Coding scheme for FGD Magada 1

1. Understanding NCDs
   1. Examples –NCDs
   2. Definition- NCDs
      1. Non-transmission- NCDs
      2. Caused by food- NCDs
      3. Gotten from birth or inherited- NCDs
2. VHT recognition of NCDs in communities
3. Need to address NCD burden- Important
   1. Suggestion-Increase testing/diagnosis/education
   2. Complaints/Areas of need (e.g. more VHT training, clinic outreach)
4. Community awareness of NCDs
   1. Admittance/non-admittance of awareness of NCDs
      1. VHT personal admittance of NCDs awareness
      2. Awareness without knowledge of causes and symptoms
   2. Reason for non-awareness/awareness (spread of awareness) of NCDs
      1. Ignorance
      2. Lack of sensitization
      3. Village health centers lacking services
   3. Solutions to non-awareness of NCDs
5. Dealing with community NCDs
   1. VHT Knowledge/Education to raise community awareness
   2. Referral
   3. Positive interpersonal relations
   4. Community screening by medical personnel
   5. VHT medication distribution
6. Same code as 5.
7. Barriers to managing NCDs
   1. Lack of medical services, medications
   2. Lack of transport to medical facilities
   3. Lack of assistance/supervision from medical personnel
   4. Community’s lack of money for medical services
   5. Lack of VHT motivation/support from community
   6. Discouraging attitude of medical personnel towards community members(e.g. inferiority complex)
   7. Lack of monetary encouragement from organizations for VHT work; lack of assistance to aid VHT work
   8. Lack of VHT recognition by medical personnel
   9. Community non-adherence to VHT recommendations
   10. Lack of VHT regard from community
   11. Lack of VHT equipment/medication
   12. Lack of VHT education on NCDs.
8. VHT encouragement for NCDs prevention
   1. VHT Education/Provision of NCDs knowledge/ knowledge sharing amongst VHTs
   2. Proper referral and record-keeping tools for VHT
   3. Availability of medication and education for referred community members
   4. VHT transportation and monetary aid
   5. Availability of screening services
   6. Friendly attitude from medical personnel
   7. Training of respected community leaders
   8. VHT uniforms/increased respect
   9. Medical personnel endorsement and collaboration with VHT
   10. VHT carrying medication/equipment
9. Other commentaries
   1. Community leaders’ support for VHT work
   2. Willingness to increase NCDs knowledge
   3. Elderly complaint of exclusion of elderly health issues from community health work like VHT.
   4. Preference for traditional healing to hospital care
10. Memorable quotes