Summer Training Report

Topic : NPCDCS PROGRAM- ANALYSIS OF SECONDARY DATA AND COMPARISION BETWEEN AJMER DISTRICT AND RAJASTHAN STATE FROM 2018- 2022

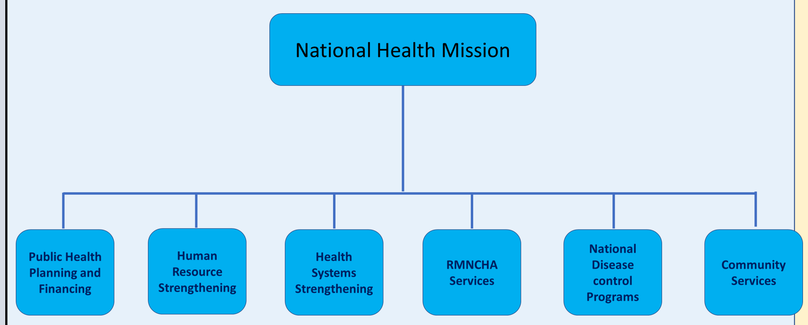
ABOUT NHM

National Health Mission

- National Rural Health Mission (NRHM) was launched on April 12, 2005, to address the health needs of the underserved rural population especially women. children and vulnerable sections of the society and to provide affordable, accessible and quality healthcare.
- The National Urban Health Mission, (NUHM) was launched in May 2013 and was subsumed with NRHM as a sub-Mission of the overarching National Health Mission.

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".

The main aim is to create a fully functional, decentralized and community system With greater inter- sectoral coordination so that Wider social determinant factors affecting health of people like water, sanitation, nutrition, gender and education are also equally addressed.



SUGGESTIONS

- 1. Integrate screening, early detection and management of NCDs by population based screening.
- 2. Emphasis on screening, early detection, and appropriate referral of **cancers** should be undertaken by frontline workers.
- 3. Training of the frontline workers periodically.
- 4. Female staff required at NCD clinic for screening of breast cancers and cervical cancers.
- 5. More staffs required at NCD clinics where the patient flow is high.

LEARNINGS

- Learned about various programs like PCPNDT, RBSK, Maternal Health, NCD, HWC etc.. and their functioning
- Chose to work under NPCDCS program and learned about its functioning and the diseases covered under it and its management by medical officer, ANM and ASHAs.
- Collected primary data and did gap analysis and NCD clinic, visited and collected data from PHC (Urban PHC Gandhinagar) and DH (Kanwatia hospital)
- Did secondary data compilation and analysis of 33 districts of Rajasthan from Mar 2018 to April 2022
- Learned about making and evaluating the indicators of NPCDCS program and analyzing the data
- Learned about the MO portal of NHM and CBAC form, form – 5 which is filed by ASHAs and ANMs.

SWOT Analysis

Strengths

- Screening and counselling done at all 33 districts of Rajasthan
-Under NHM by design.
_Structured guideline present for NPCDCS program like funding, execution etc.

Weaknesses

- Screening of cancer, stroke are missing at the SC, CHC, PHC and DH.
- No separate area for breast and cervical cancer examination, screening and counselling for women
- Competence of frontline workers needs improvement.
-Skill based training required at NCD clinics.

Opportunities

-Early diagnosis helps in prevention and proper treatment of NCDs leading to premature death and disability.
-Lifestyle modification and counselling will help reduce the burden of NCDs and death.
- Prevalence of NCDs can be detected more efficiently population based screening .

Threats

- As the signs and symptoms of the disease are hidden and they appear at a later stage , early detection of the disease will help in the prevention of the disease.
- Increasing use of tobacco, alcohol, unhealthy diet and lack of exercise in the people increases the risk factors for NCDs.

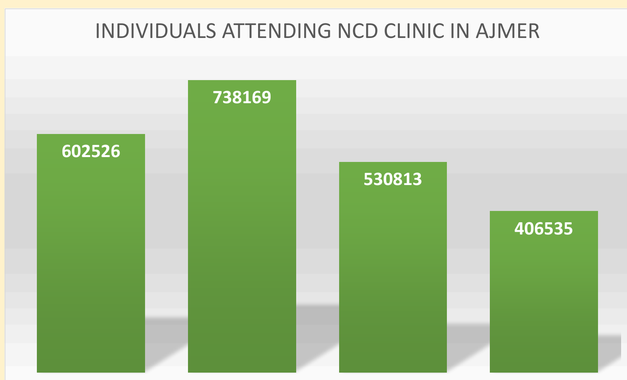
Difference between Practical and Theoretical

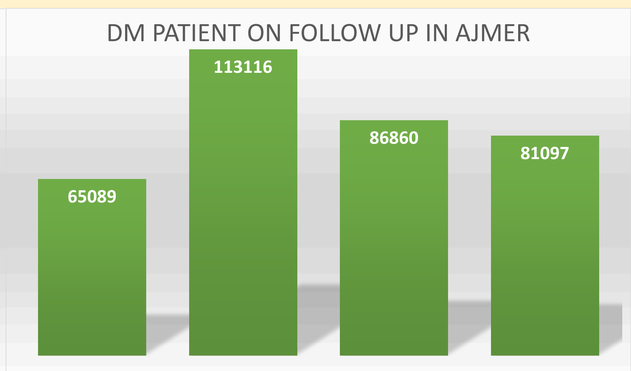
Practical	Theoretical
Exposure of actual on ground implementation of screening programmes at SC, PHC, CHC & DH	Learned about the different programs theoretically
Secondary data analysis and comparison of all the districts of Rajasthan.	Gave a base for execution of programmes
Collection of primary data from SC, CHC, PHC and DH to state .	Learned about history, functioning and guidelines of various health programs under NHM

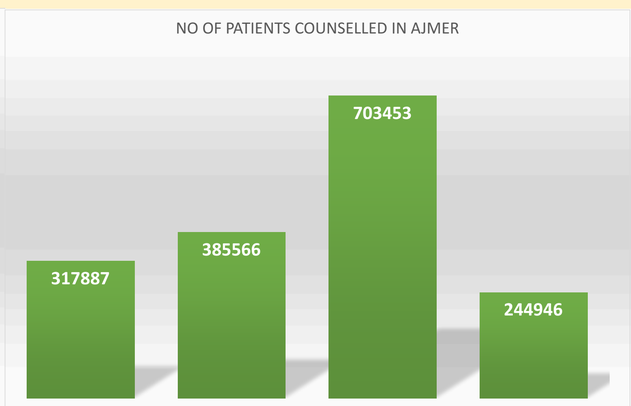
CHALLENGES OF NPCDCS PROGRAM

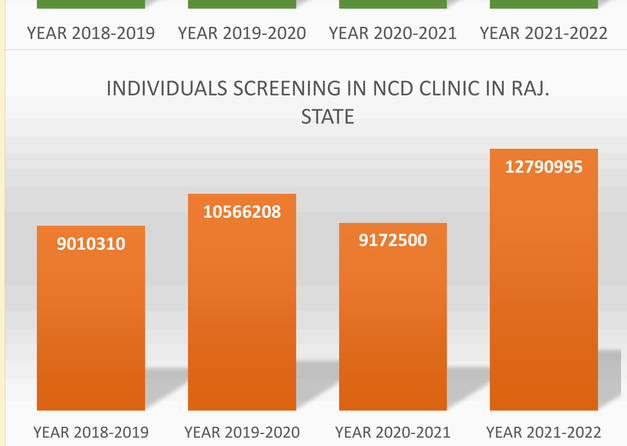
- NCDs are the currently the leading cause of preventable deaths and disability in India.
- NCDs account for about 60% of the premature mortality, placing them ahead of communicable diseases, maternal mortality and deaths of newborn.
- Increasing burden of NCDs in India due to rising unhealthy lifestyles, use of tobacco, use of alcohol, unhealthy food, lack of exercises etc.
- Lack of awareness and in Rajasthan state about the risk factors causing the non- communicable diseases.
- No proper follow ups of patients and maintenance of records at the NCD clinics across the state.
- Lack of staffs for screening at NCD clinic at the DH, CHC, PHC and sub- centres.
- Lack of trained staffs at the NCD clinics for counselling of the NCDs.

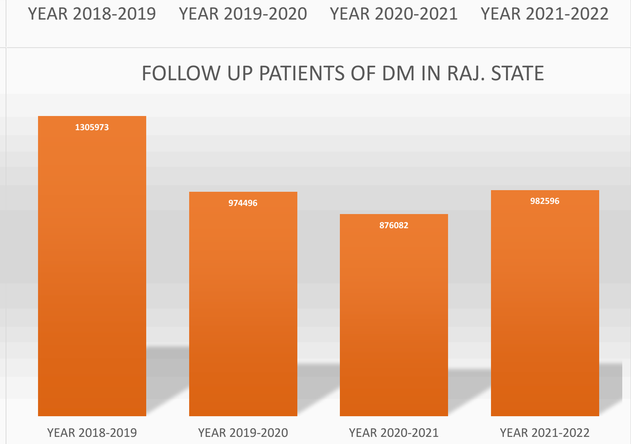
COMPARISON OF SECONDARY DATA BETWEEN AJMER DISTRICT AND RAJASTHAN STATE FROM 2018-202

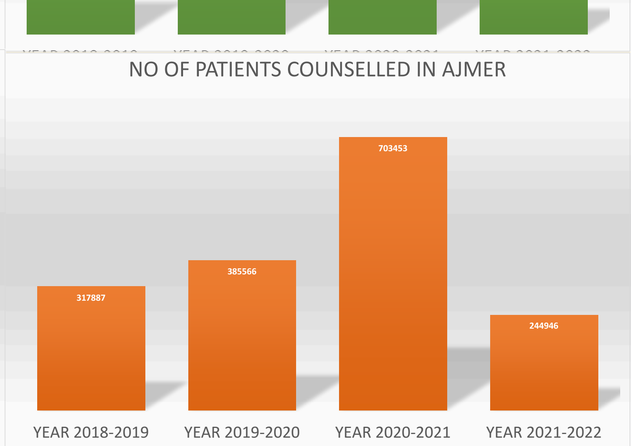












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