

A GACD Implementation Science e-Hub Case Study

Situational analysis for the implementation of NCD prevention and control policies and interventions

This case study was developed based on the work of
Kerala Diabetes Prevention Program (KDPP)

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Case study summary

This case study outlines the situational analysis conducted in Kerala, India, focusing on the implementation of a diabetes prevention programme. The analysis aimed to adapt international prevention strategies to Kerala's context, addressing the high prevalence of type 2 diabetes mellitus (T2DM) in the region.

Identification and characterisation of implementation issues

With India harbouring the second-largest number of individuals with T2DM and Kerala showing the highest prevalence within the country, the situational analysis aimed to pinpoint gaps in existing NCD prevention policies and the need for localised intervention strategies.

Selection, adaptation, and application of implementation strategies

The Kerala Diabetes Prevention Programme (KDPP), a community-based lifestyle intervention, was designed targeting high-risk rural populations. It involved peer-led educational sessions on diabetes prevention and group facilitation, supplemented by community-wide activities like yoga and gardening.

Development and delivery of the stakeholder engagement strategy

The approach involved gathering qualitative data through focus groups comprising pre-diabetic individuals from rural areas, aiming to uncover cultural needs and attitudes towards T2DM prevention. This helped tailor the KDPP to local preferences and conditions.

Evaluating implementation

Implementation was evaluated through triangulation of evidence from prior research, policy documents, and engagement with local stakeholders. This multi-source approach aimed to ensure the KDPP's relevance and effectiveness.

Results and key findings

The situational analysis uncovered significant gaps in NCD research and policy in Kerala. Despite high NCD rates, the implementation of prevention programmes lagged behind high-income countries, highlighting an urgent need for [tailored intervention strategies](#).

Strengths and limitations

The analysis's strengths lay in its comprehensive approach to identifying local health needs and customising interventions. However, it faced limitations in addressing the newly launched NPDCS's recommendations and in navigating the sparse research on NCD policy in India.

Success factors and challenges

Key success factors included the integration of [behaviour change interventions](#) within family and community frameworks. Challenges encompassed adapting these interventions to the local cultural landscape and addressing prevalent risk factors more effectively.

Next steps

Future directions suggest expanding community empowerment strategies and further integrating the situational analysis findings into broader NCD prevention and control policies, both in Kerala and across India.

References

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Key learning objectives

1. Understand the need to adapt global diabetes prevention strategies to local contexts, such as Kerala, to address specific health challenges.
2. Recognise the role of stakeholder engagement through qualitative methods like focus groups to tailor interventions to local cultural and social conditions.
3. Learn about the gaps in NCD research and policy, and the importance of targeted, culturally relevant strategies to address high diabetes prevalence.