# RISE and Swasthya Pahal Activity Report

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# 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: 30th December 2019

**Date**: 30<sup>th</sup> December 2019

Venue: CPWD, Timarpur

Start time: 11:00 AM

End time: 3:30 PM

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

**Total beneficiaries and female beneficiaries in Swasthya Pahal:** 33, 1

Total participants and female participants in RISE: 5, 1

Team Members: Ashok, Srishti, Pawan



# Agenda of the camp

Components of the camp	Details	Material and methods used
1. Registration	• Collection of information from the participants such as name, age, phone number and address.	Receipt booklet
2. Measurement of height and weight	• Height and weight was measured using standard procedures and protocols.	Digital weighing machine, Stadiometer
3. Measurement of blood pressure and sugar	• Blood pressure and blood sugar was measured using standard procedures and protocols.	Digital machines for measuring blood pressure and blood sugar, lancet, strips, cotton swabs, spirit
4. PHIK	<ul> <li>Collection of data from the participants 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 source for the source of the so	<ul> <li>Based on the assessment report generated by PHIK, participants 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> <li>Introduction to RISE initiative, its purpose and objectives</li> <li>Showcasing of rise products</li> </ul>	Rise products
7. Photographs	Clicking pictures of the event	Camera

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#### Observations during the camp

Condition	Number of participants with the condition n (%)	Females with the condition n <sup>a</sup>	Males with the condition $n^b(\%)$
Hypertension	26 (78.7)	1	25 (78.1)
Diabetes	7 (21.2)	0	7 (21.8)
Overweight /obese	14 (42.4)	1	13 (40.6)
Regular physical activity	13 (39.3)	0	13 (40.6)
Alcohol consumption	18 (54.5)	0	18 (56.2)
Smoking cigarette or <i>bidhi</i>	15 (45.4)	0	15 (46.8)

**Table 1:** Health card of the beneficiaries (n= 33)

a - total females =1; b- total males = 32

### Conclusion

A total of 33 beneficiaries (1 female) attended the Swasthya Pahal camp organised on  $30^{\text{th}}$ December 2019 at CPWD, Timarpur. More than two thirds of the beneficiaries (79%) had hypertension (i.e. blood pressure >120mm/Hg) while one fifth of the beneficiaries (21%) had high random blood sugar (> 140mg/dL). Less than half of the beneficiaries (42%) were overweight/obese (i.e. Body Mass Index > 24.9 kg/m<sup>2</sup>) and more than one third of the beneficiaries (39%) were engaged in regular physical activity (i.e. at least 4 times in a week). Beneficiaries reported lack of time as the main barrier for not being able to exercise regularly.

More than half of the beneficiaries (55%) consumed alcohol while nearly half of them (45.4%) smoked *bidhi* or cigarette (47%) though the quantity and frequency of smoking and drinking alcohol varied widely among the beneficiaries. Most of the beneficiaries seemed motivated to change their lifestyle after PHIK and nutrition counselling.

# **Details of RISE products sold during the camp:** Five participants (1 female) viewed RISE products on the camp day. They mostly viewed earrings, pouches and t-shirts. Details of RISE products sold during the camp day are mentioned in the table below.



Product	<b>Description of the product (Size)</b>	No. of units sold
Pouch	Small	1
Key chain pouch	Small	1
Earrings	Large	2
Earrings	Medium	2
Earrings	Small	2
T-shirt	Extra large	1

**Table 2:** Details of the RISE products sold during the camp





# Photo gallery



Registration of the beneficiary at the camp







Measurement of blood pressure of the beneficiary

Obstruction is Opportunity.



Measurement of blood sugar of the beneficiary





PHIK and nutrition counselling of the beneficiary







An overview of the camp

