

Webinar Report
Person-Centred Approach to Diabetes and Hypertension Management
(Himachal Pradesh & Rajasthan, India)

25th March, 2021

Organized by the Constellation

Facilitated by Rituu B. Nanda

Report by Kamalika Mukhopadhyay

The report provides a summary of the webinar proceedings. For details please refer to the evaluation report and presentation and for community life competence process and SALT please refer to The Constellation website <https://the-constellation.org/#>

The Constellation is full of gratitude to the communities and health workers in the project from whom we learned. We also thank The Medtronic Foundation for funding support, MAMTA Health Institute for Mother and Child, Catholic Health Foundation of India (CHAI) for implementation and government officials and health workers during implementation and Ramaih International Centre for Public Health Innovations (RICPHI) for the project evaluation.



(Group yoga: community-determined solution for better health during COVID)

<https://aidscompetence.ning.com/profiles/blogs/everyone-is-a-leader-in-salt-approach>)

Why was SALT and CLCP behaviour change and community ownership approach used in the project? Mr. Vinayakan EK (From MAMTA Health Institute for Mother and Child) shared that in Healthrise project phase one CLCP and SALT was piloted at the near end of the project in 14 villages in Himachal, Shimla and 5 villages in Udaipur, Rajasthan (India). Unlike other chronic disease like HIV and TB, there are no visible symptoms of diabetes or hypertension and patients do not recognise the risk. *“Through CLCP we found a lot of community participation, lot of patient ownership but there was no empirical evidence.”* Based on this, Medtronic Foundation provided a one year transition grant focusing on SALT and CLCP.

Presentation by Evaluation Team Dr. Anant Dr. Santosh Kaza

Please refer to the presentation for methodology and quantitative and qualitative findings

The team found three major themes from the qualitative data

1. First is observational learning from co-participants. During meetings there was active knowledge and skill sharing among participants which enabled participants to learn from each other.
2. The second one is changes in the family support. Since the family members attended these meetings so they understood the diseases and their severity. They also started caring for the patients. People started caring about their family members at home as well as at the community level.
3. The last one is SALT meetings acted as a platform for community to discuss issues. There they discussed wide range of topics from organic agriculture to various disease related practices. People of all age group came here and shared their dream. This led to a change in the environment. An enabling environment was created in the community that led to behavioural changes, and behavioural changes led to the metabolic control.

Q & A

➤ *Whether behavioural change was really associated with metabolic control?*

It is difficult for evaluation team to say this led to this but the whole study was divided in four arms. One which received two doses of SALT-CLCP intervention and second received one dose. The third arm had a communication with the HealthRise team but did not receive SALT. The fourth did not have any communication. It was done to see if SALT is the reason behind behavioural change and metabolic control. If there is a correlation between the two, as the behaviour improved, the metabolic control moved in the same direction.

➤ *Where these self-reported?* Medical adherence and other practices was cross-checked by the team with their prescriptions specially with visit to health care facilities. But the tobacco and alcohol consumption was self-reported.

➤ *What are the tests used to measure metabolic control?* The team had recorded the tests that they have done in any of the facilities and if in the last 3 months they have got themselves tested their BP and sugar, it was recorded. If not the team checked for random blood sugar and BP and the domiciliary setting.

Sharing by Implementation team

Health worker, ASHA- power of listening- https://www.youtube.com/watch?v=-6tTFYr_N8g

PatientThakur Dutt– I took action for my personal health and health of my village-
<https://www.youtube.com/watch?v=-Eaezbcuql>

SALT facilitator, Rajinder Bragta- The village took to organic farming for better health
<https://www.youtube.com/watch?v=-Xz6maA3ttQ>

SALT facilitator, Anil Sharma- Self-motivation is the key for change-
<https://www.youtube.com/watch?v=82p2l0ucA6Q>

Mr. Mohammed Mateen- Catholic Health Foundation of India (CHAI)

“CLCP is one of the ways of involving the community in battling the non-communicable diseases particularly diabetes and hypertension. Generally what we see is it becomes an individual’s battle where he/she has to adhere to medication, make modification to life style, diet, physical activity so on and so forth. But the uniqueness of CLCP approach is apart from the individual, the support also comes from the community. The community collectively works towards finding ways of controlling these diseases among each of the members in the community.

Mr. Vinayakan-MAMTA

I was really impressed with the empowerment of the patient and the community. The patients and the community took the things in their own hand. They were responsible for their own health. The other thing was the pro-aptitude approach by the frontline health workers, that’s very important, because in Indian health care system the frontline health workers play a very major role.”In Shimla, ASHA worker started weekly yoga for the community. ASHA workers are overloaded but still she took the initiative. The organic farming can also be completely attributed to the community.

Dr Rekha Sharma, who was earlier with CHAI

It was amazing to see that how the communities get involved *“We saw equal participation of men and women in the SALT meetings”*She has never experienced communities engaging with each other to this extent as SALT encouraged them. The communities started SALT visits at their own level. Many frontline workers, ASHA hosted SALT meetings at their own homes. The results shared clearly show that there has been a change in their health.

Dr.Nayanjeet Chaudhury who was earlier with Medtronic Foundation

He said that he is very pleased to see in which direction this conversation has progressed.. It will be worthwhile to follow this for a longer period of time and then measure its long term implication. Although funding is a major concern but still RICPHI would be interested for future collaboration.

Mridula Kapil Verma, part of Evaluation team

It was wonderful to see that how people shared their personal stories which encouraged them to share their personal experiences with chronic conditions and how they dreamed of 2030 on what they expected from themselves and their community. It gave them a way to communicate with other people. The ASHA workers found it a good tool to interact with patient and people whom they had to meet door to door.

Dr LucBarriere Constantin(Chairperson of The Constellation Board Committee)

“I feel proud of the work done by that collaboration. It is an example where we have been able to identify some correlation and to make some significant improvement in life of people with one approach. The study has allowed us to say SALT-CLCP methodology is worth trying. It is a helpful method to be implemented at community level, not only in community but in all kinds of groups sharing the same concern. I was happy to be part of the project as well. It may call for more intervention, evaluation in the coming years. At least it opened the way for more research and triggers the interest of the evaluator to go and see how we can evaluate in a rigorous way the behavioural change methodology. This has opened new door for future work for evaluators, organisations and community mobilization organisations.”

Definition of participation by the participants

<ul style="list-style-type: none">) Collaboration) Ownership in the process) Sharing knowledge) Attendance) It is when we listen to each and everyone and take in every ideas) Learning listening sharing) Sustained presence) People experience an environment of respect and equality and this enables them to participate	<ul style="list-style-type: none">) Communities defining what they want to do, planning how to do it and implementing it and reflecting and learning) Shared ownership at every level, partnership in its true sense) Being able to take part in process with full capability and passion) Real participation happens when there no coercion) Participation means active engagement and collective learning) Conscious involvement of shared concerns to achieve common goal
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One Take Away from the event

-) Never underestimate the community
-) Stories bind us together, make us one
-) Community will come together and face the challenge head on
-) SALT immediately invites action
-) Listen to their stories and learn from them
-) Listen without judgement
-) Unlearning from telling to facilitating
-) Appreciation builds trust
-) A safe space for authentic connection
-) Keep an objective lens while measuring change, while keeping curiosity high to know what drives change in community's action
-) Researchers, evaluators, etc. have data, information, findings, evidence. Communities have knowledge and wisdom.
-) Everybody is learning in a conversations, stories bridges gaps
-) A space to talk, discuss and make a collective action
-) Giving space/time/listening ear to people & communities gives them strength and personal power to act for themselves
-) Adding SALT is the new way of life
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