervix IEC



C Diabetes Diet Chart

డయాబెటిక్ ఫుడ్ చార్ట్

Pసమయం	భోజనంరకం	ఆహారపదార్థములు
7:30 AM (ఉదయం)	టీ	చక్కెర లేని ఒక కప్పు టీ
8-9:00 AM (ఉదయం)	అల్పాహారం	2 చపాతీ(లేదా) • 2 ఇడ్లీ (లేదా) • 1 దోస
12:30 PM (మధ్యాహ్నం)	మదాయనంభోజనం	1 కప్పుఅన్నం • ½ కప్పచ్చలికూరకూర • 1 కప్పురాజ్మా (లేదా) పప్పు • ½ కప్మాల్చిన/వేయించినచేప/కోడిలేదా 1 ఉడికించినగుడ్డు చికెన్ - వారానికిఒకసారి మటన్ - నెలకుఒకసారి చేపలు - వారానికిఒకసారి గుడ్డు - వారానికిరెండుసార్లు
4:00 PM (సాయంత్రం)	మధ్యాహ్నంస్నాక్స్	చక్కెరలేనిఒకకప్పుటీ 1/4 కప్పుడ్రైఫ్రూట్స్ (లేదా) 2 బిస్కెట్లు 1 కప్పుపండ్లు
8:00 PM (రాత్రి)	రాత్రిభోజనం	నెయ్యిలేకుండా 2 రోటీలుమరియు ½ కప్పుసెనగలుకూర(లేదా) 1 కప్పుకూర(శాకాహారం)
9:30 PM (రాత్రి)	ఆల్పాఆహారం	చక్కెరలేని 1 తాజాపండురసం(లేదా) ఉప్పులేకుండా 1 గ్లాసుమజ్జిగ

సిఫార్సుచేయబడినపండ్లుమరియుకూరగాయలు

పండ్లు	కూరగాయలు
తినవలిసినవి • ఆపిల్ (రోజుకుసగంఆపిల్) • ద్రాక్ష (10-20/రోజు) • నిమ్మకాయ (1-2) • పైనాపిల్ (2-3 ముక్కలు) • అత్తి (1)	• టమోటా • దోసకాయ • క్యాబేజీ • కారెట్ • క్యాప్సికమ్ మరియు • ఆకుపచ్చ ఆకు కూరలు
తినకూడనివి • మామిడి • చక్కెరతో పండ్ల రసం • ప్యాక్ చేసిన రసాలు • పుచ్చకాయ	• నూనెలు • సోడా • ఊరగాయలు మరియు పుల్లియబెల్లినవి • దాక్షెట్లు • బంగాళదుంపమరియు చిలగడదుంప

Notes

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.

Contributor

People To People Health Foundation

Contact us

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PPHF
PEOPLE TO PEOPLE HEALTH FOUNDATION