

# Rise and Swasthya Pahal

## Activity Report

04/10/2019

Foundation of Healthcare Technologies Society (FHTS)

Dr. Ashish Joshi

## SWASTHYA PAHAL (Health for all)

Swasthya Pahal (Health for all) is an interactive, innovative, technology enabled, Sustainable, Multi-Sectoral, Accessible, Affordable, Reimbursable and Tailored (SMAART) initiative. It utilizes touch screen, computer enabled, SMAART Portable Health Information Kiosks (PHIK) to enhance self-management of non-communicable diseases among individuals at risk of metabolic syndrome (including diabetes, hypertension, high cholesterol and obesity). SMAART PHIK is implemented through a series of health care camps held across urban slums and rural/tribal settings in India.

### Objectives

- To integrate clinical and non-clinical data sources by combining principles of ICTs to enhance population health outcomes across diverse geographic settings.
- To utilise the PHIK as a tool to assess the burden of chronic disease and associated risk factors in diverse settings such as urban slums and rural/tribal settings in India.

**Camp Day: 4<sup>th</sup> October 2019**

**Date:** 4<sup>th</sup> October 2019

**Venue:** DCP Office, North East Zone, Seelampur, New Delhi

**Start time:** 10:30 AM

**End time:** 1:30 PM

**Objective:** To impart health and nutrition education to the beneficiaries and measure their height, weight, blood pressure and blood sugar besides seeking other health related information.

**Total number of beneficiaries:** 38

**Number of female beneficiaries of total beneficiaries:** 10

**Team Members:** Mansi Rai, Nidhi, Bhawani, Ashok, Mahima

### Agenda of the camp

Components of the camp	Details	Material and methods used
1. Registration	<ul style="list-style-type: none"> <li>Collection of information from the beneficiaries such as name, age, phone number and address.</li> </ul>	Receipt booklet
2. Measurement of height and weight	<ul style="list-style-type: none"> <li>Height and weight was measured using standard procedures and protocols.</li> </ul>	Digital weighing machine, Stadiometer
3. Measurement of blood pressure and sugar	<ul style="list-style-type: none"> <li>Blood pressure and blood sugar was measured using standard procedures and protocols.</li> </ul>	Digital machines for measuring blood pressure and blood sugar, lancet, strips, cotton swabs, spirit
4. PHIK	<ul style="list-style-type: none"> <li>Collection of data from the beneficiaries pertaining to their socio-demographic profile, medical history, physical activity and alcohol and smoking consumption pattern</li> <li>Assessment of risk factors based on the information collected</li> </ul>	Laptop (touchscreen)
5. Nutrition counselling	<ul style="list-style-type: none"> <li>Based on the assessment report generated by PHIK, beneficiaries were provided individualized diet and nutrition counselling to prevent and manage non-communicable diseases including hypertension, diabetes and overweight and obesity.</li> <li>They were counselled about healthy dietary habits, healthy snacking options, good dietary behaviours, meal patterns and importance of physical activity.</li> </ul>	Verbal counselling
6. Rise	<ul style="list-style-type: none"> <li>Introduction to RISE initiative, its purpose and objectives</li> <li>Showcasing of rise products</li> </ul>	Rise products
7. Photographs	<ul style="list-style-type: none"> <li>Clicking pictures of the event</li> </ul>	Camera

## Observations during the camp

### Health card of the beneficiaries (n=38)

Condition	Number of beneficiaries with the condition n (%)	Females with the condition n (%) <sup>a</sup>	Males with the condition n (%) <sup>b</sup>
Hypertension	21 (55)	5 (50)	16 (89)
Diabetes	2 (5)	1 (10)	1 (6)
Overweight /obese	18 (47)	3 (30)	15 (83)
Regular physical activity	16 (42)	4 (40)	12 (67)
Alcohol consumption	13 (34)	1 (10)	12 (67)
Smoking cigarette or <i>bidhi</i>	8 (21)	0 (0)	8 (44)

a- total females = 10

b-total males =18

### Conclusion

More than half of the beneficiaries had hypertension (Blood pressure > 120/80 mm/Hg). Prevalence of hypertension in males and females was 89% and 50% respectively. Very few beneficiaries had high blood sugar (Blood sugar > 140mg/dL). More than a third of the beneficiaries were consuming alcohol. One fifth of the beneficiaries were smoking cigarette or *bidhi*. Nearly half of the beneficiaries had their Body Mass Index (BMI) > 25kg/sqm. Prevalence of hypertension and overweight and obesity was very high among the beneficiaries with higher prevalence among males as compared to females. More number of females were engaged in regular physical exercise as compared to males. Lack of time and stressful work environment were considered as the main barriers by beneficiaries for adopting a healthy life style. They did not have enough time to engage in regular physical activity and adopt a regular eating pattern.

**Details of RISE products sold during the camp:** Several RISE products were sold during the camp day. A total of 9 beneficiaries viewed RISE products of which 4 were males. Most popular products were *diyās*, pouches, T-shirts and earrings. Details of the RISE products sold are mentioned in the table below.

**Table: Details of the RISE products sold during the camp**

Product	Description of the product (Size)	No. of units sold
T-shirt	Extra large	2
T-shirt	Large	1
<i>Diya</i>	Large	2
<i>Diya</i>	Small	8
Pouch	Extra small	1
Earring	Small	1

### Photo gallery



Registration and measurement of height and weight



Blood pressure and blood sugar measurement



PHIK and nutrition counselling



Distribution of participation certificate