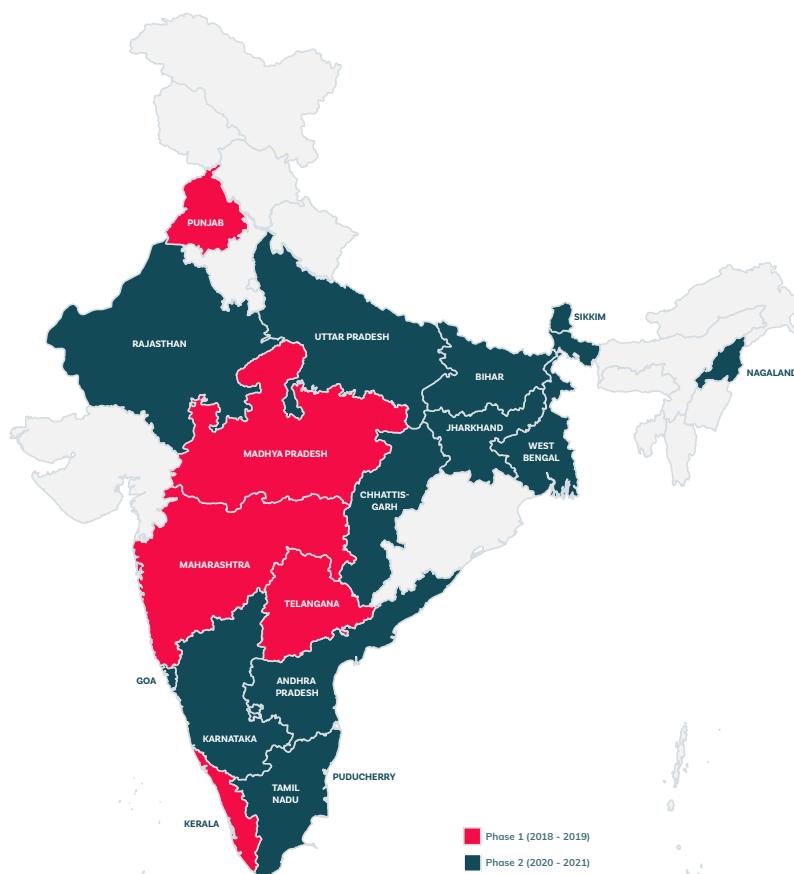


## Hypertension is a serious, and growing health issue in India and patients with hypertension are at a higher risk of becoming severely ill and dying from COVID-19.

With one in four adults detected with high blood pressure, it is estimated that there are more than 20 crore adults with hypertension in India. However, less than one-tenth of all people with hypertension have their blood pressure under control. The India Hypertension Control Initiative (IHCI) was launched in November 2017 to support India's target of a 25% relative reduction in the prevalence of raised blood pressure by 2025.

The initiative is making an enduring impact by strengthening the hypertension treatment component of the National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS). Evidence-based strategies, such as standard treatment protocols, uninterrupted drug supply, team-based care, patient-centred services and an effective information system, have been adopted to strengthen and intensify the building blocks of hypertension management and control.



In 2018, IHCI was rolled out in 26 districts across Punjab, Madhya Pradesh, Kerala, Telangana and Maharashtra. By May 2021, the program was expanded to 83 districts across 18 states and was being implemented in 8349 health care facilities, including 4733 subcentre - Health & Wellness centres. There has been a steady increase in the number of people obtaining care under IHCI. Almost 14.5 lakh patients with hypertension had been enrolled under the program till May 2021.

We are happy to bring to you a quarterly newsletter to share IHCI programmatic updates, good practice stories, innovations, and voices from the field. Read on to know more!

### At a glance



**18**  
states



**83**  
districts



**8349**  
health care facilities



**14.5<sub>LAC</sub>**  
patients with  
hypertension enrolled



KERALA

## Strategies to improve patient-centered care at Poothady, Wayanad

#innovation

The COVID-19 pandemic has severely disrupted essential healthcare services across the country. The first and second surge of the pandemic saw patients with chronic conditions such as diabetes and hypertension, suffer due to lack of treatment and missed medication, making them at a higher risk of uncontrolled blood pressure and severe illness.

In order to ensure continuity of treatment to keep patients' blood pressure under control, the Family Health Centre (FHC) Poothady, in Wayanad district revamped its existing work structure and adopted innovative strategies to retain patients in care. FHC Poothady currently serves 2000 patients from 22 Wards. To decrease patient load and waiting time at the weekly NCD clinic, the health facility has evenly distributed patient visits throughout the month. Each ward is allocated a specific day to access treatment, while the last few days in the month are open to walk-in patients from all wards and every fourth Saturday is earmarked for NCD patients from other Panchayats. Patients have the flexibility to visit the doctor on days other than the day assigned to their ward, but strong preference is given to those whose appointments are pre-decided.

A team consisting of a Junior Health Inspector (JHI), a Junior Public Health Nurse (JPHN) and an ASHA worker from each subcentre in a ward is responsible for recording patient blood pressure and updating IHCI cards for patients from their respective wards. This strategy has allowed the JHI-JPHN-ASHA team from each sub centre to serve patients from their respective wards, fostering a sense of trust among patients

and accountability among the care providers, in turn ensuring better patient follow up and retention. The revised approach has reduced crowding in the health facility and improved patient management. The patient footfall has been evenly distributed with no more than 60 patients every day, resulting in better service provision by the care givers. This patient-focused strategy is further yielding positive results in improved patient care and overall hypertension control.

This strategy of redistribution of service delivery and human resources at FHC Poothady can be scaled up over the entire district.

**During COVID-19 times staggering NCD patients over the entire month will reduce the chances of infection, as well as provide ample scope for quality addition to services.**

**Dr. Ancy Jacob**  
District Nodal  
Officer, Wayanad,  
Kerala



## TELANGANA

### 100 percent follow up of patients with hypertension – Role of ASHAs in reaching the last mile in Telangana

#success story

Jogulamba Gadwal was adopted as one of the expansion districts under IHCI in the state of Telangana in September 2020. Soon after the program was launched, IHCI trainings were initiated in a phased manner for health care workers including medical officers, staff nurses, ANMs, ASHA workers and supervisors. By December 2020, 2926 patients with hypertension were registered under the IHCI program in four Primary Health Centres (PHCs) in the district: Gattu, Ieza, Rajoli and Waddapally.

Though the pandemic created disruptions in providing health services, health facilities implementing the IHCI program in Jogulamba Gadwal recorded at least one follow-up visit of all registered patients during the January - March 2021 reporting period. This was made possible by the ASHA workers, who ensured that patients registered with IHCI adhere to their treatment and visit health facilities for monthly follow ups. It was further verified at the health facility level by staff nurse and ANMs responsible for compiling patient information from respective sub centres. Village-wise lists of patients who missed their follow up visits were prepared at the sub centres and handed over to the ASHA workers. The ASHA workers conducted door to door visits and counselled patients registered under the IHCI program to continue their hypertension medication and ensure routine follow up visits. These patient-focused strategies were adopted at the community level to ensure continuum of care among patients with raised blood pressure. Lack of private health facilities

in the area and poor inter village transport also contributed to high uptake of public health services.

The COVID-19 pandemic required adapting to new strategies for patient care. Geriatric patients with blood pressure under control, patients with suspected cases of COVID-19 in home quarantine, COVID-19 positive patients in home isolation and those who could not visit facility due to lack of transport or movement restrictions were given hypertensive medicines at their doorstep by the ASHA workers.

Hence, ASHA workers played a critical role in achieving 100 percent follow up in the district in the reporting quarter. While the last mile interventions were made successful by the ASHA workers, the STS and NCD supervisors at the PHC level were responsible for regular monitoring of patient care.

**Supportive supervision with close monitoring at the village level and uninterrupted supply of medicines, helped in improving the hypertensive patient registration and follow ups.**

**Dr Rajasimha**  
Medical Officer PHC Gattu,  
J Gadwal, Telangana





UTTAR PRADESH

## IHCI launch in Jhansi, Uttar Pradesh

#event

Jhansi is one of the four districts of Uttar Pradesh selected for implementing the India Hypertension Control Initiative. With 28.4 percent prevalence of raised blood pressure, it is estimated 2.34 lakh adults have hypertension in the district.

The IHCI program was launched in the Jhansi district on 10th June 2021 by the Chief Medical Officer at the NCD Clinic, Community Health Centre, Babina. The launch was attended by several district officials, including the District NCD Nodal Officer, PHC Superintendent, NCD Medical Officer and other clinic staff.

The District Magistrate, Chief Medical Officer and other officials attending the launch event were briefed on the IHCI program. A practical demonstration was given on the registration process of patients for hypertension management. Patients with hypertension who visited CHC Babina on the day of launch were registered on the Simple App and provided with BP passports, and dispensed 30 days of hypertension medication.

Launching IHCI program in Jhansi amidst the COVID-19 pandemic was challenging, and a number of factors contributed to delays in implementation: closure of Out

Patient Department (OPD) services; non-availability of health staff due to deputation for COVID-19 wards, sample collection and vaccination drives; and limited availability of drugs and digital blood pressure monitors. Support from the state and advocacy for the program at the district level helped in overcoming these obstacles and successfully launching IHCI in Jhansi.

**In IHCI program we will ensure follow up of all patients with help of Simple App in rural area and continue supply of medicine for every registered hypertensive patient.**

**Dr. Anuradha Rajpoot**  
District Consultant  
Epidemiologist (IDSP, NCD),  
Jhansi, Uttar Pradesh

### Publications

India Hypertension Control Initiative – Hypertension treatment and blood pressure control in a cohort in 24 sentinel site clinics. *J Clin Hypertens (Greenwich)*. 2021 Apr;23(4):720-729.

Decentralization of India Hypertension Control Initiative services to maintain continuum of care for hypertensive patients during COVID-19 pandemic in Telangana. *WHO South-East Asia Journal of Public Health*. 2021; 10: 49-58.

### Acknowledgements

The IHCI newsletter is developed with contributions from Dr Mohamed Essa Rafique (Cardiovascular Health Officer, Wayanad, Kerala), Dr Abhinav Kadia (Cardiovascular Health Officer, Uttar Pradesh) and Dr Mohammed Abdul Wassey (Cardiovascular Health Officer, Jogulamba-Gadwal, Telangana).