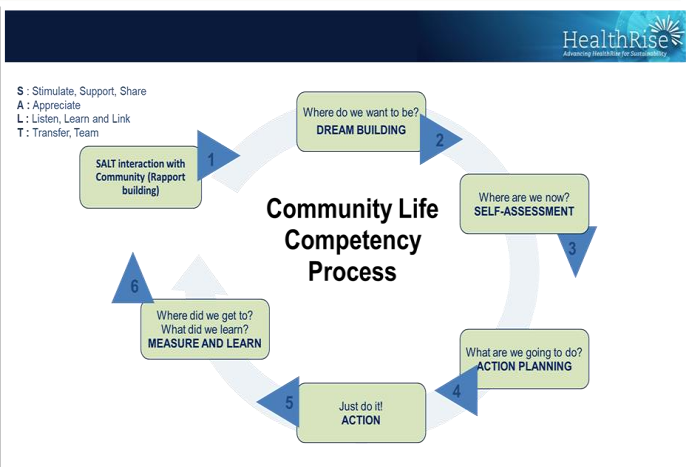


India Transition Grant

The HealthRise India Transition project was an extension of an originally 5-year long global program, in which a set of integrated, community-based interventions were carried out in nearly 500 villages across Shimla and Udaipur districts in North India. The unique set of experiments called ‘SALT’ (**S-stimulate, A-appreciate, L-listen, learn, T-Transfer**) and **CLCP (Community Life Competence Process)** approach were aimed at improving participation of patients/caregivers, leading to treatment adherence and clinical outcomes among adult male and female patients with Diabetes and Hypertension. The project was led by Mamta Health Institute for Mother & Child in collaboration with Catholic Health Association of India and the Constellation group (Belgium). RICPHI was part of HealthRise consortium as an evaluation agency. The project was funded by the Medtronic Foundation, USA.

Methodology

- A four arm quasi-experimental study design with a mixed method approach was adopted for baseline and three follow up assessments (due to COVID-19 pandemic, 3rd follow up was considered as endline assessment) in the intervention and control study arms.
- Real time monitoring, periodic quantitative and qualitative data collection were conducted by RICPHI.



Major Findings

- Most of the lifestyle behaviours of the study participants significantly improved from baseline to endline evaluations in Shimla and Udaipur in the arms that received SALT-CLCP intervention.
- Metabolic control among the participants has improved significantly in all the study arms over the intervention period in Shimla and Udaipur with significantly higher changes in intervention arms.
- FLHWs, especially ASHAs played an important role in community engagement and in conducting SALT meetings in the villages. The trainings offered under the program have made a significant contribution in providing hands-on experience to engage with the community for behavioural change as well as in improving their communication and leadership skills.
- Overall, the SALT-CLCP methodology showed potential to shift NCD care management from health care facility led model to community led model by empowering the community and in improving the capacity of the FLHWs in providing NCD care at the community level.

