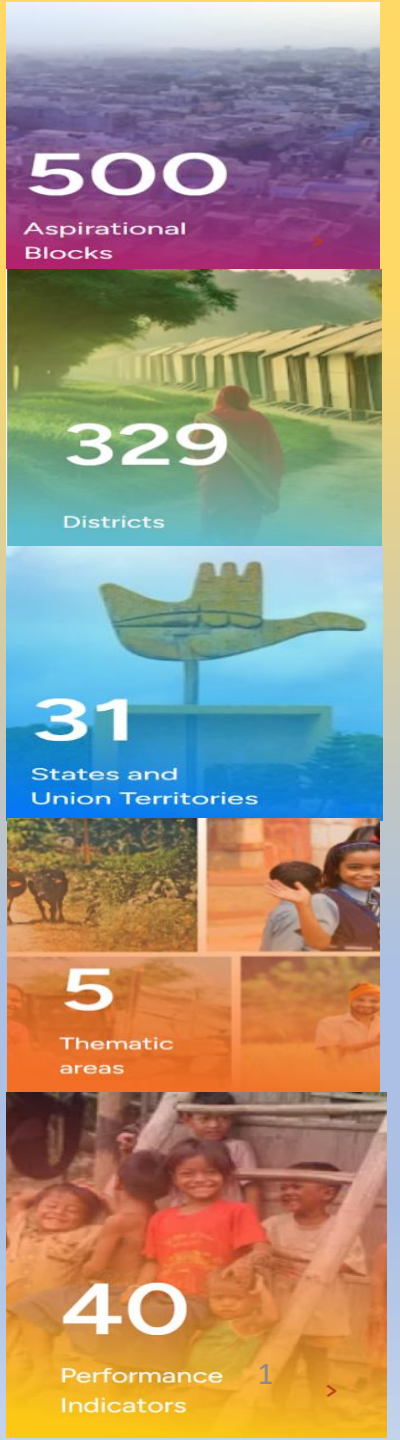
ASPIRATIONAL BLOCKS PROGRAMME

Ministry of Health and Family Welfare
Government of India
CP-CPHC Division



Key NCD indicators

INDICATORS	STRATEGY FOR IMPROVEMENT	SOURCE
1. Percentage of persons screened for Hypertension against targeted population in the Blocks **2. Percentage of persons screened for Diabetes against targeted population in the Blocks**	1. Strengthening of Ayushman Arogya Mandir 2. Recruitment/Appointment of Community Health Officers (CHO). 3. Training of CHO, ANM,ASHA. 4. Provision of Comprehensive Primary Health Care (CPHC) through delivery of expanded ranges of services as envisaged in the guidelines 5. Local Government Directory(LGD) Mapping 6. Data capturing and timely reporting on the NCD portal on daily basis. 7. State/District/Blocks level review and supportive supervision by team	**NCD PORTAL**

Burden of NCDs

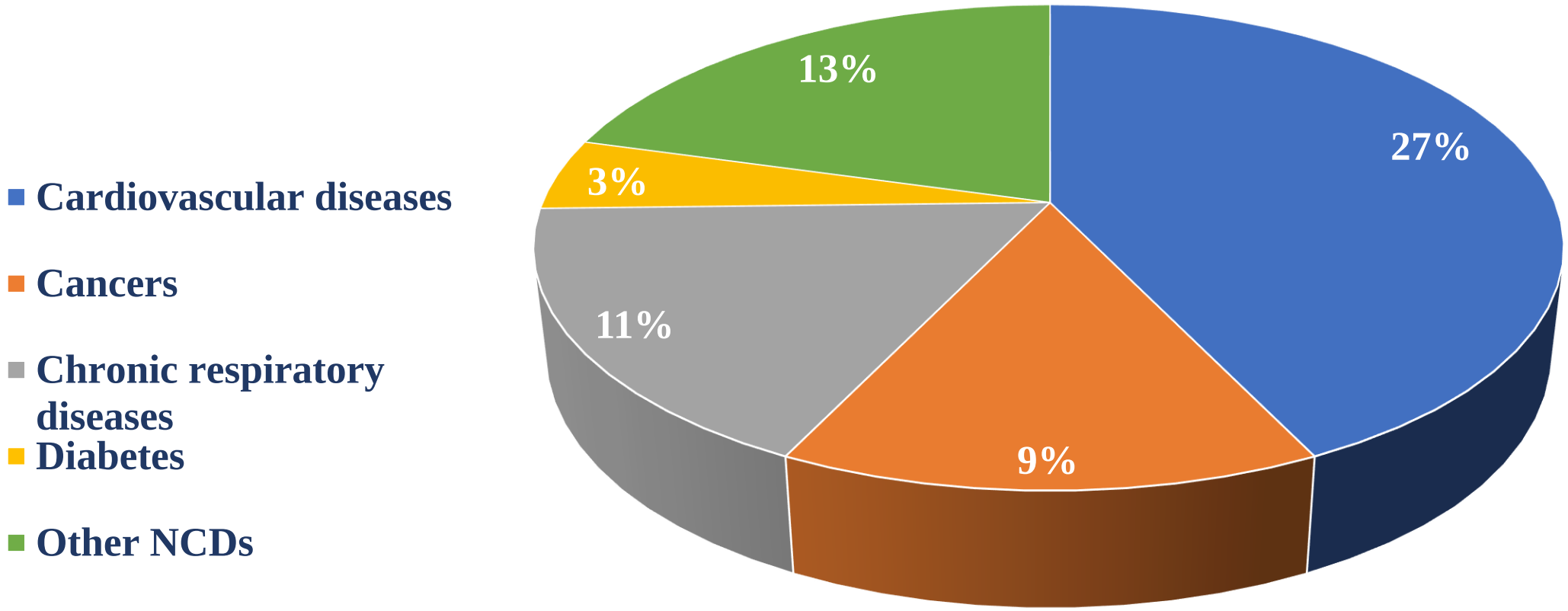


Figure: Proportional mortality due to NCDs-2018

Source: NONCOMMUNICABLE DISEASES COUNTRY PROFILES 2018 (https://www.who.int/docs/default-source/ncds/9789241514620-eng.pdf?sfvrsn=48f7a45c_2)

Universal Health Coverage: Ayushman Bharat

TERTIARY

SECONDARY

PRIMARY

- PMJAY empaneled Public & Private Healthcare facilities
- CHCs/SDHs/District Hospitals/Medical Colleges

Referral/Gatekeeping

Follow-up

Preventive, Promotive, Curative, Rehabilitative & Palliative Care (Progressively for 12 packages)

Comprehensive Primary Health Care through Ayushman Arogya Mandir

Unmet need: NCDs/other Chronic Diseases

Existing services: RMNCH+A

CONTINUUM OF CARE – CPHC & PMJAY






Service delivery framework

Community

- Community Mobilization
- Population Enumeration, CBAC and Screening
- Follow up

SHC

- Screening
- Early referral
- Follow up

PHC

- Screening
- Confirmatory diagnosis and treatment initiation
- Referral and follow up

Secondary Care

- Confirmatory diagnosis
- Management of Complications
- Referral and follow up

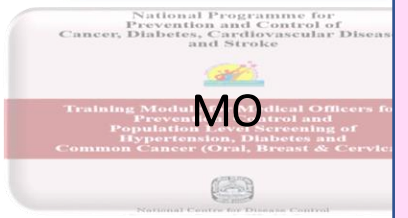
Capacity building

- Five-day training
- Skills: Waist circumference, Classification based on BP & RBS measurement, Self Oral Examination and Breast self Examination
- 87% of ASHAs completed NCD training

- Three-day training
- Joint training with ASHAs of respective SHCs on fifth day of their training
- Skills: Waist Circumference, BMI, BP and RBS measurement, Oral Visual Examination, Clinical Breast Examination
- 92% of ANMs/MPW completed NCD training

- NCD training of CHO included in expanded Induction training of 15 day
- 84% of CHOs completed NCD training

- Three day training +Two weeks training on VIA at DH/Tertiary level
- Skills: BP and RBS measurement, OVE, CBE, Visual Inspection using Acetic Acid
- 77% of Staff nurses completed NCD training



- Two day training on module covering Health promotion, Risk factors associated with NCDs and screening of NCDs
- In addition- STGs and telemedicine to be included for MO's capacity building
- Skills: STGs, BP and RBS measurement, OVE, CBE, Visual Inspection using Acetic Acid
- 82% of Medical officers completed NCD training

Assuring access to NCD services closer to communities through Ayushman Arogya Mandir

- Population Enumeration and creation of individual health records
- Completion of Community Based Assessment Checklist (CBAC)
- Community mobilization and Health Promotion
- Undertaking screening at community or sub centre level
- Referring those who are suspected of any of the NCDs to the Medical officer at the Primary Health Centre (PHC)
- Follow- up of those who are diagnosed with any of these NCDs and ensuring that they adhere to the treatment plan.
- Identify the warning signs of complications and refer to appropriate facilities
- Maintain records and registers as necessary
- Support the ASHA in her tasks related to the NCD prevention

Know your population

- **Approx. 37%** of the population is over 30 years
- In a normative village of 1000: Total case load: 370
- No. of Men over 30 years = 51% of the total case load: 188
- No. of Women over 30 years = 49% of the total case load: 182
- **For Hypertension and Diabetes**: 370- (annual screening)
- **For Oral Cancer:** 370 – every five years
- **For Breast and Cervical Cancer:** 182 – every five years

Method and Frequency of Screening

Type of NCDs	Age of beneficiary	Method of screening	Frequency of screening
Hypertension	30 years and above	Blood pressure apparatus- Digital or Aneroid sphygmomanometer	Once a year
Diabetes	30 years and above	Glucometer	Once a year

Maintaining Continuum of Care – Ayushman Arogya Mandir

Village/Urban Ward

- Population Enumeration
- Outreach Services
- Community Based Risk Assessment
- Awareness Generation
- Counselling: Lifestyle changes; treatment compliance

SHC-Ayushman Arogya Mandir

- First Level Care
- NCD Screening
- Use of Diagnostics
- Medicine Dispensation
- Record keeping
- Tele-health
- Referral to PHC for confirmation/ complication

PHC-Ayushman Arogya Mandir

Diagnosis for NCDs
Prescription and Treatment Plan
Gate Keeping role for out patient and inpatient referral / PMJAY
Teleconsultation with specialists

Follow up post secondary and tertiary care

CHC/SDH/DH

- Advanced diagnostics
- Complication assessment
- Hospitalization
- Tertiary linkage/PMJAY

Continuum of care in NCD Service Delivery

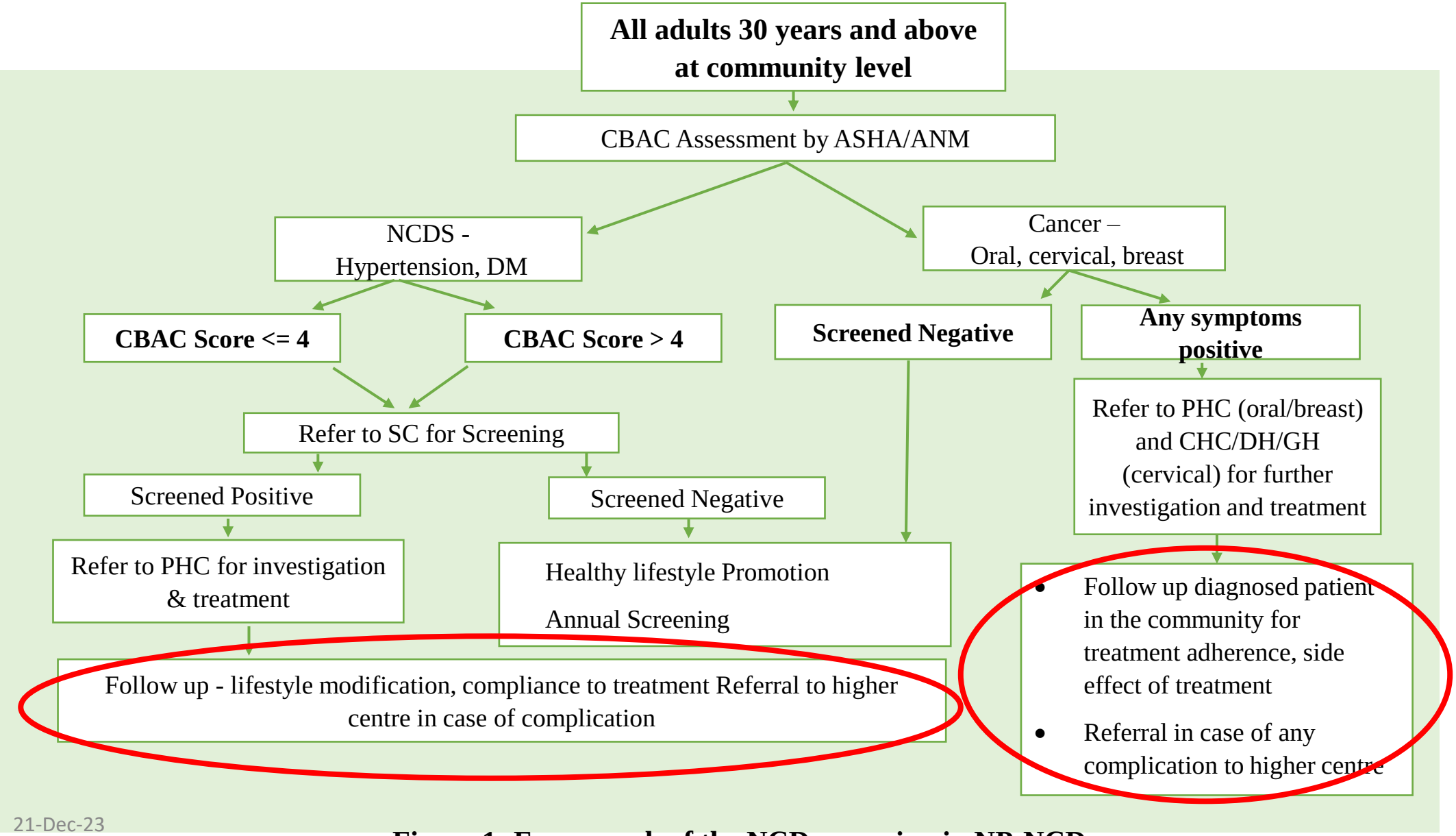


Figure 1: Framework of the NCD screening in NP-NCD

HEALTH PROMOTION ACTIVITIES

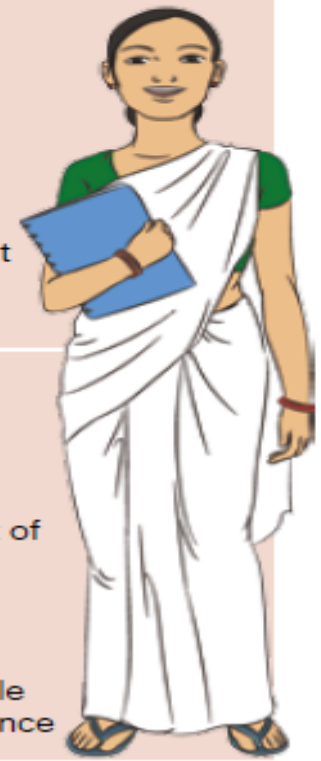
Yoga/wellness sessions (minimum 10 sessions per Ayushman Arogya Mandir)

Organizing 42 health calendar days

Eat right movement

ASHA	Community level activities	ANM
• Estimating Population to be screened • Enumerating adults 30 years and above in routine household visits • Filling up family\household folder	**Population enumeration**	• Supervision of population enumeration • Cross verification of 10% of population
• CBAC completion of all 30 years and above • Creation of individual health cards • Maintenance of Village register/ Family folder • Measurement of waist circumference • Assessing risk and mobilization on priority for screening • Identification of population - Individuals with any risk factor, Individuals with no risk factors, Known cases of NCDs	**CBAC assessment at community level**	• CBAC completion of all 30 years and above (where there are no ASHAs) • Ensure supply of CBAC forms, WC measuring tape, family card, registers etc. • Training of ASHA in CBAC from filling • Supportive supervision – joint visit with ASHA in the community
• Sessions on NCDs and their risk factors during VHND/UHND • Raising awareness about NCDs, healthy lifestyle, treatment compliance in regular home visits • Distribution of health promotion material	**Mobilizing community**	• Identify volunteer in the village/slums/urban areas or members from VHSNC/MAS • Ensure supply of health promotion material • Liaise with other partners – school teachers, AWW, PRI/ RWA/ULBs members • Supportive supervision - join visit with ASHA in the community

ASHA	Health facility level activities	ANM
• Enable attendance of individuals for screening through motivation, reminders, accompany (if required) • Managing patient flow in coordination with volunteers • Support ANM in taking Anthropometric measurements, Measurement of BP/RBS, as required • Assist ANM in maintaining records in screening register	**Screening at Sub-centre**	• Ensure availability of consumables and non-consumables required for screening • Make individual patient NCD card with unique ID • Anthropometry of individuals comes with CBAC • Measure – BP, RBS • Record keeping • Referral to PHC for investigation and treatment
• Accompany (if required) diagnosed patient at SC to PHC • Accompany (if required) all patients of cancer screening from the community • Ensure patient gets adequately investigated and treated • Participate in NCD related meetings/ trainings held at PHC	**At PHC/UPHC**	• Monthly submission of screening record • Procure all consumable/non-consumables for SC screening • Participate in NCD related meetings, trainings • Assist opportunistic screening at PHC if required
• Lifestyle counselling/BCC for people with diabetes and hypertension • Counselling non-compliant patients for treatment adherence • Annual screening of individual who were not found to be at risk in CBAC • Accompany (if required) patient to higher centre for investigation and treatment of cancer from the community	**Follow up/ referral**	• Provide follow-up management for patients (monthly drug supply, periodic BP/blood sugar measurement • Referral of cancer at risk patient of PHC/CHC • Filling up individual patient NCD card • Counselling of patient for lifestyle modification, treatment compliance

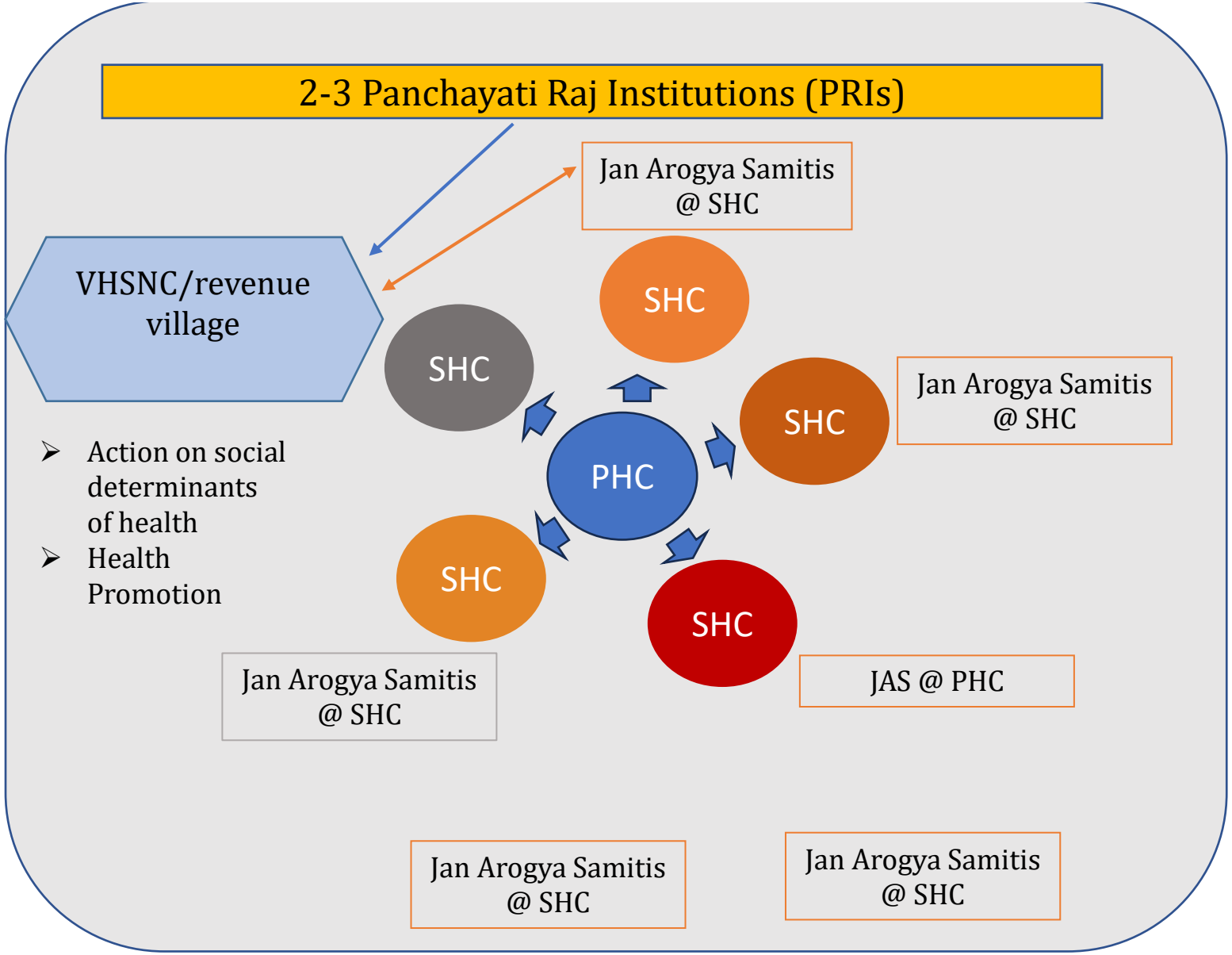


Role of Primary Health Care Team

Role of CHO	Role of PHC Team (MO & SN)
• **Screening for NCDs** and referral of suspected NCD • **Follow up** of diagnosed cases with NCDs and dispensing of medicines • **Counselling** patients and high-risk cases to adopt healthy life-styles • **Referral** of cases to higher facilities and follow up of discharged cases to provide continuum of care	• **Technical support** for the SHC-Ayushman Arogya Mandir team • **Maintain records,** analyse & submit to district • **Supportive supervision** on NCD Day • Plan review of select cases during **routine visits** • **Confirmation of diagnosis** & initiation of treatment plan for diabetes & HT at PHC/CHC/DH • Provide **drugs for 1-3 months**

Role of CHO	Role of PHC Team (MO & SN)
• **Documentation** & reporting to higher levels • Conduct yearly community based **NCD survey** of all eligible case in AB-HWC • Create **awareness** among community regarding NCDs • Coordinate **IEC activities** in the Community	• **Follow up** at 03 months for all, or sooner for case with concerns/ complications • **Manage & refer complications & cases** requiring diagnostic work-up for cancer/ COPD/ epilepsy referred by the SHC-Ayushman Arogya Mandir team • Consider **annual referral to specialist** for HT/diabetes • **Maintain NCD register** on patient management

Ecosystem of Primary Healthcare = Health Care Providers +Community Institutions



Together We Are 500 Members – WE COMMIT TO REACH HEALTH TO ALL PEOPLE in our area

Role of state level team

- Keep the big picture in mind
- Ensure the system is ready to fully implement the programme

1. Infrastructure
2. Budget
3. Human resources
4. Capacity building
5. Training modules in place
6. Drugs,diagnostics and equipment
8. Communitization
9. Service delivery protocols
10. Collaboration with other sectors for determinants of NCD
11. Monitoring mechanism

Summing Up

- ABP is a unique initiative focusing on multi sectorial development at block level
- Block-level officials play a pivotal role
- Robust block development strategy is key
- NCD care to be comprehensive spanning health promotion, screening,diagnosis, treatment and continuum of care
- NCD closely linked to development and interventions ought to be multi-sectoral
- Ownership among Ayushman Arogya Mandir team, Block medical officer, District & State programme management unit crucial

THANK YOU