

# Hypertension Advocacy Project- India (HAPI)

Monthly Project Report  
(April - May 23)

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### About PAIR Academy:

PAIR Academy is a social good organization working with patient groups, caregivers, and HCPs to raise awareness around the disease lifecycle and management. We work by conducting online courses, surveys, and polls, gathering information to create educational material that is simple and easy to understand. PAIR Academy strongly supports the belief that most diseases are preventable through early education and proper health management, the use of technology, and Information provision through IT and modern methods of healthcare.

## About the HYPERTENSION ADVOCACY PROJECT - INDIA:

Hypertension is a serious, and growing, health issue in India today. There are an estimated 200 million adults with hypertension, of whom approximately only 20 million have it under control. The Government of India has adopted the "25 by 25" goal, which aims to reduce premature mortality due to non-communicable diseases (NCDs) by 25% by 2025. One of the nine voluntary targets includes reducing the prevalence of high BP by 25% by 2025.

PAIR Academy aims to accelerate progress towards the Government of India's NCD target by supplementing and intensifying evidence-based strategies to strengthen the building blocks of hypertension management and control.

To put this mission into action, our organization aims to raise awareness & educate the community members regarding Hypertension, its complications if not managed well and the importance of medication adherence.

Our primary goal is to strengthen patient voices and leaders and build a national network of hypertension advocates. These would also have representation from stroke, CKD and CVD survivors and caregivers. To achieve this goal, we have established the following.

### OBJECTIVES:

1. Host two national level roundtables with policymakers and other influencers to present a patient demand charter and table voices of patients who are diagnosed as hypertensive or have faced a cardiovascular health crisis, or family impacted by the health catastrophe.
2. Embed patient voices with professional networks to elevate their voices and ensure their inclusion in healthcare decision-making.
3. Generate demand for prioritization of hypertension through sensitization and mobilization of patient groups.

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### Project Preparation:

**Objective 1:** of this project aims to influence policy makers and other key stakeholders by convening a national roundtable discussion that brings together representatives from the Ministry of Health and Family Welfare (MoHFW), World Health Organization (WHO), civil organizations, public health organizations, and physician associations. The goal of this roundtable is to facilitate meaningful dialogue and collaboration among these stakeholders to advance the objectives of the project. To partially achieve this objective, the first roundtable discussion is scheduled to take place in May 2023. The planning for this event is currently underway, with the project team working diligently to ensure that the roundtable is well-organized and effectively engages all participants.

**Objective 2:** The objective is to embed patient voices within professional networks, thereby elevating their perspectives and ensuring their active participation in healthcare decision-making processes. By featuring the interactions between our team and patients, we aim to showcase the valuable insights and experiences shared by individuals directly affected by healthcare issues to professional healthcare organizations such as ICMR, MoHFW, ISA etc. who are instrumental in bringing a change on policy level.

**Objective 3** of the Hypertension project, we have initiated preparations for demand generation aimed at prioritizing hypertension through sensitization and mobilization of patient groups. As part of this effort, we are currently working on a pilot model that involves partnering with Health



and Wellness Centers, Village Health Committee and PRIs in two blocks across two states.

- The selection of these states was based on their proximity to New Delhi. Both the districts chosen are situated within the National Capital Region (NCR). Specifically, the first location we have selected is Sonipat, Haryana, and the second location is Alwar, Rajasthan.
- Through this pilot model, we aim to generate awareness about hypertension among the population in these areas, especially among patients, carers, and families. By partnering with Health and Wellness Centers, Village Health Committees and PRIs, we hope to leverage their local networks and knowledge to enhance our efforts towards sensitization and mobilization.
- This is an important step towards achieving our overall goal of addressing hypertension as a public health challenge in the country. We are committed to working towards the success of this pilot model and using the insights gained from this exercise to inform our future strategies.

### Field Visit Work:

For a comprehensive understanding of the project's impact, various research methods were employed, including Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and In-Depth Interviews (IDIs) in the villages of Sonipat and Alwar. The table below provides a detailed breakdown of the number of FGDs, KIIs, and IDIs conducted in each village.

Location		FGD	IDI	KII
Sonipat	Bhutana	1	-	1
	Shamri	2	-	2
	Kundali	1	-	2
	Baroda Mor	2	-	2
Alwar	Poonkhar	2	2	2
	Haldina	2	2	1
	Bileta	2	2	1
	Pada	2	2	2
<b>Total</b>		<b>14</b>	<b>8</b>	<b>13</b>

Table 1: Field visit Breakdown in Sonipat and Alwar Villages (phase1)

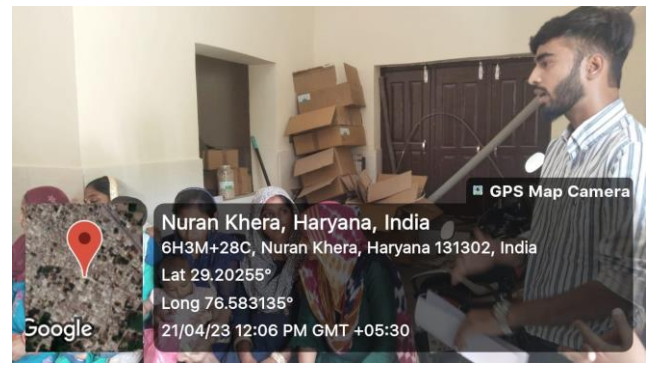
These research activities were crucial in gathering valuable insights and understanding the perspectives of the villagers in both Sonipat and Alwar. The data obtained from these discussions and interviews will contribute significantly to the analysis and evaluation of the project's objectives and outcomes.

### Focus Group Discussions:

Focus Group discussions were initiated in each village visited during phase 1 of the objective 3 of the project. These discussions aimed to gather valuable insights from the participants. The recorded general feedback revealed a mix of opinions and perspectives. A detailed report of FGDs will be discussed in the future reports.

In Sonipat, a general perception emerged among most villagers. A brief summarized analysis of these perceptions are mentioned below. During the Focus Group discussions conducted in the villages of Sonipat, (Bhutana, Shamri, Kundali, and Baroda Mor), valuable insights were gathered regarding various aspects related to hypertension. The following insights were recorded:

- 1. Access to healthcare for hypertension treatment in the area:** In all the villages, the participants expressed that there is easy access to primary care for hypertension treatment.
- 2. Level of access to healthcare for hypertension:** The participants in Bhutana and Baroda Mor reported easy access to healthcare for hypertension. In Shamri and Kundali, the access was described as very easy. However, in Sonipat, the level of access was mentioned as somewhat easy, specifically in terms of primary healthcare and sub-health services.



- 3. Level of awareness about the role of diet and lifestyle modifications:** The participants in all the villages displayed a high level of awareness regarding the role of diet and lifestyle modifications in hypertension treatment.



- 4. Knowledge of potential risks associated with untreated hypertension:** Most participants in Bhutana, Shamri, and Kundali were aware of the potential risks associated with untreated hypertension. However, in Sonipat, there seemed to be a lack of knowledge on this aspect.
- 5. Impact of hypertension medicines on daily routine:** The participants in Bhutana, Shamri, and Baroda Mor reported no discomfort or reluctance in continuing with their prescribed medication. However, in Kundali, some participants with co-morbidities experienced problems in their daily routine due to the intake of hypertension medicines.
- 6. Difficulty in procuring medicines from PHC pharmacies:** Participants in Bhutana and Kundali mentioned that they have to purchase medicines from outside, indicating a lack of availability at the Primary Health Centre (PHC). In Shamri, the medicines were generally available, but there were occasional stock shortages. Baroda Mor reported that important medicines are not generally available at the PHC.
- 7. Referral system in PHC/CHC for complications:** The participants in Bhutana and Kundali were unsure about the referral system. In Shamri, there seemed to be no referral unless a person

develops a specific condition that requires treatment available only at the Community Health Center (CHC) or General Hospital (GH). Participants from Baroda Mor were not sure about this aspect.

8. **Opinion on patient support groups or patient groups for hypertension awareness:** The participants in Bhutana, Shamri, Kundali, and Baroda Mor regarded patient support groups or patient groups for hypertension awareness as a positive initiative.
9. **Measures to increase awareness about hypertension:** The participants suggested various measures, including better medicines, free access to branded medicines, and the opening of PHC/Sub-Health Center (SHC) with a doctor available 24x7.

### Key Informant Interviews:

A total of 13 Key Informant Interviews (KIIs) were conducted, wherein the project team interviewed various healthcare workers (HCWs) including Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), Medical Officers, Primary Health Centre (PHC)



Supervisors, Pharmacists, Nursing Staff, Dental Officers, and Community Health Officers, among others. While the majority of the insights gathered from the KIIs portrayed a highly positive scenario, further probing revealed some significant issues related to the infrastructure and management of the medicine supply chain. It is important to note that the chosen project locations exhibit significant diversity, and since health

falls under the purview of state subjects, distinct variations emerged. A comprehensive analysis of the KII findings will be presented in future reports, specifically upon the completion of phase 2 of objective 3.

### In Depth Interviews:

A total of eight In-Depth Interviews (IDIs) were conducted in Alwar, with a deliberate selection of participants representing both the genders and age groups to ensure equal representation of men and women. These interviews primarily focused on exploring lifestyle changes and assessing the participants' overall knowledge regarding their health condition. The IDIs significantly enriched our study as they were also recorded on video, providing valuable evidence to demonstrate the limited knowledge prevailing among rural residents. The recommendations derived from these interviews can be presented during the round table discussion involving members of the parliamentary medical committee.



Furthermore, the IDIs shed light on the perception of government-provided medication at the Primary Health Centre (PHC), Community Health Centre (CHC), and Sub-Health Centre (SHC) levels. It was observed that a significant portion of elderly villagers lack faith in the efficacy of these medicines and prefer to purchase medications from external sources. This reliance on external purchases further burdens them with out-of-pocket expenses. It is

noteworthy that one-third of the population in these areas remains uninsured under the Ayushman Bharat Scheme.

### **HTN Questionnaire:**

A questionnaire has been developed for the Hypertension Project, which aims to increase awareness about hypertension in the rural population of Sonipat and Alwar districts. The questionnaire is designed to collect information about the participants' demographics, health behaviours, hypertension management, and awareness of hypertension-related complications. The questionnaire has been developed in a bilingual format, in Hindi and English, to ensure that all participants can respond. The questionnaire will be used in both offline and online surveys, which will be disseminated through the selected villages of Sonipat and Alwar, as well as through the stroke support alliance website. The online questionnaire will be an essential tool in collecting valuable data for this project and will help in identifying areas of focus for increasing awareness and management of hypertension in the study of wider population.

### **Questionnaire deployment:**

As we embark on the operationalization of phase 1 of objective 3, a total of 25 questionnaires per village were distributed to gather data from the eight villages in Alwar and Sonipat. This resulted in a cumulative sample size of 200 questionnaires.

### **Consent Form:**

The deployment of the consent form, along with the questionnaires, has been carried out in Hindi language. The consent form serves the purpose of informing participants about the study's objectives, their involvement in the study, as well as the potential risks and benefits associated with their participation. To facilitate efficient tracking and analysis of data, the questionnaires are coded using district codes and unique codes assigned to each questionnaire. This coding system enables easy identification and resolution of any discrepancies that may arise during data analysis, while also facilitating the transformation of data into numerical form, which greatly simplifies the process of result analysis.

### **Bilingual Format:**

To cater to the diverse population in the research area, the research team at PAIR Academy has coded the questionnaire to make it more culturally appropriate and provide it in Hindi language. This will help in ensuring that participants who are more comfortable in Hindi will have no difficulty in answering the questionnaire.

### **Discussion Guide:**

The discussion guide for the Focus Group Discussions (FGDs) of the Hypertension project was implemented to ensure comprehensive coverage of all pertinent topics pertaining to hypertension and its management within the rural population. This deployment occurred during the first phase of Objective 3.

### **Webinar Series:**

The discussion for this event will revolve around the exploration of the best practices and challenges associated with community-based interventions and medication adherence for hypertension in India.

Conducting a monthly webinar series with experts on Hypertension and management is an effective way to provide education and raise awareness about hypertension among the public. By organizing these webinars, individuals can learn about the latest research and developments in hypertension management from renowned experts in the field.



The webinars can cover topics such as prevention, diagnosis, and treatment options, as well as lifestyle changes that can help manage hypertension. The information shared during these webinars can help individuals take steps to manage their hypertension and reduce their risk of associated health problems.

The inaugural webinar, titled "Addressing Barriers to Hypertension Diagnosis and Treatment," was originally scheduled for 12th May 2023. The webinar featured Dr. Rakesh Kakkar, Professor and Head of the Department of Community and Family Medicine at AIIMS Bhatinda, as the keynote speaker. To ensure broad accessibility, information about the webinar was disseminated through dedicated social media pages. A total of 77 individuals registered for the webinar.

During the webinar, discussions primarily revolved around the following topics:

- The various stages of hypertension, including its diagnosis and risk factors.
- Barriers to diagnosing hypertension from both the patient and provider perspectives.
- The impact of social determinants of health on early diagnosis, such as the associated social stigma of hypertension.
- The contribution of patient beliefs and attitudes to the worsening of hypertension conditions.
- Strategies for improving diagnosis rates.

The PAIR team intends to utilize the insights gained from the webinar to develop a white paper. This white paper will provide a perspective on potential interventions to strengthen the Non-Communicable Disease (NCD) program administered by the government.

[Click Here](#) to view Webinar on YouTube



**Ask the Expert Session**

ADDRESSING  
BARRIERS TO  
HYPERTENSION  
DIAGNOSIS AND  
TREATMENT

12 May 2023  
04:00 PM - 05:00 PM

Zoom Registration



<https://bit.ly/3Vv1L9M>

**Dr. Rakesh Kakkar**  
Professor and HOD, Department of  
Community and Family Medicine,  
AIIMS Bhatinda

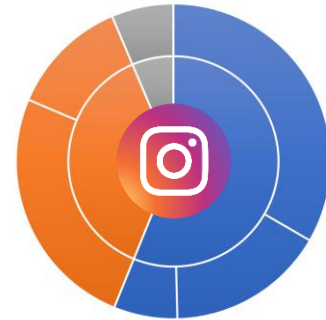
Picture 1: Creative used for first webinar.



### Social Media Assets and Content:

In observance of World Hypertension week, PAIR has initiated the activation of all its social media platforms. We have developed a comprehensive seven-day campaign, commencing on 10th May and concluding on 17th May. The campaign aims to provide brief glimpses into our team's interactions with patients and healthcare professionals (HCPs). Inspired by the concept of dynamically shifting messages accompanied by video recordings captured on-site, the campaign endeavours to leave a profound and enduring impression on the viewer. We have gathered some analytics (as seen in the table and pie chart below) which shows the engagements of our post on platforms such as **LinkedIn** and **Instagram**

Post Number	Day	Impression
Post 1 (10 May)	Day 1 (10 May)	122
	Day 2 (11 May)	303
	Day 3 (12 May)	622
Post 2 (11 May)	Day 1 (11 May)	228
	Day 2 (12 May)	471
Post 3 (12 May)	Day 1 (12 May)	119



■ Post 1 (10 May) ■ Post 2 (11 May) ■ Post 3 (12 May)

Post Number	Day	Impression
Post 1 (10 May)	Day 1 (10 May)	78
	Day 2 (11 May)	179
	Day 3 (12 May)	413
Post 2 (11 May)	Day 1 (11 May)	49
	Day 2 (12 May)	132
Post 3 (12 May)	Day 1 (12 May)	73



### Stroke Support Alliance Social Media Links



### Website:

The IT Team at PAIR has created a desktop site as well as a mobile site for Stroke Support Alliance. This website has a dedicated subpage for [Hypertension](#), where all relevant announcements and activities related to the project will be actively posted. Additionally, we are working towards creating a bilingual version of the website to enable outreach to a wider audience, and to facilitate analysis of the interactions between the audience and the project through the posted chats. All the latest development on this project is shared on the website with embedded link to the webinar series and upcoming questionnaire which can be directly streamed online without any hassle on the News and Campaign space.

[www.strokesupportalliance.org](http://www.strokesupportalliance.org) has been made public. The website can also be operated on Mobile phones and Tablets.

A version of map has been integrated into the website which displays the 20 villages covered under different blocks of Sonipat and Alwar, all blocks are coloured in different shades and by clicking on any one pin the coordinates and photos can of government health centre with photos of FGDs, KIIs and IDI conducted in the villages. Most of the photos which are uploaded onto the maps are GPS tagged photos which shows exact coordinates where the activities were performed,

Please click on the button below to access the village location and photos of the activities.

[My Maps](#)

A detailed report with analysis of FGD, KII, IDI and questionnaire will be available in the next month (June 23).

**END OF REPORT**