



Project Summary

The *Implementation of the Community Health System Innovation Project in low- and middle-income countries (COHESION-I)* is a research partnership financed by the National Institute for Health and Care Research from the United Kingdom (info [here](#)). The COHESION-I Project aims to generate evidence and develop interventions to contribute to the improvement of the management of Non-Communicable Diseases (NCDs) and Neglected Tropical Diseases (NTDs) at the primary health care level in rural and peri-urban areas in India, Mozambique, Nepal, and Peru.



The project's **first phase**, the COHESION Project (2016-2020), was a collaboration between research teams from Mozambique, Nepal, Peru, and Switzerland (more info [here](#) and [here](#)). It enabled **formative research** at the policy, health system, and community levels using as tracer conditions NCDs (diabetes and hypertension), and a specific NTD per country (schistosomiasis in Mozambique, leprosy in Nepal, and epilepsy resulting from neurocysticercosis

in Peru). Findings from this research informed a participatory process with communities, primary healthcare workers, and regional health authorities to identify adequate interventions aimed at: 1) raising awareness and improving understanding of chronic conditions; 2) training health professionals in chronic disease management and social skills; and 3) improving infrastructure in community-level health facilities.

Taking the work forward, the **new phase** - COHESION-I Project (2022-26, with "I" of Intervention) - evaluates the impact of co-created/co-designed, country-specific interventions at the primary healthcare

level. It focuses in **two major outcomes**: (1) health systems responsiveness and patient satisfaction, and (2) health care provision for chronic diseases. This phase has **two main components**:

Component 1 - Co-design, implementation, and evaluation of interventions: A co-design process guided the development of interventions for a quasi-experimental study conducted in six communities in Mozambique, Nepal, and Peru. The interventions being implemented across the three countries comprise the following three elements:



Community

Communication strategy for prevention and management of chronic conditions



Healthcare workers

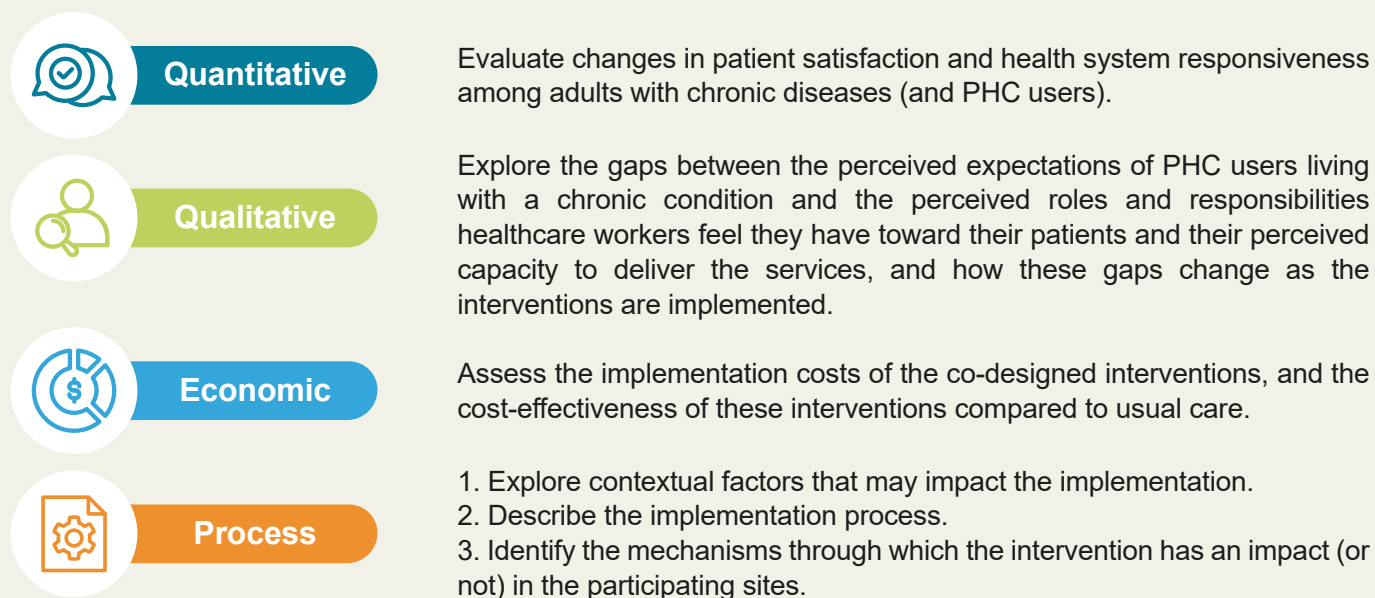
Training in clinical management and interpersonal communication



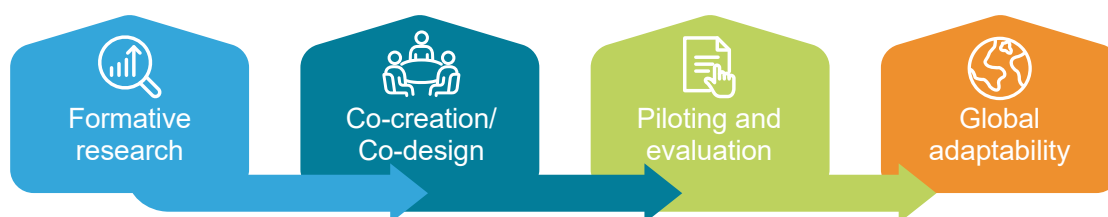
Local health facility

Improvements to the health facilities (economics fund, appointment system, etc).

The interventions will be evaluated through quantitative, economic, process, and qualitative studies conducted before, during, and after implementation, using diverse research approaches to:



Component 2 – Optimization process in India: Seeks to adapt and apply lessons from the COHESION Project (Phase I) and the COHESION-I Project (Phase II) to the Indian context. This involves formative research, co-creation/co-design processes of context-specific interventions to improve care for NCDs and NTDs, and piloting to assess feasibility, acceptability, and preliminary effectiveness. If the COHESION approach is proven to be locally adaptable in India, a protocol for the COHESION methodology will be developed that can be adapted to different environments globally.



Principal Investigator: Dr. Maria Lazo Porras, CRONICAS Center of Excellence in Chronic Diseases, Universidad Peruana Cayetano Heredia, Peru, maria.lazo@upch.pe.

Joint Lead Applicant: Prof. Albertino Damasceno, Universidade Eduardo Mondlane, Mozambique, tino_7117@hotmail.com

Co-Investigators:

- Dr. Devarsetty Praveen, The George Institute India, India, dpraveen@georgeinstitute.org.in.
- Sanjib Kumar Sharma, BP Koirala Institute of Health Sciences, Nepal, drsanjib@yahoo.com.
- Antonio Bernabe, CRONICAS Center of Excellence in Chronic Diseases, Universidad Peruana Cayetano Heredia, Peru, antonio.bernabe@upch.pe.

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