

KHPT's Approach to Comprehensive Primary Health Care

Comprehensive Primary Health Care (CPHC) is a holistic approach to health and well-being that encompasses all services and is delivered in partnership by an interdisciplinary team through a range of services and programs that are accessible, equitable, culturally appropriate and effective.

Karnataka Health Promotion Trust (KHPT) and the Government of Karnataka (GoK) along with Medtronic Foundation are currently implementing a pilot project to develop a Primary Health Care model for Non-Communicable Diseases (Diabetes and Hypertension) in Mysuru city for the last four years. KHPT along with its partners is seeking to advance this learning and experience from the pilot to a broader CPHC model in Mysuru city through an implementation research design. The CPHC model will be positioned within a larger objective of transforming Mysuru city into a healthy city.

Community Engagement

Community Health Workers organize rally to raise awareness on diabetes

In the wake of World Diabetes Day, observed on November 14, **60** persons with diabetes and **20** Community Health Workers came together for a rally in Kumbarakoppalu, Mysuru to raise awareness on early diagnosis for better diabetes management.

Dr. Ramya, the Medical Officer of the Urban Primary Health Centre in Kumbarakoppalu attended the event and spoke to persons with diabetes about the importance of taking their medicines on time for better control of their condition.



Community Health Workers and persons with diabetes taking out a rally in the streets of Kumbarakoppalu

Community Advocates present community engagement plans after capacity building

A Community Advocate (CA) is an individual from a community of persons with diabetes and hypertension who is self-motivated and ready to help others members from the community either on an individual basis or in community support group meetings. A CA is someone who is willing to become a recognized figure

in the community, understands the disease, and has the skills to effectively communicate the correct information about diabetes or hypertension with persons who have similar health conditions and if required, with the wider community.



A Community Advocate sharing his action plan

On November 11, a one-day training for 15 CAs was conducted in Kumbarakoppalu area of Mysuru. The training focused on providing information on diabetes and hypertension and the importance of working as a team to support other persons with similar health conditions. During the interactive sessions, their responsibilities were also discussed, which gave the CAs better clarity on their roles. The CAs were later divided into groups and presented their strategies and plans to engage with the community members for the next one year.

KHPT commences formative research study to assess CPHC in Mysuru

KHPT in partnership with the Government of Karnataka (GoK) has been implementing a project to develop a Primary Health Care model for Non-Communicable Diseases

(NCDs) in Mysuru city for the last four years. The presence of pluralistic healthcare providers and a wider range of stakeholders makes it an ideal place to implement a pilot on a Comprehensive Primary Health Care (CPHC) model.

KHPT commenced the preparation for its one-year formative research study for the assessment of CPHC in Mysuru, which is being conducted in partnership with the Government of Karnataka, Health System Transformation Platform (HSTP), Access Health International and St John's Research Institute (SJRI). The study aims to describe the current status of the urban CPHC system in Mysuru, identify and analyse barriers and facilitators to CPHC, and develop design options to strengthen urban primary health care.

The KHPT team undertook the processes of wards selection, identifying local partners for conducting meetings with different stakeholders, and training for the data collection team between October and December.

The study will use a mixed-method approach (qualitative and quantitative methods). Participants of the study will include policymakers (state and city level), program officers (health and non-health), primary, secondary and tertiary care health staff, patients, outreach workers, and slum and non-slum dwellers. The study is part of a larger implementation research project on CPHC which will be implemented between January 2022 to December 2026.

Capacity Building

Program staff training persons with diabetes on self-administration of insulin

During their regular home visits, CHWs observed that many persons with diabetes on insulin were dependent on family members or others to administer insulin injections. Additionally, the fear of needles and the anticipated pain prevented them from

injecting insulin, and even if they did, it was often not administered correctly.

A training programme was organized for **18** persons living with Diabetes on December 30 to allay fears of needles and the importance of administering insulin correctly. Through role-plays, Q&A sessions, and live demonstrations, participants gained a sense of self-reliance to manage their diabetes.



KHPT Program Associate Bhavya educates persons with diabetes on the importance of correctly using insulin

Case Story

Geetha G, Community Health Worker: Putting Patients First

“I love interacting with people in my circle,” says Geetha with a wide smile. Chirpy, enthusiastic and full of life, Geetha has been a CHW since 2019. The 38-year-old former homemaker takes her work seriously and has changed the lives of several persons with diabetes and hypertension in her locality.

Geetha has 77 persons (average no.) with diabetes and hypertension in her circle and does three home visits every day. She is one among 20 CHWs who fan out through communities every day to meet diabetic and hypertensive persons. During their regular home visits, they monitor these persons' blood pressure and glucose levels. They also help them deal with struggles ranging from a lack of support from families to poor mental health, as well as financial challenges.

It was difficult for Geetha to perform her job for the first two months because she did not know how to interact with people, let alone individuals with diabetes and hypertension.

Regular training and capacity building activities by KHPT equipped her with the required skills to deal with people and build a rapport with them.

“I did not even know what fieldwork was. The trainings were helpful,” she said.

While most of the people with diabetes and hypertension are welcoming, some are hesitant and resist talking to CHWs.

CHWs have been taught patience, perseverance and skills to tackle tough situations. Geetha uses different methods to approach, talk to and ultimately change the behaviour of the people in her circle.

Devamma was one such “tough” person in Geetha's circle who suffered in silence. 58-year-old, Devamma was diagnosed with both diabetes and hypertension and found it difficult to lead a normal life. Moreover, two personal tragedies-her son-in-law's death and the disappearance of her husband - caused severe psychological stress as well. Unable to sleep and function normally, Devamma's physical and mental health were deteriorating.

All this changed after Geetha started interacting with her.

First, she listened to Devamma's woes and took it up as a challenge to help her improve both her physical and mental health. Regular visits, counselling and continuous Behaviour Change Communication activities bore fruit. Devamma now regularly takes medicines, goes for a walk and also sleeps better. Her stress levels have reduced as well.

“It is always a pleasure meeting Geetha. I treat her like a family member,” says Devamma.



■ Geetha interacting with Devamma

Geetha's personal transformation and financial independence

Before becoming a CHW, Geetha's personality was different. Petty arguments in the family made pack her bags and go to her maternal home. She wouldn't return for days until her husband pacified her.

For the first one month after becoming a CHW, sceptical of her family's reaction, Geetha did not reveal that she was at the frontline working with persons who were diabetic and hypertensive.

After Geetha revealed the nature of her job to her husband, he did not approve of it and asked Geetha not to work. But slowly, the situation changed as she made him understand the nature of her job and the service she provides to people.

Now, she is a new woman. Her attitude and behaviour have changed, resulting in the blossoming of cordial relationships with all her family members.



■ Geetha with her kids and cooking meals for her family

From managing the house to picking her up from patients' homes, the support and encouragement of Geetha's husband pushed her to work harder. With two adolescent children to dote on, Geetha also ensures she spends time with them.

Constant interactions with the community members and several project-related trainings have helped Geetha change over the last two years. “I have transformed internally and can feel it every day,” says Geetha.

A steady income has also given her financial independence. She no longer asks for money from her husband since her salary is sufficient for her needs. “I bought clothes for my whole family with my first salary,” she says.

Being a CHW is a matter of pride for Geetha. Through her work, she touches many hearts and hopes that someday all the persons in her circle will lead a happier and healthier lives!

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