



ASSESSMENT OF NEED OF MERGING MO PORTAL WITH AB – HWC PORTAL



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INDUSTRY SECTOR PROFILE

BRIEF HISTORY

NATIONAL HEALTH MISSION

The National Health Mission (NHM) was launched by the government of India in 2005 subsuming the **National Rural Health Mission** and **National Urban Health Mission**. It was further extended in March 2018, to continue until March 2020. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. Continuation of the National Health Mission - with effect from 1st April 2017 to 31st March 2020 has been approved by Cabinet in its meeting dated 21.03.2018.

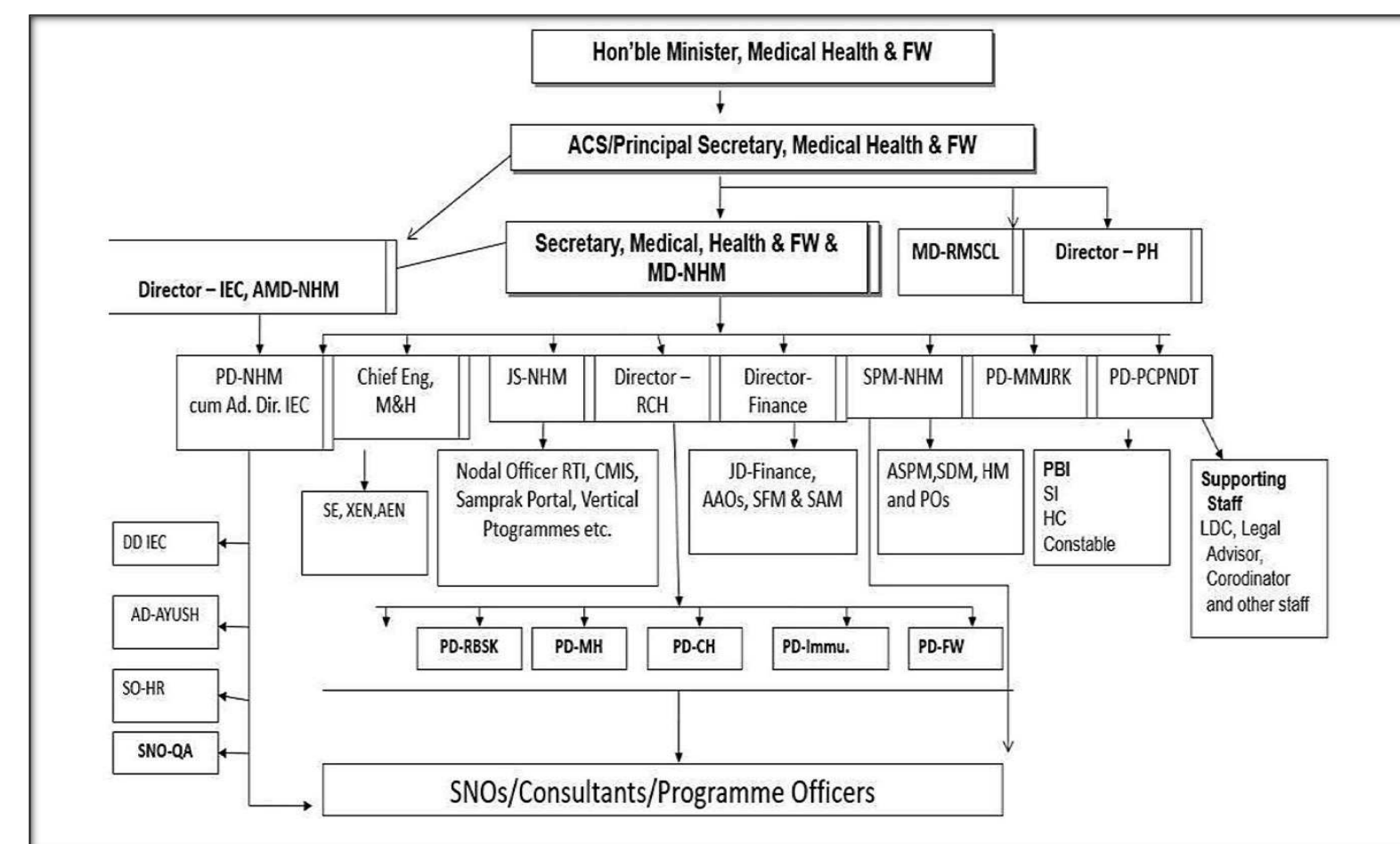
VISION

Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

OBJECTIVES OF NHM

- Reduction in Infant Mortality Rate and Maternal Mortality Ratio by at least 50% from existing levels in next seven years
- Universalize access to public health services for Women's health, Child health, water, hygiene, sanitation and nutrition
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare
- Ensuring population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH
- Promotion of healthy lifestyles.

ORGANISATION STRUCTURE



Ayushman Bharat is an attempt to move from a selective approach to health care to deliver comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care.



Non communicable diseases (NCDs) are the leading cause of adult mortality and morbidity worldwide



OBJECTIVE

- Understanding the functioning of both the portals and identifying the common data variables in both.
- To find out the challenges & suggestions for addressing them

METHODOLOGY

Study Design: A cross-sectional study design using a mixed-methods approach of both quantitative and qualitative methods was used.

Data collection –

Quantitative- Checklist and Database from HWC Portal/NCD Portal

Qualitative- Interviews and Govt. Documents/Records/Facility Records

Face-to-face interview – Was conducted of state level officers and representatives from development partners .

Telephonic interview – Was conducted of representatives from other states .

Normal Questionnaire - A questionnaire of close-ended and open-ended questions was made to get specific and relevant information from Medical Officer and other PHCs staff .

Study duration: Selected Health and wellness centers were visited between April-May 2022 and relevant data was collected

ABOUT THE PORTALS

HWC PORTAL:

The services envisaged at the HWC Portal level will include early identification, basic management, counselling, ensuring treatment adherence, follow up care, ensuing continuity of care by appropriate referrals, optimal home and community follow up, and health promotion and prevention for the expanded range of services.

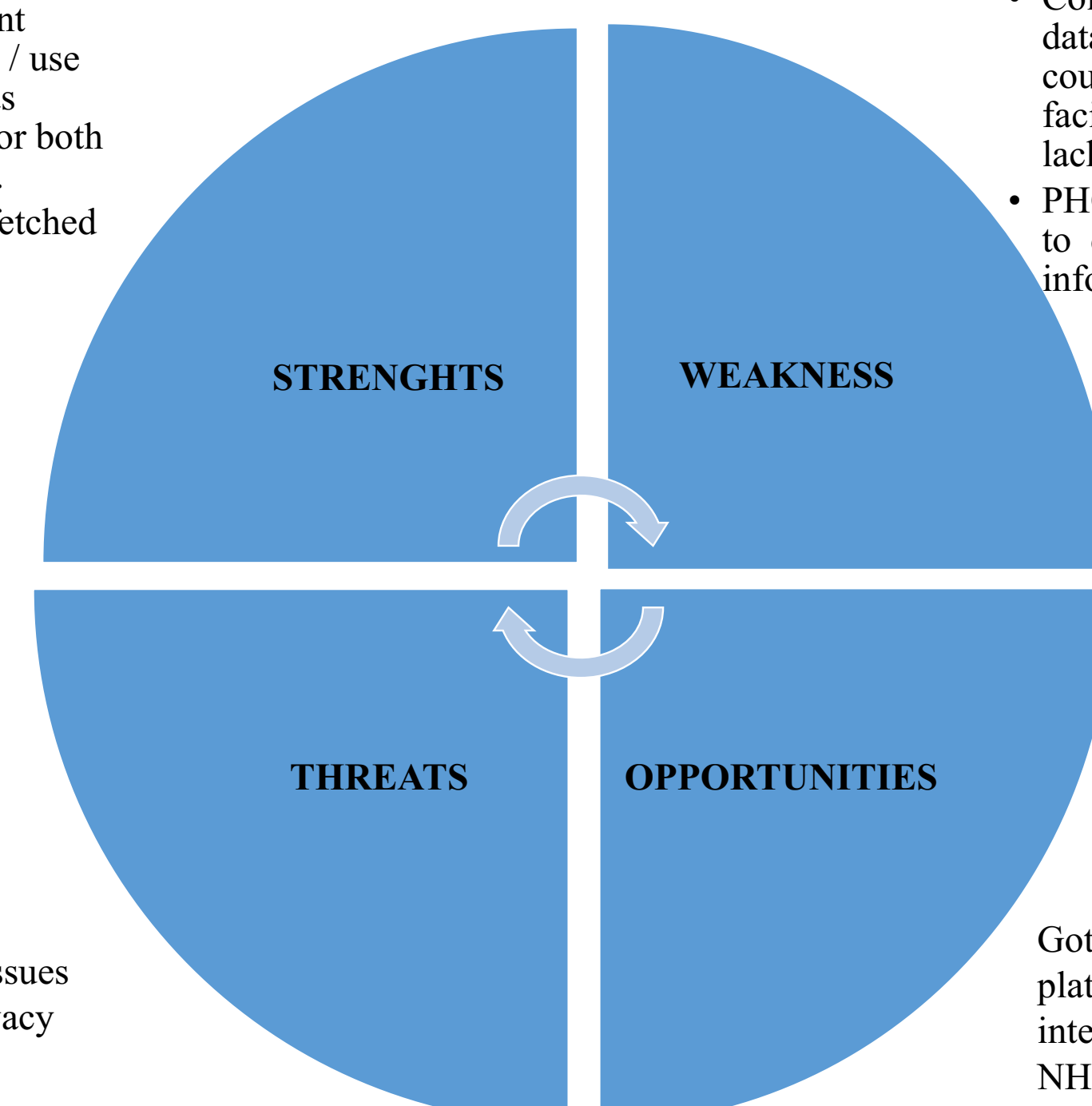
NCD-MO PORTAL:

The services envisaged at the NCD MO Portal level

In order to prevent and control major NCDs, the National Programs for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in 2010 with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral.

SWOT ANALYSIS

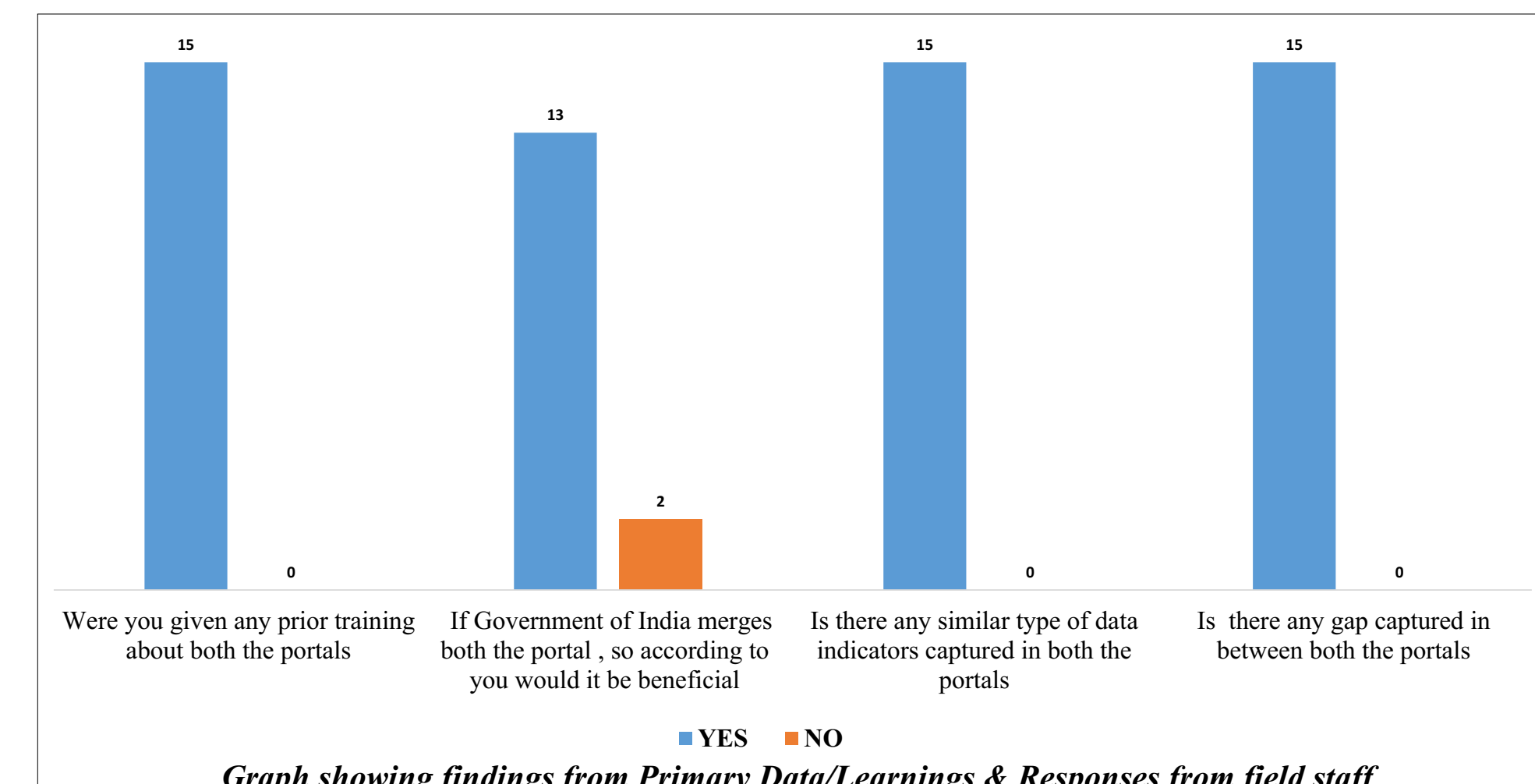
- Easy access to portal.
- Government documents / use manual was available for both the portals.
- Data was fetched easily.



- Ethical Issues
- Data privacy

Got good learning platform, as I interacted with NHM Authorities and ground level field workers.

ANALYSIS AND FINDING



Responses shows that all the facility staff were trained on the portals. Majority of staff agreed to the merging of portals for their benefit & reduction of workload. Many data indicators captured in both the portals are same .

Type	Source	Illness	ASMR	SHARADHAR	HWCAR	SDMS	SDMSUP	SDTA	SDMSUP
Screening	NCD Portal	BREAST CANCER	48888	349	394	41293	20965	8148	3974
Screening	HWC Portal	BREAST CANCER	46393	3384	7553	188534	1270	14423	1969
Diagnosis	NCD Portal	BREAST CANCER	3	1	0	4	1	0	0
Diagnosis	HWC Portal	BREAST CANCER	341	0	27	140	3	31	32
Treatment	NCD Portal	BREAST CANCER	1	1	0	0	0	0	0
Treatment	HWC Portal	BREAST CANCER	2704	5	11	71	23	1	345
Screening	NCD Portal	CERVICAL CANCER	194	0	0	390	0	0	302
Screening	HWC Portal	CERVICAL CANCER	20316	872	1893	187205	524	10234	1486
Diagnosis	NCD Portal	CERVICAL CANCER	3	0	0	7	1	0	1
Diagnosis	HWC Portal	CERVICAL CANCER	139	0	10	193	1	39	23
Treatment	NCD Portal	CERVICAL CANCER	5	0	0	8	1	1	3
Treatment	HWC Portal	CERVICAL CANCER	94	2	6	55	9	0	346
Screening	NCD Portal	DIABETES	113217	2340	948	117693	66352	18917	9914
Screening	HWC Portal	DIABETES	153072	40235	34682	465509	48833	55973	72814
Diagnosis	NCD Portal	DIABETES	1163	1581	1246	1681	7524	588	4002
Diagnosis	HWC Portal	DIABETES	4566	2243	2564	20380	5215	2414	11330
Treatment	NCD Portal	DIABETES	8262	1325	1048	6308	7429	361	4301
Treatment	HWC Portal	DIABETES	15264	3778	7466	57484	13336	8576	15404
Screening	NCD Portal	HYPERTENSION	117995	2369	961	134501	65113	20981	10913
Screening	HWC Portal	HYPERTENSION	165344	47509	40535	515975	9321	44745	150733
Diagnosis	NCD Portal	HYPERTENSION	20977	4901	3629	19953	14608	2313	23395
Diagnosis	HWC Portal	HYPERTENSION	7413	3443	4434	24235	3950	3869	27425
Treatment	NCD Portal	HYPERTENSION	25201	4205	3437	19127	14596	1818	23506
Treatment	HWC Portal	HYPERTENSION	28124	5634	11044	76132	15112	15253	33086
Screening	NCD Portal	ORAL CANCER	107399	1126	932	98463	30556	13735	8407
Screening	HWC Portal	ORAL CANCER	99639	11789	16416	150474	1037	32322	4317
Diagnosis	NCD Portal	ORAL CANCER	26	6	0	39	12	7	10
Diagnosis	HWC Portal	ORAL CANCER	251	1	103	370	9	89	45
Treatment	NCD Portal	ORAL CANCER	7	0	0	32	2	1	2
Treatment	HWC Portal	ORAL CANCER	1596	15	70	218	75	15	259

Table - Below table showing the entries updated on HWC & NCD

FIELD VISIT



UPHC FIELD VISIT AT GANDHI NAGAR JAIPUR

LEARNING AND VALUE ADDITIONS

- The Internship provided me the opportunity to work in health care sector.
- Provided me the exposure to witness how a Health care centre works & interact with the Health workforce (MO, Data operators).
- Provided me the practical knowledge of how the portals work.
- Practical knowledge of departments, organization structure and work of NHM during our orientation session scheduled for a week.

CHALLENGES FACED DURING THE STUDY

- Extreme Hot environmental conditions (43 degree and above).
- Convincing PHC Staff for their cooperation for interaction.
- Lesser time for interaction .
- PHC Staff were newly appointed and were not given proper training to about the portals.

SUGGESTIONS

- Merging / Integration will lead to better monitoring and supervision of portals
- Integration will lead to reduced the multiplicity of information and the same information captured in different portal.
- The time given in data entry will reduce drastically and leading to more time in actual service delivery
- Authenticity of data in terms of actual beneficiary target meets actual achievement vs target, duplicity off record.
- Two programmatic Integration with different will keep the beneficiary in the centrality for various vertical division
- Trend analysis and productive analysis for the hotspot for a particular disease and evidence-based planning will be possible as we get the entire spectrum



INTERNSHIP COMPLETION DAY with distribution of certificates
by
Dr. Jitendra Kumar Soni, IAS ,MD (NHM Rajasthan)
Dr. Lokesh Chaturvedi SPM(NHM Rajasthan)

REFERENCES

- National Health Mission (<https://nhm.gov.in/>)
- NCD PORTAL (<https://ncd.nhp.gov.in/>)
- HWC PORTAL (<http://ab-hwc.nhp.gov.in>)
- BMC Public health (<https://bmcpublichealth.biomedcentral.com/>)