

INSTITUTIONAL UPDATE: COMPREHENSIVE PRIMARY HEALTH CARE

JANUARY-MARCH 2022

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.

Partner Engagement

Grassroots Research and Advocacy Movement (GRAAM) conducts a Public Engagement (PE) workshop in collaboration with KHPT

Grassroots Research and Advocacy Movement (GRAAM) in collaboration with KHPT conducted its first Public Engagement (PE) workshop on January 11 with representatives from NGOs, Community Based Organisations (CBOs), Academicians, Health Activists, Rotarians and Residents' Welfare Associations in Mysuru.



Participants engaged in a group activity during the PE workshop

Around **25** participants were involved in group activities to discuss and deliberate the public health status of Mysuru city in relation to Comprehensive Primary Health Care (CPHC), its availability, accessibility, affordability and above all the accountability of stakeholders.

The PE is part of a larger formative research study funded by HSTP and Access Health that aims to design, develop, implement, and evaluate an Urban Comprehensive Primary Health Care model in Mysuru city.

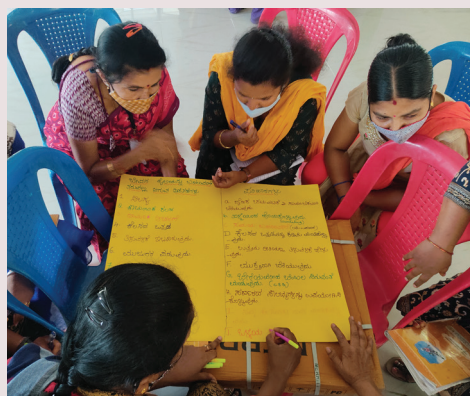
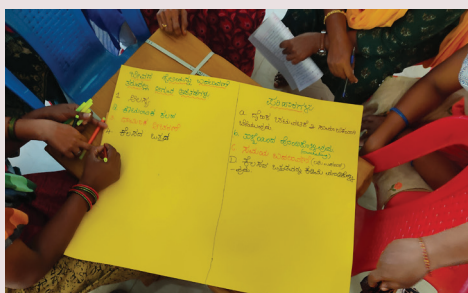
Capacity Building

Community Health Workers (CHWs) undergo a three-day refresher training on NCDs

A three-day refresher training for **17** CHWs and four CHW Coordinators was conducted between 8-10 February in Mysuru. The objective of the refresher was to re-orient the CHWs on the NCD project, its objectives and goals and revisit all the key components of the three training modules that were prepared for the CHWs last year.

During the training, the Personalised Care Package for vulnerable people living with diabetes and hypertension was discussed in detail. This helped the CHWs focus on vulnerabilities and prioritize Behaviour Change Communication (BCC) tools for people identified under these categories for positive behaviour changes. The interactive sessions involved group work, presentations, brainstorming, role-plays and games.

The activities helped CHWs, and CHW Coordinators revisit their learnings of the last



CHWs engaging in group work to discuss ways to engage with patients living with diabetes and hypertension

year and discuss them with their peers and project staff. They also shared their work-related stories, talked about challenges and found solutions to these problems.

Also, separately a one-day workshop on using BCC tools (diabetes and hypertension films) and IVRS messages was organised for CHWs on 21 February. The objective was to help CHWs identify the best way to use these tools based on each person's specific risks and vulnerabilities.



CHWs presenting their discussions to the team

KHPT team celebrates International Women's Day in Mysuru

In Mysuru, the project staff celebrated International Women's Day by organising various events to raise awareness of women's health and their rights.



■ The principal of Seshadripuram Degree College, Mysore Ms Sowmya and the local Corporator, Ms Usha addressed our women living with Diabetes and Hypertension on women empowerment and the laws that protect women from violence



■ A rally was organized in the Kumbarakoppalu area of Mysuru to celebrate Women's Day. 60 women living with diabetes and hypertension and Community Health Workers participated in the event.



■ CHWs cut the cake before starting the cultural activities



■ Our CHWs doing a 'Kolaata' as part of Women's Day celebrations at a community hall in Kumbarakoppalu

Case Story

Providing counselling services to people with diabetes and hypertension

People with diabetes and hypertension face stigma and discrimination because of their health conditions. They are more prone to anxiety, depression and other common mental health issues. Several factors like poor self-esteem, inability to manage existing health issues, job loss and work stress can also lead to poor mental health outcomes.

One such person was Ganga* who suffered in silence before seeking our counselling services. Ganga is a resident of Kumbarakoppalu who has been living with gestational diabetes for the last six years and was taking medications. Post-pregnancy she was told by the doctor to discontinue her medication as her sugar level became normal. But when a population-level screening was done by KHPT field staff her Random Blood Sugar (RBS) test was high and she was referred to a doctor. She was confirmed to have diabetes and immediately started taking medicines.

This upset Ganga and her mental health deteriorated. She also did not know how to



■ Bhavya counseling Ganga in a temple in Kumbarakoppalu

manage her diabetes. Ganga neglected her physical health by not exercising and following a diabetic diet.

Before marriage, Ganga's life was different. Post marriage, she had to live in a smaller house, which also bothered her. Adding to her woes, was a property dispute between her husband and his brothers. She was also constantly being taunted by her sister-in-law and did not know how to deal with the situation.

As part of the patient-centric care approach, the NCD project in Mysuru also provides

counselling services to patients living with diabetes and hypertension. Counselling is offered in safe spaces so that they can share their woes without any inhibitions with the counsellor.

Ganga had built a good rapport with our Programme Associate, Bhavya over the last two years by visiting the testing camps organized near her residence regularly. She was also aware that we provided counselling services and decided to seek help.

In just two sessions, Ganga understood her situation and found solutions to tackle the family problems. As the first step, she decided to share her problems and find answers. Secondly, her physical health had also deteriorated and she decided to meet a doctor to get new medicines to manage diabetes. Yoga and meditation also helped her gain back her mental health.

The counselling sessions helped Ganga to open up and also made her understand the importance of getting mental health support. With renewed confidence and better physical health, Ganga has the capacity to overcome stress and face problems with fortitude.

* Name changed to protect identity

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