NPCDCS PROGRAMME ANALYSIS

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ABOUT THE NATIONAL HEALTH MISSION

- Earlier it was launched in Tamil Nadu on 12 April 2005 as NRHM (National Rural Health Mission) to bring architectural correction of health system & promote policies that strengthen public health management .
- All the National Health Programmes at the State & District level are brought under one umbrella to pool all resources more feasibly & it will function through sub – committees .
- NUHM (National Urban Health Mission) was launched on 1st May 2013 as a submission of NHM.
- NHM provides a platform for health systems strengthening, health promotion activities & provisioning of services for diagnosis & management of various diseases.

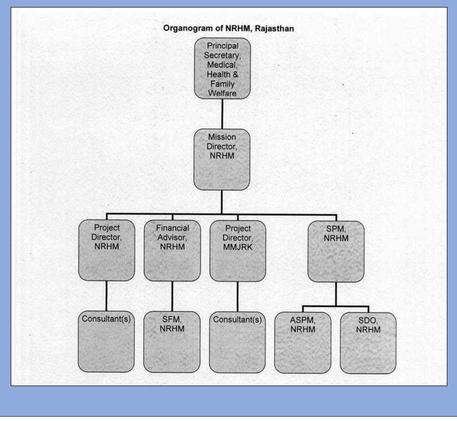
VISION

- The vision is to provide universal access to equitable, affordable& quality health care services which is accountable at the same time responding to the needs of the people with effective intersectoral convergent action to address the wider social determinants of health

MISSION

- The mission is to make public health delivery system fully functional & accountable to the community , human resource management , community involvement, decentralization, rigorous monitoring, & evaluation against standards ,the convergence of health & related programmes from village level upwards , innovations & flexible financing & also interventions for improving the health indicators.

ORGANIZATION STRUCTURE



NCD'S

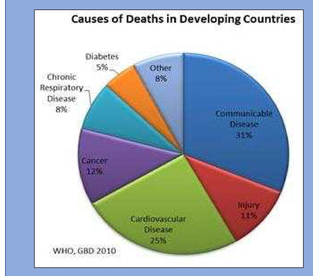
- NCD's are the diseases which are not transmitted from infected person to normal person.
- Rapid Demographic, environmental & lifestyle transitions has resulted into the shift of burden of diseases from communicable to non- communicable diseases.
- 60% of deaths are caused by NCD's in India.
- More than half of the due to NCD's are premature affecting productive population .
- Hypertension & Diabetes are two leading NCD's in India .
- One in four adult has high blood pressure & one in ten has high blood sugar in India .
- The poor and disadvantaged are at greater risk for NCDs. Poor people are also more likely to be exposed to NCD risk factors. If the main earners are those who get sick or die, families can face great hardships to meet expenses food, education and health. Also, NCDs are costly to treat, both for the person affected and for the health care providers.
- More than three quarters of NCDs are preventable. An important way to control NCDs is to focus on reducing the risk factors associated with these diseases.

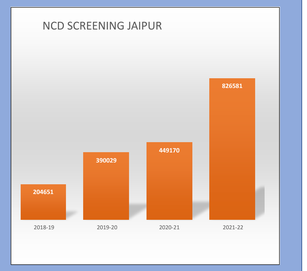
NPCDCS PROGRAMME

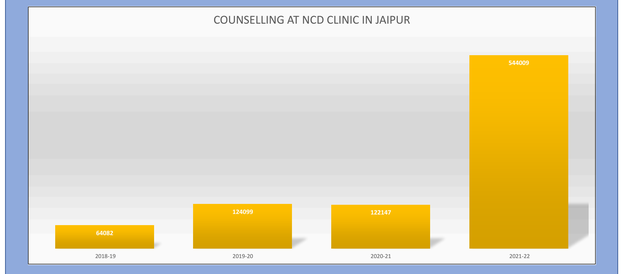
- Considering the increased burden of NCD's , MOFHW launched a programme - The National Programme for Prevention & control of Cancer, Cardiovascular Diseases& Stroke
- This Programme provides comprehensive services for early diagnosis, treatment, follow up & referral etc.
- Initially it was launched in 100 districts across 21 States but effective implementation came when it integrated with NHM in 2013-2014.
- After that there had been acceleration in setting up NCD Clinics in CHC's & District Hospital .
- Population Based Screening (PBS) has been started for hypertension , diabetes & common cancers .
- This programme would be helpful to fulfil Govt. commitment to reduce premature mortality due to NCD's by one third as per Sustainable Developmental Goals.

LEARNING & VALUES

- NPCDCS program implementation at public health facilities including PHC's, CHC's, sub centre.
- How Screening & Counselling is done.
- Primary and Secondary data collection & analysis.
- How Indicators are formed & used to compare the districts.







FIELD VISITS

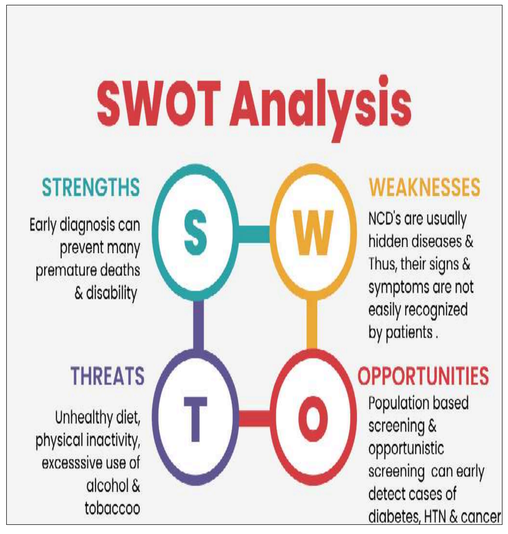
AT KANWATIA DISTRICT HOSPITAL IN NCD CLINIC, JAIPUR

AT U-PHC GANDHINAGAR IN NCD CLINIC, JAIPUR

PRACTICAL EXPOSURE	THEORETICAL WORK
Witnessed shortcomings while implementation of program at public health facilities.	Simply learned about the procedure how program is implemented.
Collected primary data manually as well as analysed secondary data on MS – Excel & made indicators.	Learned about the primary and secondary data collection and analysis.

CHALLENGES

- Hot weather
- Long Distance from residence
- Lost ways during field visits
- Poor health resulted in absenteeism



SUGGESTIONS

- Separate staff for male & female screening should be there at NCD clinic.
- Proper maintenance of record is required for follow up as well as for analysis .
- Private area must be there for breast and cervical cancer examination .
- Counselling area should be away from screening .
- Awareness camps must be regularly conducted .