

Experiences of chronic care service delivery at Primary Health Care (PHC) and self-management strategies in Phalombe district – Malawi

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Background

- ❖ The growing burden of infectious disease and rapid rise in chronic non-communicable diseases (NCDs) in Africa, calls for a reorientation of health systems and innovations in the delivery of healthcare services to meet the changing needs of the population.
- ❖ Reforms advocated include decentralization of chronic care services to primary healthcare (PHC) level, multi-sector and stakeholder engagement in resource mobilization, patient-centred care approaches, and engaging patients and communities as partners in health.
- ❖ This study aimed at investigating the practical implementation of these proposed reforms in the context of Malawi, and within community-based care (CBC) programmes and linked primary healthcare outpatient services. We explore how their practices contributed to patient self-management.

Key findings and discussion

- Our findings suggests existence of interventions aimed at supporting patients with chronic conditions beyond formal health settings.
 - ❖ CBC programmes were capable of providing medical, home-based care, psychosocial and livelihood support to patients although resource constraints affected implementation of CBC activities.
 - ❖ Community volunteers, peer-patients and guardians were considered to play an important role in extending chronic care.
 - ❖ HIV patient-support groups had educational and entertainment activities to encourage positive living and instill hope. While these groups were perceived to be valuable, some recommended the need for establishing peer-patient groups for other chronic NCDs.
- The experiences of decentralising chronic care services at PHC were varied i.e.
 - ❖ HIV services were accessible, while delivery of mental health, palliative care, diabetes and hypertension services were limited due to; lack of diagnostic tools, frequent stock-out of medication, and inadequate number of staff and skills mix.
 - ❖ Patients were concerned with cost and burden of accessing these services at public referral facilities or paying PHC facilities.
- Survey patients rated their ability to self-manage their condition(s), and as indicated in the graph, higher scores meant better self-confidence/efficacy of selected tasks or activities. For instance:
 - ❖ The ability to do other things besides taking medication to reduce how much a patient's illness affects their daily life, close to 40% of patients scored their self-efficacy as 1 (meaning no confidence).
 - ❖ We explored in interviews the perceived barriers to patient capacities to better self-management. These included: patients and caregivers limited knowledge and skills about the conditions and management; and limited awareness/information on where else to access services. Other challenges mentioned were dealing with stigma, socio-economic challenges (poverty and food shortage) and physical barriers that affect access and delayed care seeking.

References

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Methods

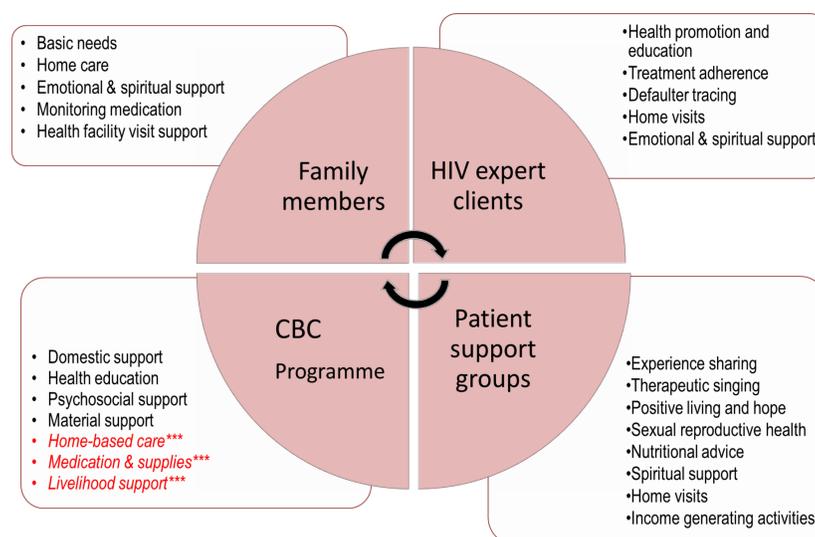
An **in-depth case study of CBC programmes** in Phalombe District (Malawi), employing mixed-methods approaches:

1. QUALITATIVE APPROACH

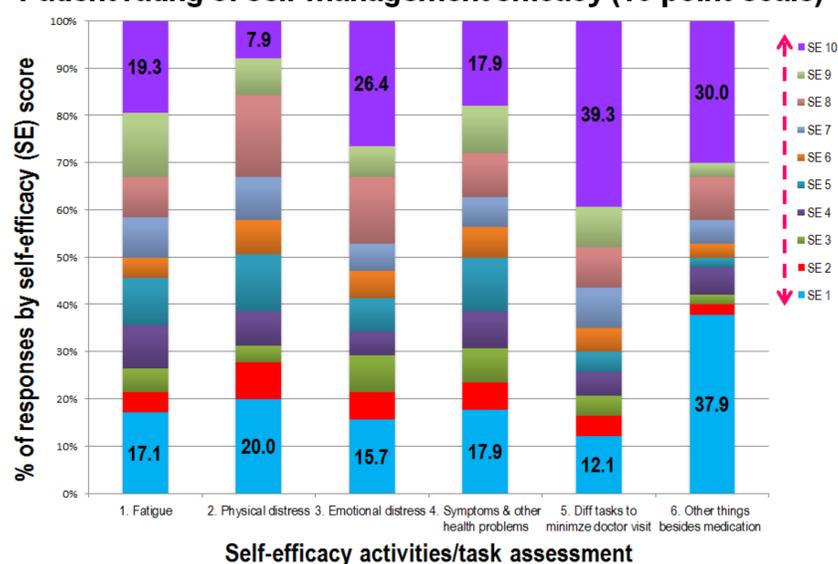
- ❖ Structured observations of CBC programme activities and linked primary healthcare outpatient services
- ❖ Learning visits and discussions with implementing partners to explore their role in chronic care delivery
- ❖ In-depth interviews with: health providers/managers (n=10); patients and guardians (n=16); peer-patients (n=4)
- ❖ Group discussions with CBC programme volunteers and peer-support group members (n=8)

2. QUASI-EXPERIMENTAL SURVEY (single-group multiple measure design)

- ❖ 140 adult patients with chronic condition(s), newly enrolled in CBC programmes
- ❖ Data collection at baseline and after months 3, 6 and 12
- ❖ Study instrument adopted Stanford Chronic Disease Self-Management Programme (CDSMP) and World Health Organisation STEPS survey scales
- ❖ **OUTCOME:** Effectiveness of community-based chronic care self-management support interventions on **patient health outcome i.e. self-efficacy, health status and self-management behaviour**



Patient rating of self-management efficacy (10 point-scale)



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