National Programme for Prevention & Control Of Cancer, Diabetes, Cardiovascular Disease & Stroke

Presented by - Dr.Shivani N Shelke
Roll no - 1613 , HM-27

Faculty Mentor- Dr.Mamta Chauhan
Organization Mentor- Dr.Sujata Padekar

1.Histroy & Vision

History-

- The National Health Mission encompasses its two Sub Mission the National Rural Health Mission launched in 2005 and National Urban Health Mission launched in 2013.
- The main programmatic components include health system strengthening,RMNCH+A,Communicable and Non Communicable disease.

Vision-

- The NHM envisages achievement of universal access to equitable,affordable&quality heath care services that are accountable and responsive of people's need.

2.Organization structure

- Mission Director
- Joint Director(NCD)
- State NCD cell headed by ADHS
- Civil Hospital/DHO
- District NCD cell

5.SWOT Analysis of NPCDCS Program

Strengths
CHPC NCD IT Portal.
National and state coverage.

Weaknesses
Human resource management.
Financial Constrain.

Opportunities
Public Private Partnership.

Threats
Rising NCD burden.
Lifestyle changes.

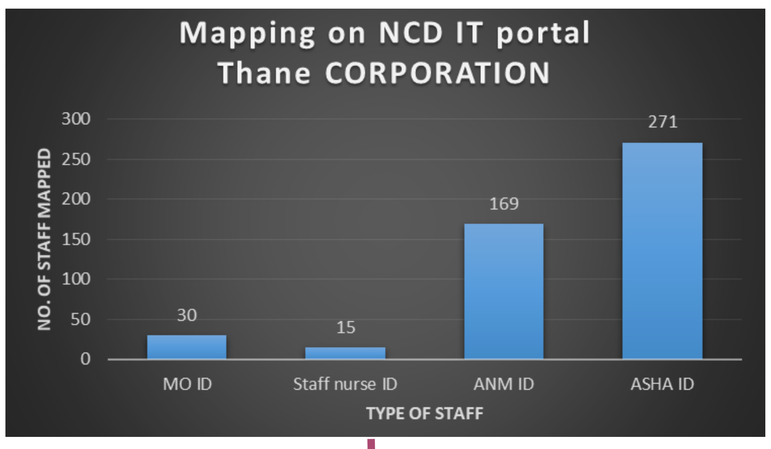
6.Project Overview

- **Project title** - Implementation of CPHC NCD IT protal in Thane corporation.
- **Objective-** To enable Population Based screening and to maintain data on the CPHC NCD IT portal.
- **Process -** Current staff posted In Thane Corporation-
  MO- 30 , staff nurse- 15, ANM-181 , ASHA-287.
  Data about MO, ANM, ASHA was collected from the urban primary Health care center.

To map them on portal following changes were made .

Primary Health Care Center	Urban Primary Health Care Center
Sub Center	Are under 1 ANM
ASHA	ASHA
Village	Village
RCH ID	NCD ID

32 UPHC were mapped



Training

- To facilitate seamless implementation of the project training is provided to staff separately.

Thane Urban Scenario-

Total population
-8514678

Target population
3150430

At current on the NCD IT portal following data is been maintained
Total population ,Target population,Number of CBAC filled enrolled,enrolled 30+,screening, re-screened,examined ,referred, diagnosed, under treatment, follow up. This data is maintained from village up till block level. Also disease wise analysis is also maintained.

Issue while mapping-

- Technical issue in ID generation like invalid RCH ID , already existed ID.

Solution-

- All the invalid ID noted and sent to state NCD cell
- All the existed user were transferred to there current UPHC.

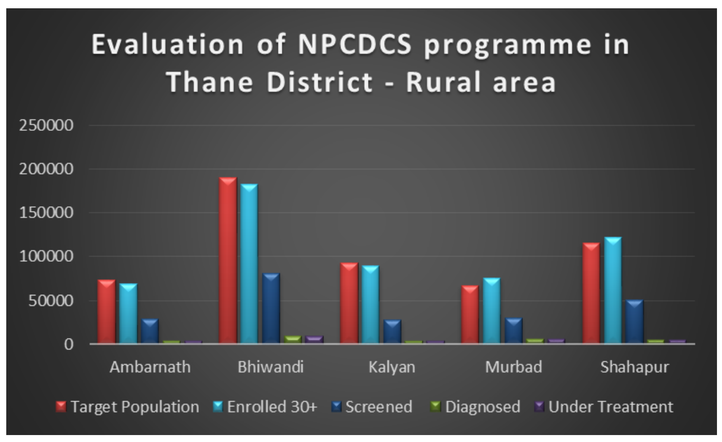
3.Practical exposure v/s Theoritical understanding

- Theoretical understanding provides the foundation of knowledge.
- Practical exposure helps in understanding the implementation of theoretical knowledge and also understanding of challenges and complexities.

4.Challenges Faced during internship

- Co-ordination with the last unit of health care deivery system
- Due to short duration I was unable to witness actual implementation of project.

7.Evaluation of NPDCDS Program in Thane District Rural area



Main issues

- Under staffing
- Internet Connectivity
- Stewardship
- Multiple registration of 1 patient.

8.Usefulness

- Practical exposure
- Skills development like program evaluation, data analysis, project managment.

9.Learnings

- Comprehensive under-standing of the operation and functioning of the government.
- Monitoring,evaluation and implementation of National Programme.

Usefullness Of Project

- Improved and comprehensive database of Healthcare facilities .
- Electronic Health record of patient.
- Can trace patient.
- Defaulter List of patient.
- Prevalence of Disease.
- Drug Demand Calculation.
- Target Intervention.

10.Suggestion

- Mandatory adhar linking while enrolling patient on NCD app.
- Adding middle name.
- Continuous syncing of data.