

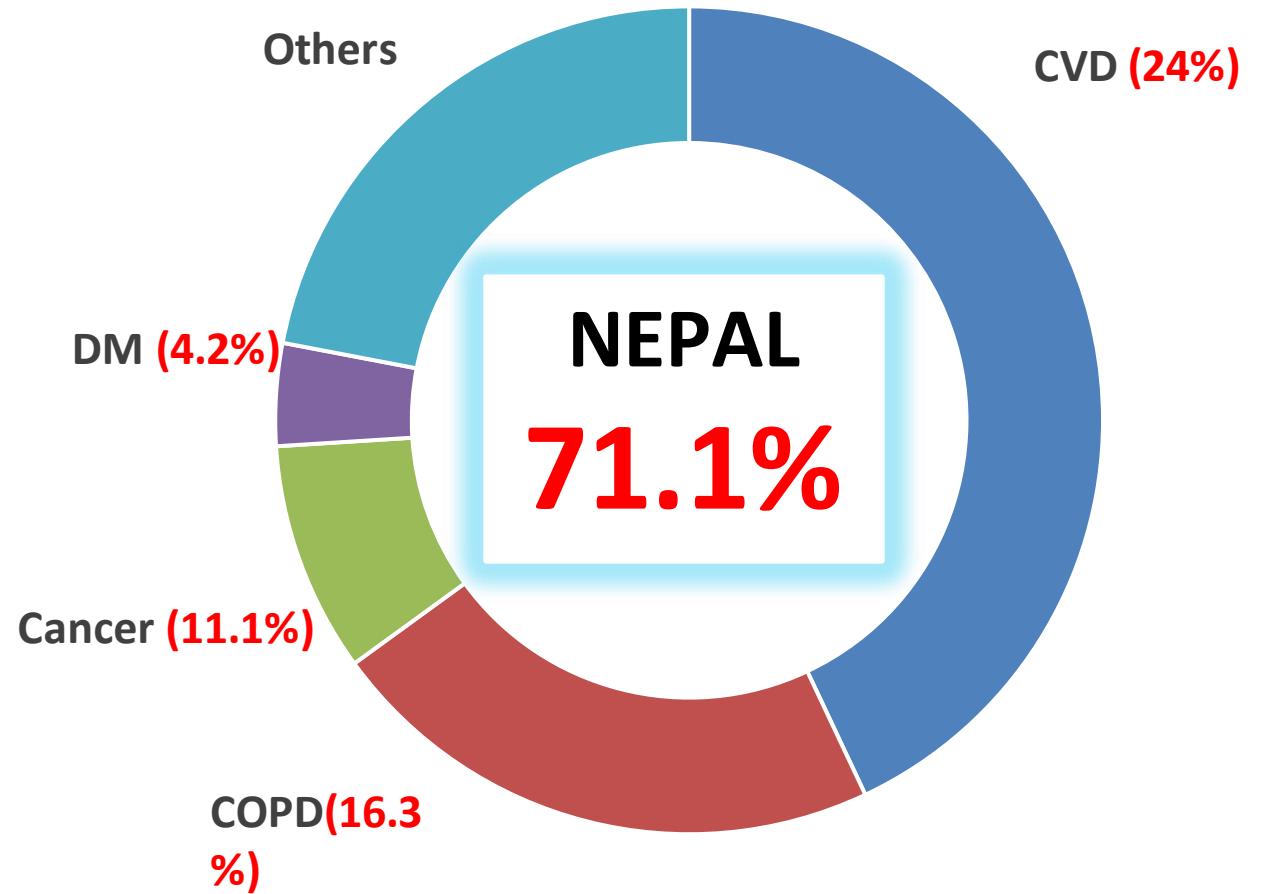
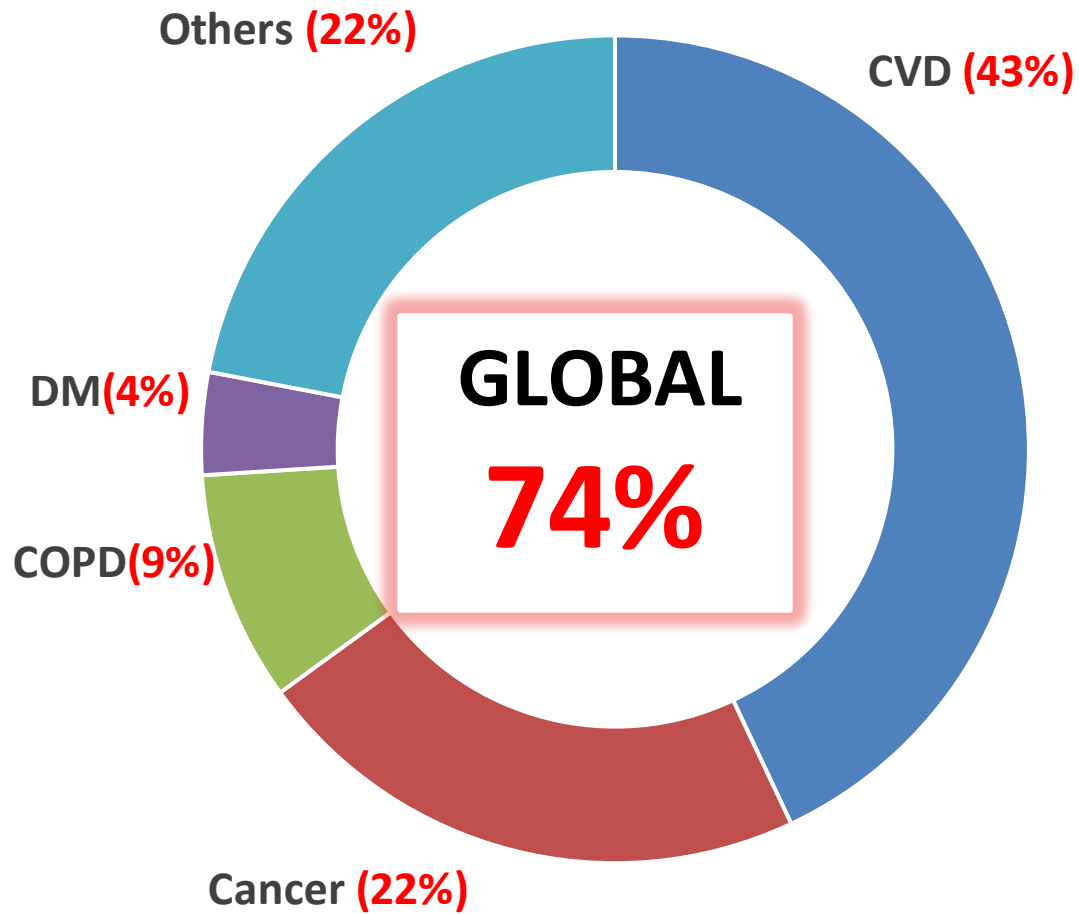
Evaluating the implementation of a Package of essential non- communicable diseases interventions in Nepal

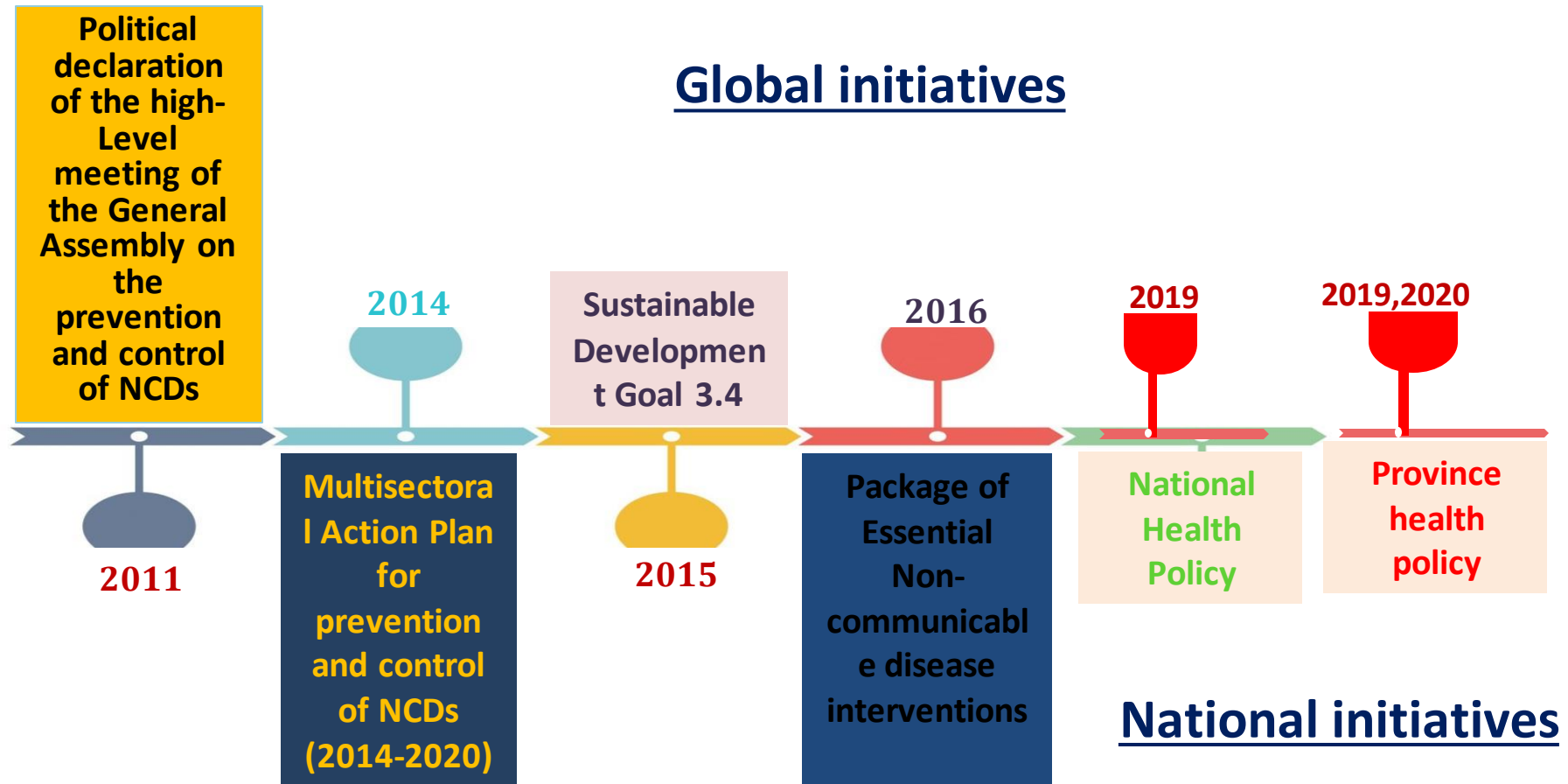
Anju Vaidya*, **Padam Simkhada***, **Susan Jones****, **Andrew chee kenglee+**
University of Huddersfield*, University of Liverpool**, University of Sheffield+
Corresponding email: Anju.Vaidya@hud.ac.uk

Overview of the session



PROPORTION OF NCD RELATED DEATHS (%)

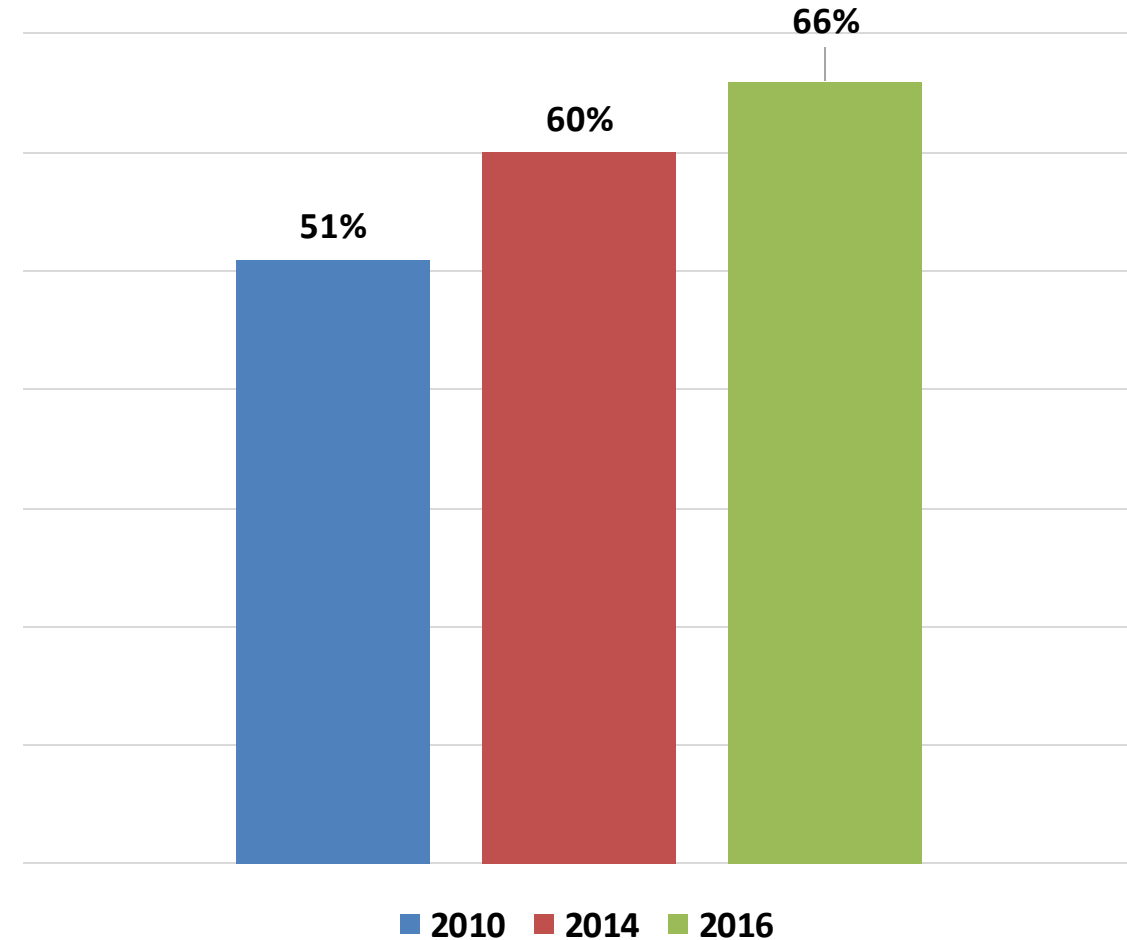




Rationale and Objective of the study

- **A key step** : Adoption of NCDs policy and PEN intervention at primary health care level
- Effective policy implementation is essential.
- NCDs services have not been able to fulfil the people's needs indicating challenges to policy implementation
- **Evaluate the implementation of PEN interventions in Nepal.**

Trend of NCDs related mortality in Nepal



Purposive sampling and Snowball sampling

Study site	No. of respondents
Working at federal level	6
Working at provincial level government	1
Working at local level government	7
Jumla district	1
Kapilvastu district	2
Bardiya district	4
Working at Primary health care facilities	12

 **Qualitative approach**

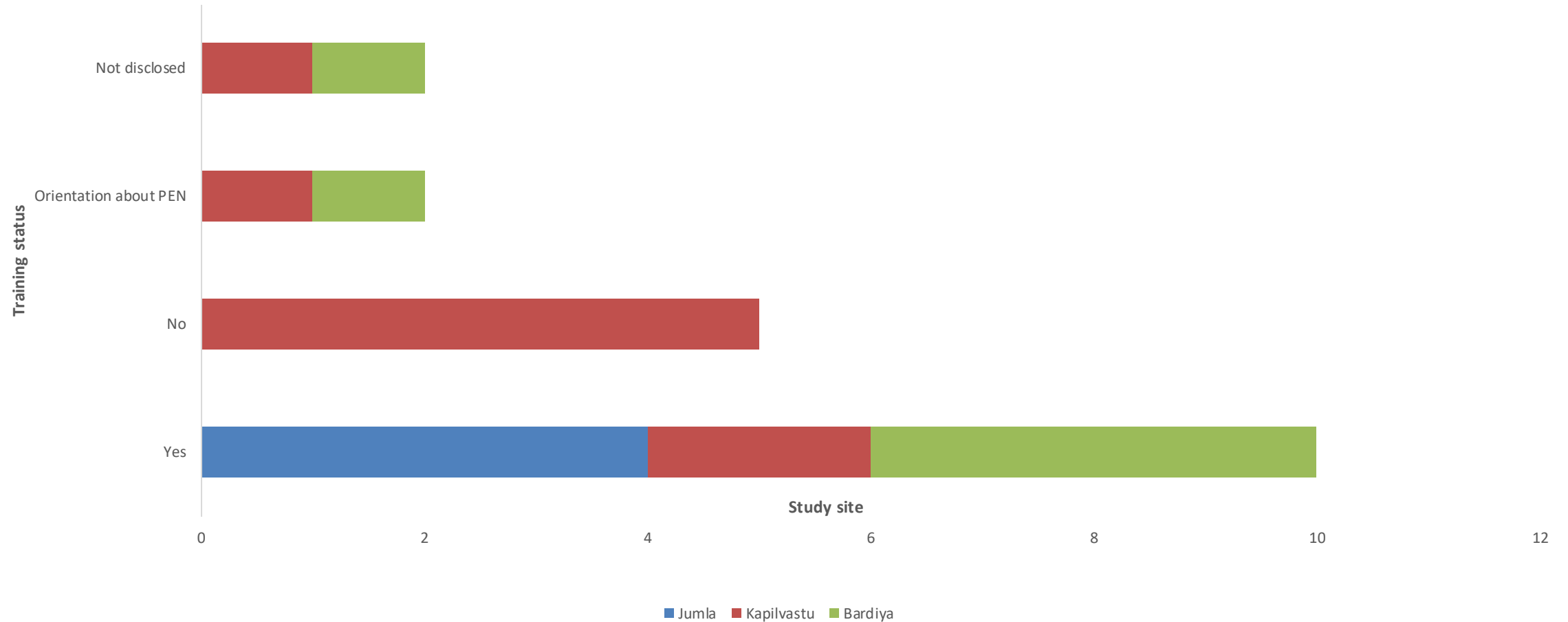
 **Case study approach**

 **In-depth interviews**

 **Process evaluation**

 **Thematic framework analysis approach**

Training status



Implementation status of the PEN

- Jumla: **Partially implemented**
- Bardiya: **Partially implemented**
- Kapilvastu: **Not implemented**

Good initiative to address NCDs.



“People are being diagnosed, treated, and followed up at community level which has reduced the cost. PEN intervention has helped in early diagnosis and treatment of these patients.”

Conduct of Training



“We have trained them about how to diagnose the patients, how to investigate, and how to provide them with the treatments at the primary health care centres. If it is a simple case, they can manage themselves and if it is a complicated case, they can refer them to higher centres.”

- Federal level

Diagnosis, Treatment and Referral

- Additional investigations
- Cannot manage the cases
- Further management
- Scarcity of medicines

“We regularly screen the diseases. We do the tests ... We conduct blood test to diagnose the patients with diabetes ... if we suspect any patients with NCDs, we refer them to the higher centre.”

-Jumla district



Following PEN protocol

*“I am not aware about the PEN programme in full detail as I have **not obtained any PEN related training**. So, I have not implemented it. I am managing the NCD cases based on the **knowledge that I gained during my MBBS.**”*

Kapilvastu district



*“A pregnant woman who had come for regular ANC check-up was found to have high blood pressure. So, the service provider **followed the PEN protocol** which facilitated in early diagnosis of the case and immediately referred the patient to higher centre for further management.”*

Jumla and Bardiya district

During follow-up

*“After the patients are diagnosed and prescribed with the medications from other institutions, they come for regular follow-up ... **The medicines prescribed by the doctors and those available at our institution are provided to the patients for free.**”*

-Bardiya district



*“The doctor gives them medicine in other institutions, and we **monitor their medicine adherence and continuation of the medicines when they come for follow-up visit.**”*

-Jumla district



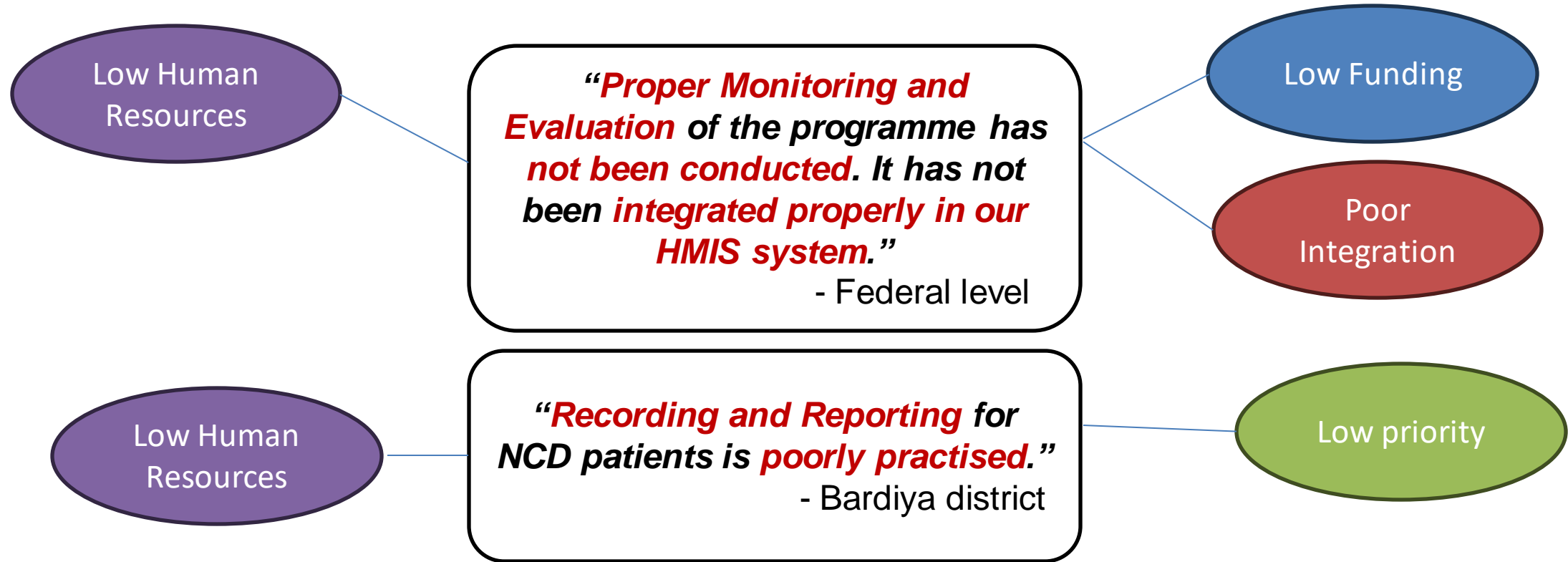
“We counsel them not to drink alcohol, not to consume tobacco and avoid smoking. We counsel them to eat balanced diet, do a complete physical check-up one to two times a year. Our main work in the health post is to counsel the patients and provide health education.”

Jumla district

“We are counselling the patients regarding prevention and control of NCDs. We suggest them to avoid unhealthy habits and engage in healthy activities ... The only thing I could do is counsel the patients about the non-communicable diseases.”

Bardiya district

Recording, Reporting & Monitoring



Challenges and Facilitators

Low
priority

Low
Funding

Limited
budget

Donor
interest

Lack of
awareness

PEN
training

Refresher

Medicine
Equipment
supply

Stock out

Poor co-
ordination

Unclear
responsibility

Human
resource

Workload
Trained
Relocation

Health
system gap

Knowledge, Skill,
Confidence,
Motivation

PEN
Training

Uniform
management

Compliance with PEN
protocol

Poor socio-
economic, diagnosed

Access to
free
services

Medicine supply

Efforts made
by
stakeholders

- Prioritization by the government.
- Increase in budget.
- Conduct of the training.
- Educating other stakeholders.
- Sufficient medicine and equipment supply.
- Strengthen the insurance programme.
- Establish NCD authority and assign responsibilities.
- Programme integration.
- Strengthen recording and monitoring activities

- Primary health care workers **empowered** to extend screening, diagnostics, treatment and counselling services for **NCD patients**.
- Interventions compromised due to **health care system gaps**.
- **Integrated approach to Health system strengthening** is a prerequisite to scale up prevention and control of NCDs.
- For effective policy implementation, it is essential to **go beyond health sector and develop a broader and inclusive government structure**.

- Gyawali, B., Sharma, R., Neupane, D., Mishra, S. R., van Teijlingen, E., & Kallestrup, P. (2015). Prevalence of type 2 diabetes in Nepal: A systematic review and meta-analysis from 2000 to 2014. *Global Health Action*, 8(1), 29088.
- Institute for Health Metrics and Evaluation (IHME). (2018). *Findings from the global burden of disease study 2017*. <http://www.healthdata.org/policy-report/findings-global-burden-disease-study-2017>
- Kingdon, J. W. (2011). *Agendas, alternatives, and public policies*. Pearson Education
- Ministry of Health and Population. (2014). *National health policy 2014*. Ministry of Health and Population. <https://www.moHP.gov.np/eng/publications/acts-rules-regulations>
- Ministry of Health and Population. (2019a). *National health policy 2019*. Ministry of Health and Population. <https://dohs.gov.np/national-health-policy-2019/>
- Ministry of social development. (2019). *Provincial health policy 2019*. Province government. <http://mosd.karnali.gov.np/node/301>
- Ministry of social development. (2020). *Provincial health policy 2020*. Province government. <https://mosd.lumbini.gov.np/policies/56>
- Ministry of Health and Population. (2020). *Annual report: Department of health services (2018/19)*. <https://dohs.gov.np/wp-content/uploads/2020/11/DoHS-Annual-Report-FY-075-76-.pdf>
- Ministry of Health and Population. (2021). *Province directorate TOR*. <https://www.moHP.gov.np/eng/tor>
- Nepal Health Research Council, Ministry of Health and Population, Monitoring Evaluation and Operational Research. (2019). *Nepal burden of disease 2017: A country report based on the global burden of disease 2017 study*. http://nhrc.gov.np/wp-content/uploads/2019/04/NBoD-2017_NHRC-MoHP.pdf

Thank you!



- Dr. Anju Vaidya is a medical doctor and a health system and policy researcher.
- She worked in clinical setting as a medical doctor for nearly 5 years and then in health research sector for nearly 7 years.
- Currently, she is pursuing her PhD in public health at the University of Huddersfield, UK and is here to present her study findings.