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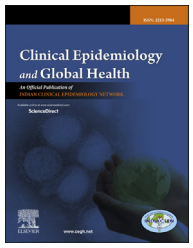

Original Article

Evaluation of non communicable disease control pilot programme of National Rural Health Mission in Thiruvananthapuram district

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ABSTRACT

Non-communicable diseases (NCDs) have emerged as a major public health challenge in India and more so in Kerala. Realizing this, NRHM conducted a pilot intervention programme in Neyyattinkara Taluk of Thiruvananthapuram district through the existing health system. A process evaluation of the pilot programme can bring out unbiased gaps in the implementation and necessary modification can be suggested.

Aims: To evaluate the NCD control pilot programme.

Methods: qualitative methods – Fifty-five in-depth interviews (IDI) and 8 Focus Group Discussions (FGD) were conducted.

Results: The programme proceeded with an action plan as there was no written programme document. Training was good in terms of clinical aspects; but sensitization regarding the programme was inadequate. The quality of data from the field surveys by Accredited Social Health Activists (ASHA) varied from place to place. The detection camps were overcrowded. Programme was well supported (Funds, Logistics) by NRHM, All patients who were examined by doctors were given medicines for one month and were kept under close follow up by ASHA, and enabled to gain confidence of the community.

Conclusions: The programme could change the attitude of community regarding health care delivery. The study points to the need for pro-activeness in program management and a clear programme guideline to all the supervisors and implementers. People should be made aware of the program services and benefits through social mobilization campaigns. Quality medicines & equipments should be made available for the detection camps. ASHA can play an important role in controlling NCDs at the community level.

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1. Introduction

Non communicable diseases are a major cause of morbidity and mortality in India.[1] Public health experts have also predicted a global epidemic of cardiovascular disease (CVD)[2] on the basis of current trends. National Rural Health Mission (NRHM) extends its service to the neglected rural people through its trained community volunteer, Accredited Social Health Activist (ASHA). The epidemiological transition and rising trend of NCD in the developed nations is also reflected in Kerala. Diabetes and Hypertension are the two focus issues in the pilot programme. Prevalence of Diabetes and Hypertension in Kerala is high compared to the national level.[3,4] In 1996 prevalence of Diabetes among the rural population was 5%[5] and in 2009 it was 20%. These progress to chronic heart diseases and chronic kidney diseases (CKD).[6,7] Diabetes is considered as a coronary risk equivalent according to American Heart Association (AHA).[8,9] Early detection and proper control is the key to prevent the complications. The strategies of NCD control pilot programme of NRHM include burden assessment and IEC by ASHAs, screening for Diabetes and Hypertension at sub centre level by Junior Public Health Nurse (JPHN) and ensuring continuous supply of medicines through sub centres and follow up by ASHAs. Process evaluation gives an understanding of how the service operates and provides what it is supposed to, or to know why a service is effective.[10,11]

The study aims to understand the problems in programme management, implementation and service utilization. This will also help in understanding the strengths of the present system which need to be continued; the problem areas that need modification and some new policies which can be adopted. Role of ASHA in the prevention, early diagnosis and control of the NCD can also be assessed from the community perspective.

2. Methods

2.1. Study design

Descriptive; Qualitative methods like in-depth interviews and FGDs were used for the process evaluation and a cross-sectional survey was used for prevalence estimates.

2.2. Setting

Community; Neyyattinkara Taluk Thiruvananthapuram district.

2.3. Study population

Stakeholders in the programme at various levels including District Programme Manager (DPM), Medical Officers of PHCs (MO), Programme Coordinators, Health supervisors, Junior Public Health Nurses (JPHN), Junior Health Inspector (JHI), ASHAs, local authorities, and community members.

2.4. Sample size

Fifty-five IDIs and eight FGDs selected through Stratified purposive sampling. Table 1

2.5. Data analysis

Free listing, domain identification, coding and summarizing of Qualitative data with use of qualifiers. The results were described as ethnographic summary and quotable quotes were used appropriately. Qualifiers used for semi-quantitative expression of observations as <10% (1+), 10–24% (1+), 25–49% (2+), 50–74% (3+), 75–89% (4+), ≥90% (5+) and the adjectives used to express theses were very few, some, approximately half, majority, most and almost all respectively.

2.6. Quality assurance measures

The development of interview schedule has been done using the operational manual of the programme as guide and discussed with the users of the evaluation. Audio recording of interviews and video recordings of focus group discussions were done to give credence to the conduct and validity of interviews, to supplement the statements missed out during writing of field notes and to cross check the transcribed schedules. Data triangulation was done using stakeholders from different categories. Method triangulation was done by combining information from the two methods: IDIs and FGDs.

Table 1 – Details of stakeholder categories; in-depth interviews & FGDs.

Stakeholder category	Stakeholder	Number
Programme Planners and Managers	State Programme Manager	1
	Additional Director of Health Services	1
	State Programme Coordinator	1
	District Programme Manager	1
Programme Implementers	Block Coordinators (PRO)	4
	MO PHC	7
	HS/LHI	2
	JPHN/HI	6
Field level functionaries	ASHA	14
Community representatives	Panchayat Authorities	2
	Community Members	16
Total		55

Focus Group Discussions.
Eight FGDs were conducted among ASHAs and Community Members. Amboori (High land), Vellarada (Mid land), Pozhiyoor (Low land – coastal), Perumkadavila (Mid land) of Neyyattinkara Taluk of Trivandrum district. Sociograms were drawn during all FGDs. Fig. 1