

Heart's Intervention Design Targeting Younger Adults & Ageing Population(HRIDAYA): Process and lesson learnt from the stakeholders' engagement

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HRIDAYA Project Overview

-A five years project (2024-2029 A.D) implementing in 3 municipalities (Kageshwori Manohara, Changunarayan and Madhya Nepal).

-Aims to improve the diagnosis, treatment, and long-term management of diabetes and hypertension in three urban locations through a co-designed, multi-level intervention.

Intervention components



Stakeholder engagement and formative research



Co-design workshops



Capacity development of FCHVs and PHW.



Integrate community and primary health system for continuum of care



System based intervention to develop tracking and follow-up mechanism

Why Stakeholder Engagement Was Needed

Rationale

- Strengthen local ownership
- Improve service utilization
- Coordinate health system actors
- Ensure sustainability of interventions

Stakeholder Mapping

- Federal level leadership (MoHP, DHO)
- Municipal leadership (Mayor, Deputy Mayor, Ward Chairpersons, Public health Officer)
- Municipal hospital doctors & paramedics
- Health facility in-charges
- Female Community Health Volunteers (FCHVs)
- Community representatives/consumers
- Research team

Policy making level



Health care facility level



Community level

Stakeholder Engagement Process

- Initial consultation meetings
- Stakeholder mapping and social mapping
- Technical Advisory Committee (TAC) formation
- Consumer Advisory Committee (CAC) formation
- Regular review meetings
- Feedback integration into implementation

Engagement Activities Conducted

- TAC and CAC meetings
- Health facility coordination meetings
- Community consultations
- Training & orientation sessions
- Findings dissemination workshops

Engagement activities conducted

Type of Interviewee	Total	Kageshwori Manohara	Changunarayan	Madhya Nepal
Consumers	14	5	5	4
Female Community Health Volunteers (FCHVs)	30	11	9	10
HP Incharges	24	8	8	8
Local Policy level stakeholders	9	3	3	3
National policy makers	6	-	-	-
Pharmacists	3	1	1	1
Medical Superintendent	3	1	1	1
Endocrinologist	1			
Cardiologist	1			
Health facility assessment	29	10	9	10
Grand Total	91			

Identified Barriers to improving continuum of care (COMB-Framework)

- 91 stakeholders Interviewed (16 policymakers, 30 health professionals, 30 female community health volunteers (FCHVs) and 15 people with lived experience (PWLE) of hypertension and diabetes).
- Diagnosis was largely delayed by opportunity barriers, including the absence of community-based screening and limited diagnostic capacity at primary care settings. Additional capability and motivation barriers included limited health literacy and low perceived risk.
- Treatment initiation was hindered by shortages of essential medicines and no standard follow-up mechanism.
- Treatment maintenance was further constrained by financial barriers, misconception about medication and inadequate monitoring of medication use.

Outputs of Stakeholder Engagement

- Increased ownership by municipality.
- More than 800 people are screened and its ongoing through primary health workers.
- Increased budget allocation by municipalities for NCD programs is committed.
- Improved collaboration between primary health workers and community volunteers.
- Active participation of FCHVs.
- Stronger trust between research & community.

Challenges in Engagement

- Competing priorities of local government
- Staff turnover in health facilities
- Limited time availability of stakeholders
- Coordination across multiple actors
- Need of more capacity development activities for stakeholders.

Lessons Learned

Key Lessons

- Early involvement builds ownership
- Continuous communication is essential
- Local leadership drives sustainability
- Feedback loops improve implementation
- Community actors enhance program reach

Policy & Program Implications

- Stakeholder engagement should be embedded in NCD programs
- Municipal leadership strengthens implementation
- TAC and CAC model can be replicated in other municipalities
- Evidence-informed local planning improves outcomes

Conclusion

- Stakeholder engagement was central to HRIDAYA success
- Collaborative governance improved service delivery
- Model supports scalable community NCD interventions in Nepal

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- Participants/community members
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- NHRC ethical approval committee

Bio



I am a Public health professional working on the research sector specifically on Non-Communicable Diseases with a decade of experiences.