POPULATION BASED SCREENING ASSESSMENT OF PATIENTS OF HYPERTENSION,DIABETES & CANCERS

Presented By-

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INTRODUCTION

The National Health Mission (NHM) encompasses its two Sub-Missions, National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

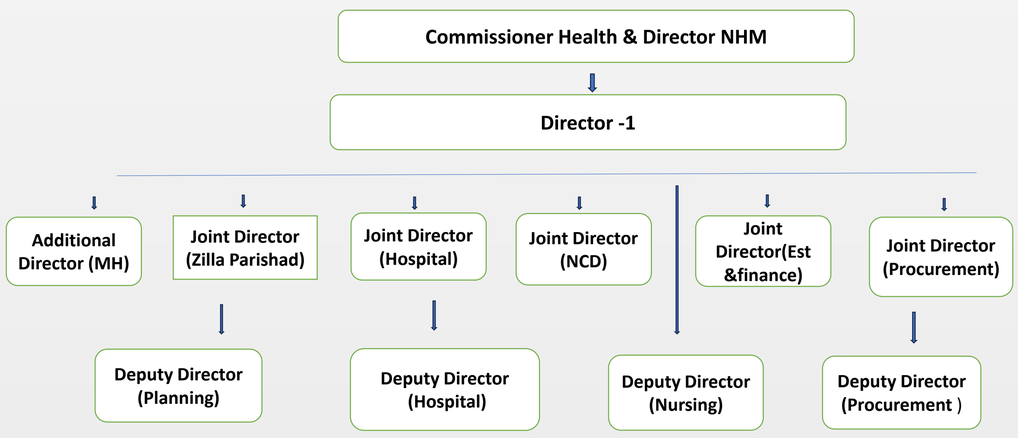
MISSION

- Noncommunicable diseases such as cardiovascular disease, cancer, chronic respiratory diseases, diabetes, and others are contributing to almost 60% of all deaths. NCDs result in significant loss of potentially productive years of life.
- Main aim is to focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management, and referral in order to prevent and control major NCDs.

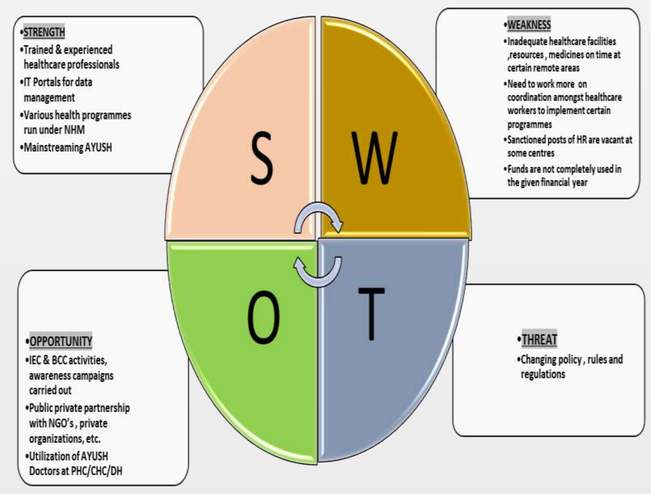
VISION

- At every age , everyone should have the highest attainable status of health, well-being and quality of life, free of preventable Non communicable diseases , avoidable disability, and premature death.

ORGANIZATIONAL STRUCTURE



SWOT ANALYSIS



PROJECT - POPULATION BASED SCREENING (PBS)

AIM

It is used to identify people in an healthy population who are at higher risk of developing a health problem or illness in order to provide early treatment or intervention.

IMPORTANCE

- Majority of NCDs are asymptomatic in early stage hence detection by screening of each individual above 30 years of age is the key factor,so that early detection can aid in initiating treatment, controlling mortality from NCD complications, and subsequent NCD problems.
- It will also serve the purpose of increasing awareness about NCDs and Health care.
- It will reduce the burden of disease on individuals & community.

STRATEGY

Health promotion → Screening and early detection → Accurate diagnosis → Affordable treatment → Rehabilitation

PROCESS

Target : All Individuals **Above 30 years** of age
Diseases to be Screened : Hypertension, Diabetes Mellitus, Oral, Breast & Cervical Cancer

Active Enumeration of the population & registration of families by creating **Family Folder**.

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Filling of Community Based Assessment Checklist **(CBAC)** form for all 30+Individuals

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Digitization of Family folder & CBAC using ASHA App /ANM application/ Subcenter portal

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Screening of 30+ Individuals & entering the screening information in **National NCD Portal**

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Referral of Suspected cases for Diagnosis & further treatment.

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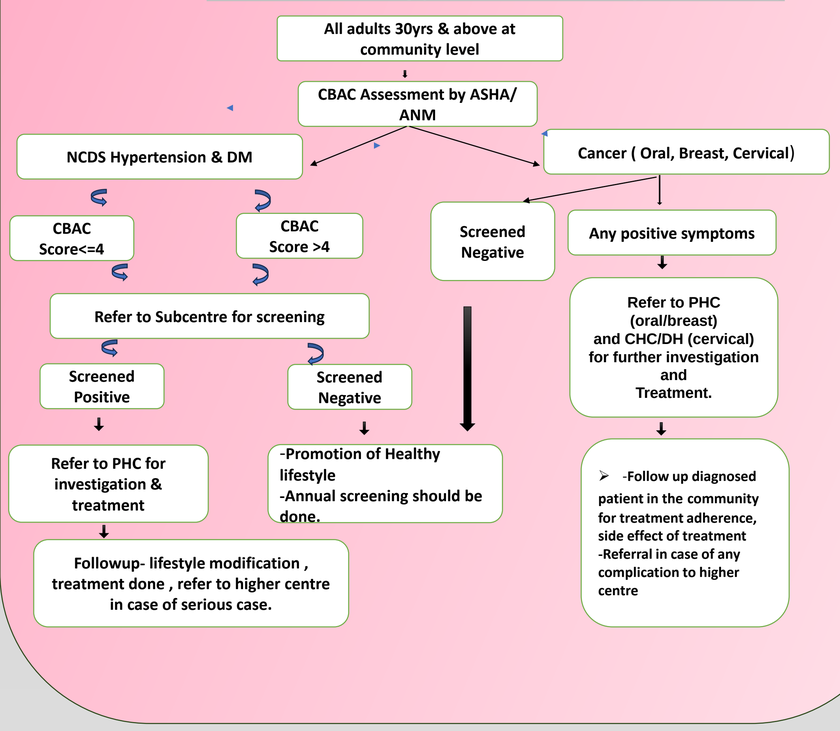
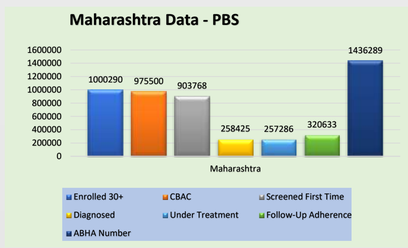
Follow up

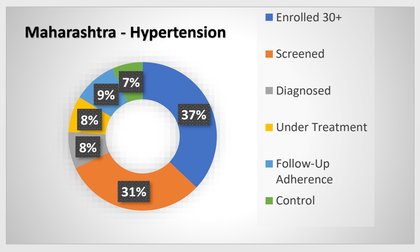
Flow chart showing process of Screening and Referral

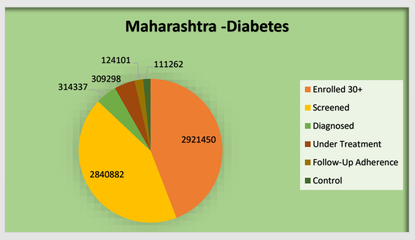


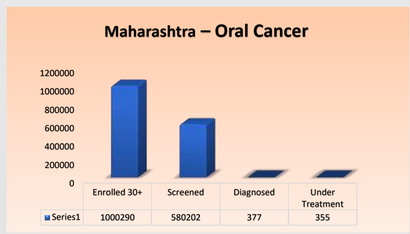
National NCD PORTAL

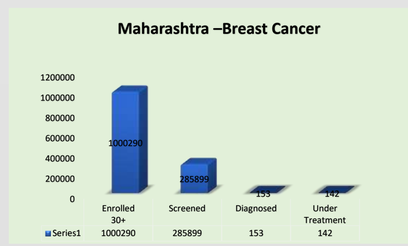
MAHARASHTRA STATE MONITORING & ASSESSING SCREENING PROGRAM

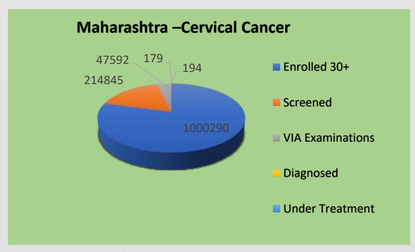




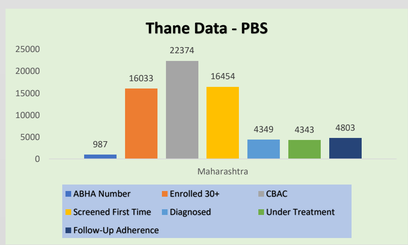


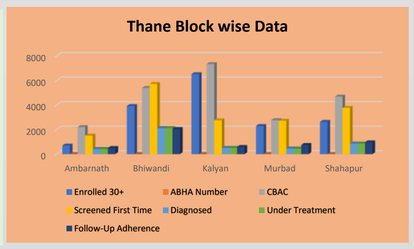


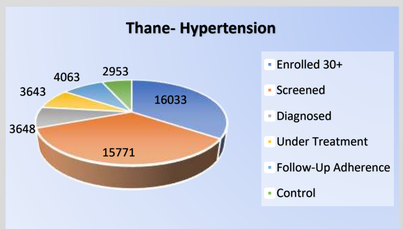


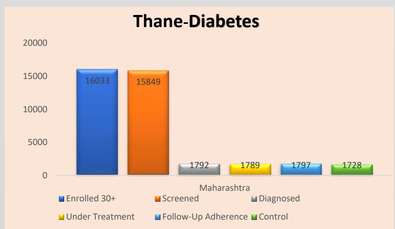


THANE DISTRICT DATA- PBS









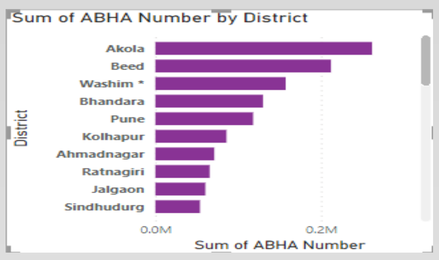
ROLE OF ABHA CARD IN POPULATION BASED SCREENING

- Generating a new ABHA Card will help patients to avail medical treatment , free medicines availability at any government hospitals or healthcare centers.
- It will help to access and analyse the relevant past medical history data of patient through ABHA ID number which will eventually simplify the process of screening in centers.
- The Health ID card can also be linked to multiple health schemes and insurance plans providing extra benefits to patients in future.

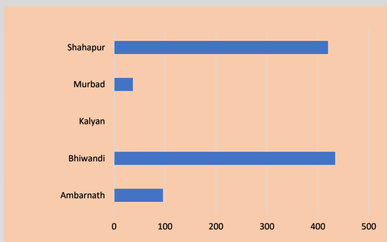
MAHARSHTRA STATE -ABHA CARD DATA

State	ABHAs Created	Verified Health Facilities	Verified Healthcare Professionals
Maharashtra	25113531	14206	7357

Maharashtra- District Wise



Thane District Blockwise



THEORETICAL V/S PRACTICAL APPROACH

THEORETICAL APPROACH

In theoretical learning we learn about various operational guidelines of the programme, its policy & framework, how it will be directed & guided .

PRACTICAL APPROACH

- It is little bit different from what we learn in theory , we get to know about real time issues , the loopholes of programmes & healthcare system at ground level.
- We learn how to actually implement any programme at community level, its budgeting ,how to do gap analysis, monitoring & evaluation,etc at field.
- Overall it was a very good experience because we learnt how to apply our theoretical knowledge.

CHALLENGES

- Time constraint - needed more time to understand the dynamics of healthcare system.
- I was posted in various location so it took time for me to adapt the new working culture of organization.
- Initially i faced difficulty in handling the National NCD Portal and data analysis , but gradually with time I learned.
- I faced difficulty in travelling to various health centers during my field visits.

LEARNINGS

- **Overall Program Implementation**
  - Planning, implementation, monitoring & evaluation of various national health programmes.
  - Importance of Population Based Screening(PBS) with regards to NCDs - filling enumeration form, CBAC form, screening, role of ASHA,ANM at ground level.
  - Learned how to do interaction and counselling of people residing in rural & urban areas.
- **Role of Mapping** in enabling accurate location of healthcare institutions in each area to find nearby facilities to access healthcare services.
- **Role of National NCD IT Portal** to gather & analyze data related to disease prevalence, disease pattern, risk factors, burden of disease & performance evaluation of facilities & users.
- Population based screening activities- conducting gap assessment of facilities , developing action plans which lead to provision of quality healthcare services.
- **Role of ABHA** Health ID and its linkage with other IT Portal.
- Role of HMIS in health care system
- **Quality Assurance-** monitoring & evaluating facility visit,monthly report, checklist, in person review meeting, regular data analysis through manual record or digital record.

USEFULNESS

- How various government programmes are implemented on field level & importance of health promotion, education, TOT, screening, early diagnosis ,treatment, follow up.
- Mapping of all districts & corporation in National NCD IT Portal.
- Line listing of disease prevalence of female patients of Maharashtra state under MSGS(Mata Surkshit Tar Ghar Surakshit Abhiyan)
- RCH Portal Mapping
- Model health village performance
- How to detect duplication of data in portal.
- State monthly circlewise report review.

SUGGESTIONS

- **Strengthening Healthcare System**

-To fill vacant post of HR, to increase no of beds, medicine availability on time, more of TOT, spread awareness through IEC & BCC activities.

- **Regarding National NCD IT Portal**
  - Maintenance of manual and digital data.
  - Manual data should be transferred on digital platform ;so that patients are registered to access healthcare services.
  - To generate more ABHA Health ID and link it with National NCD IT Portal
  - Always sync the previous data then only it will be saved in portal.
  - In Non-HWC subcentres, there should be some provision for Team Based Incentives provided to ANM & MPW.
  - To prevent duplication of data in National NCD IT Portal
- **Monitoring & Evaluation**

- Checklist done, accurate data collected & entered, regular supervision at Block,PHC,SC,regular data validation and verification methods implemented.

- Mapping of all districts & corporation in National NCD IT Portal to be done actively to proceed forward the remaining work.