



Role of MO & Support Staff in Population Level Screening

Role of Medical officer in PBS for NCD

A. IEC/BCC : Raising awareness

- Risk factors of NCDs, healthy lifestyle, benefits of screening and social protection schemes that would cover the costs of care, support networks and other programmes
- Address these issues in meetings of Gram Sabha, SHGs, VHSNCs, religious festivals, camps etc.
- complemented by inter personal communication and group health education, and using platforms such as VHND
- Individual and family counselling for those who have been put on treatment for compliance
- Patient support groups facilitated by the ASHA/ASHA facilitator to improve motivation and share challenges and success related to life style changes, adherence to treatment

Capacity Building

- Interventions which have changed an organization's or community's ability to address health issues by creating new structures, approaches and/or values.
- These will be ongoing without need for future funding.
- Should not be equated with the provision of short-term pilot or demonstration funding which improves an organization's or community's ability to attract ongoing funding from other sources to address health issues.

Capacity building cont.....

- Developing a core of well-trained individuals decreases reliance on external consultants and increases local capacity to sustain efforts when funding ceases
- How trainees are selected, trained and provided with opportunities to utilize their newly acquired skills and knowledge is crucial
- Organizational infrastructure typically also includes non-personnel resources which in their presence or absence contribute to capacity.

Role of Medical officer in PBS

B. Capacity building

- ▶ Training need assessment he will develop training plan for all support staff including VHSNC/MAS.
- ▶ Training and mentoring of the support staff in development of the village wise work plan for PBS
- ▶ Active enumeration of the population
- ▶ Registration of families through individual health cards
- ▶ Preparation of family health folder

Role of Medical Officer in PBS

C. Management & Referral

- Manage and/or timely referral of cases with complications of NCDs/cases requiring diagnostic work-up for cancer/COPD/epilepsy.
- Mapping of the public health facilities which are equipped for confirmation and management of complications of NCDs/Cancers nearest to his PHC/CHC and back referral
- Ensure follow up at appropriate time.
 - First follow up at three – months for all, or sooner for patients with concerns/complications.
 - Consider annual referral to specialist for HT/diabetes

Role of Medical Officer in PBS

D. Monitoring & supportive supervision

- Staff Nurse / pharmacist /counsellors/lab technician/ANM/ASHA for maintenance of records and reports on screening, treatment, counselling, referral and follow up and timely submission to higher level.
- On NCD Day/VHND review selected cases of NCDs during routine visits.
- Review NPCDCS in monthly review meetings, e.g., monthly reports, challenge the ANM/ASHA facing in screening, referral and follow ups of the patients

Role of Medical Officer in PBS

E. Record keeping and reporting

- Staff nurse/ ANM/ Health assistant should be assigned the job of record keeping of hypertension and diabetes screening at the PHC.
- Records should be maintained in a Screening register
- Monthly report should be compiled and sent once a month according to the reporting formats provided under the NPCDCS program
- Each follow up visit should be recorded in the patient tracking register

Role of MO in PBS.....

F. Others

- Identify appropriate sub-centre with adequate infrastructure, facilities and manpower to carry out cervical cancer and other cancer screening.
 - Though all PHCs can implement screening activities according to the program. However, for the *first year of implementation, priority will be given to the following subcentres:*
 - Having two ANMs
 - Have one ANM and one male MPW
 - With adequate number of ASHAs in the coverage areas of the subcentre.

Role of MO in PBS

Ensure proper inventory management (drugs (3 months' supply of drugs for each patient diagnosed with DM and HT) & diagnostics, IEC material etc.) to prevent stock out and

- Medical officer I/C should estimate the requirement of materials required on the basis of estimated OPD attendance. Adequate inventory (material supply) at the PHC needs to be ensured.

Table 7.1 : Materials essential for implementation of NCD Screening at PHC	
Non-consumables	Consumables
Weighing scale	Lancet, spirit swabs
Stadiometer/Inch tape	Glucometer strips
Waist circumference tape	Anti-diabetic, antihypertensive medicines (Refer to operational guidelines of NPCDCS)
Glucometer	Registers for follow up record
Blood pressure measuring instrument (Digital/ analogue)	Reporting forms
	Posters/ pamphlets for health promotion

Role of MO in PBS

- Glucometer and strips are not part of routine supply under NHM, MO I/C has to get it indented from district HQ.
- Most of the drugs are integral part of routine supply to PHC under NHM. If not, then Medical officer I/C should indent the required drugs with required amount from district headquarter.
- Procurement can be done at district or state level as per state policy
- Procurement process has to be initiated well in advance before commencement of the activity to eliminate any latent period in supply
- Guidelines/ algorithms required for management of hypertension and diabetes should be available with the medical officer

Role of ANM in PBS

- Population enumeration to cover the eligible population in areas where Mitatin are not placed.
- Complete Community Based Assessment Checklist (CBAC) in areas where Mitatin are not placed.
- **Review completed CBAC:** for cancer symptoms/ epilepsy/ COPD and refers as appropriate
- **Supportive supervision:** through joint visits with Mitatin, in order to motivate people to attend the screening day.
- **Raising awareness:** about NCDs, effects of tobacco consumption, alcohol use, obesity, family history, lack of exercise, unhealthy diets.

Role of ANM in PBS

- **Screening & Referral:** for hypertension, diabetes, and breast cancer, cervical cancer and oral cancer.
- **Ensuring the availability and maintenance of equipment:** for screening of hypertension, diabetes and cancers at SHCs.
- **Lifestyle counselling/ Behaviour Change Communication (BCC):** for people with diabetes and hypertension.
- **Provide follow-up management:** like drug supply, periodic BP/ blood sugar measurement, referral for complication.
- **Co-ordinate with Mitanin, MT, AWW and volunteers:** in conducting the fixed day screening at sub centre.

Role of ANM in PBS

- **Accompany patients to health facilities/ referral centers:** guide them through the consultation and diagnostic processes in areas where Mitamin are not available.
- **Maintain NCD register:** with the demographic details, risk factors, symptoms, BP/ blood glucose readings, symptoms requiring investigation for cancers, referral, treatment follow-up data and complications.
- **Maintain village register:** to record NCD treatment/referral cases in areas where Mitamin are not currently available.
- **Co-ordinate with the PHC team**

Role of Mitanin in PBS

Tasks of Mitanin in Prevention and Control of Non-Communicable Diseases

- Listing of all adults above the age of 30 years
- Completing the Community Based Assessment Checklist
- Organizing a screening day- understanding the work-flow processes
- Undertaking health promotion activity in the community
- Undertaking follow up for treatment adherence and enabling lifestyle changes
- Creating Patient Support Groups

Role of Mitanin in PBS

A. Raising awareness

- Home Visits, Village Health Nutrition Day (VHND), and meetings of Village Health Sanitation & Nutrition Committee (VHSNC) to all adults over 30 years of age
- The Mitanin facilitator and ANM will support ASHA in household visits, checking the completed CBAC, conducting community health promotion activities, and follow up, particularly among those who are not regular with the treatment or are not making required lifestyle changes.

Role of Mitanin in PBS

B. Listing: will list all women and men ≥ 30 years

- In a population of 1000; 370 people in this age group (182 women and 188 men).
- list is to be updated every 6 months.
- This information to be given to the AF/ANM who manages the sub centre in her area.

Part A) Family folder

1. Household details –	
i. Number/ID	
ii. Name of Head of the Household	
iii. Details of household amenities –	Please specify
a) Type of house <i>(Kuccha/Pucca with stone and mortar/Pucca with bricks and concrete/or any other specify)</i>	
b) Availability of toilet <i>(Flush toilet with running water/flush toilet without water/pit toilet with running water supply/pit toilet without water supply/or any other specify)</i>	
c) Source of drinking water <i>(Tap water/hand pump within house/hand pump outside of house/well/tank/river/pond/ or any other specify)</i>	
d) Availability of electricity <i>(Electricity supply/generator/solar power/kerosene lamp/or any other specify)</i>	
e) Motorised vehicle <i>(Motor bike/Car/Tractor/or any other specify)</i>	
f) Type of fuel used for cooking <i>(Firewood/crop residue/ cow dung cake/ coal/ kerosene/ LPG/ or any other specify)</i>	
g) Contact details – (Telephone number of head of the family)	

S. No	Individual Name	Aadhaar ID (if Aadhaar id is not available please add details of other ids like Voter id or Ration card)	Individual Health ID (issued by SHC/ANM)	Sex	Date of Birth	Age	Marital Status	Beneficiary of any health insurance scheme		Current Status of residence	
								Yes/ No	Details of the scheme (as applicable)	Staying at the house currently	Migrated temporarily for work

Role of Mitanin in PBS

C. Completion of Community Based Assessment Checklist (CBAC) for NCD screening

- Capture information on demographic indicators, and NCDs risk factors.
- Includes questions on symptoms for Ca cervix, breast & oral

Advantages:

- helps in remembering the key risk factors,
- identify those to be prioritized to attend screening camp
- Refer individuals with symptoms to the nearest health facility where MO available.
- Fact that most NCDs are preventable treatable (Cancers)if detected early
- The checklist itself does not diagnose a patient with disease

Role of Mitanin in PBS

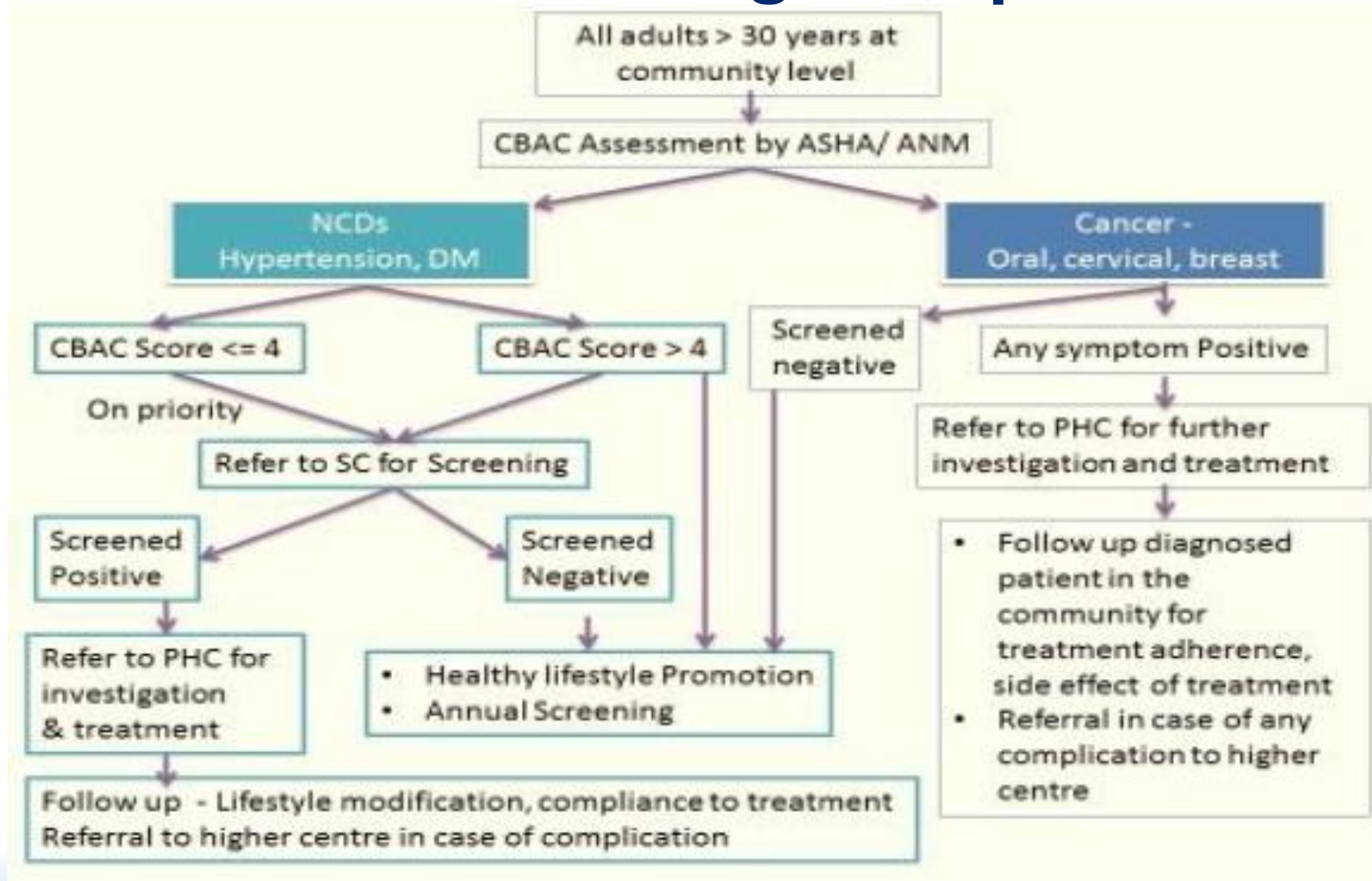
Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs

Part A: Risk Assessment				
Question	Range		Circle any	Write score
1. What is your age? (in complete years)	30-39 years		0	
	40-49 years		1	
	≥ 50 years		2	
2. Do you smoke or consume smokeless products such as Gutka; or Khaini ?	Never		0	
	Used to consume in the past / Sometimes now		1	
	Daily		2	
3. Do you consume Alcohol daily?	No		0	
	Yes		1	
4. Measurement of waist (in cm)	Female	Male		
	<80 cm	<90 cm	0	
	80-90 cm	90-100 cm	1	
	>90 cm	>100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a week?	Less than 150 minutes in a week		1	
	At least 150 minutes in a week		0	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No		0	
	Yes		2	
Total Score				
A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritized for attending the weekly NCD day.				

Role of Mitanin in PBS

Part B: Early Detection: Ask if patient has any of these symptoms				
B1: Women and Men	Yes/ No	B2: Women only	Yes/No	
Shortness of breath		Lump in the breast		
Coughing more than 2 weeks		Blood stained discharge from the nipple		
Blood in sputum		Change in shape and size of breast		
History of fits		Bleeding between periods		
Difficulty in opening mouth		Bleeding after menopause		
Ulcers /patch /growth in the mouth that has not healed in two weeks		Bleeding after intercourse		
Any change in the tone of your voice		Foul smelling vaginal discharge		
In case the individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available.				

Figure: Community based activities for identification of high risk persons



CBAC -Community Based Assessment Checklist

Role of Mitanin in PBS

D. Screening

- On a fixed day, every week, by ANM for hypertension, diabetes, oral and breast cancer
- Rural: Depending on distance, village/Sub centre
- Urban: Urban PHC or outreach sessions
- Rescreening: HTN & DM yearly; cancers 5 yearly
- Screening for Ca cervix at PHC/CHC nearest to village, until ANMs are trained
- Measurement of BP, blood glucose and examination of mouth and breast by the ANM
- Mitanin to be trained to use BP apparatus and glucometer and to support ANM during screening

Role of Mitanin in PBS

E. Mobilize the community to attend screening

- On fixed date & time of ANMs visit to village and to PHC/SC for Ca Cervix screening
- 30 people to be screened in a day (12-13 days to screen target population over the entire year.
- ASHA to help ANM in recording the measurements.
- To ensure VHSNC & MAS members present to support her in undertaking health promotion activities.
- People already diagnosed with HTN & DM to assessed on monthly basis, not necessarily on screening day.

Role of Mitanin in PBS

F. Health promotion to reduce the specific risk behaviours

- Home Visits, the Village Health Nutrition Day (VHND), (VHSNC)/MAS meeting

G. Undertaking follow up

- Follow up of referred patient by AMN/Mo PHC or escort them to the health facility for either diagnosis and management .
- Follow up home visits for treatment adherence, enabling lifestyle changes and referring in case of any complications to MO (PHC).

Role of Mitanin in PBS

H. Creating Patient Support Groups

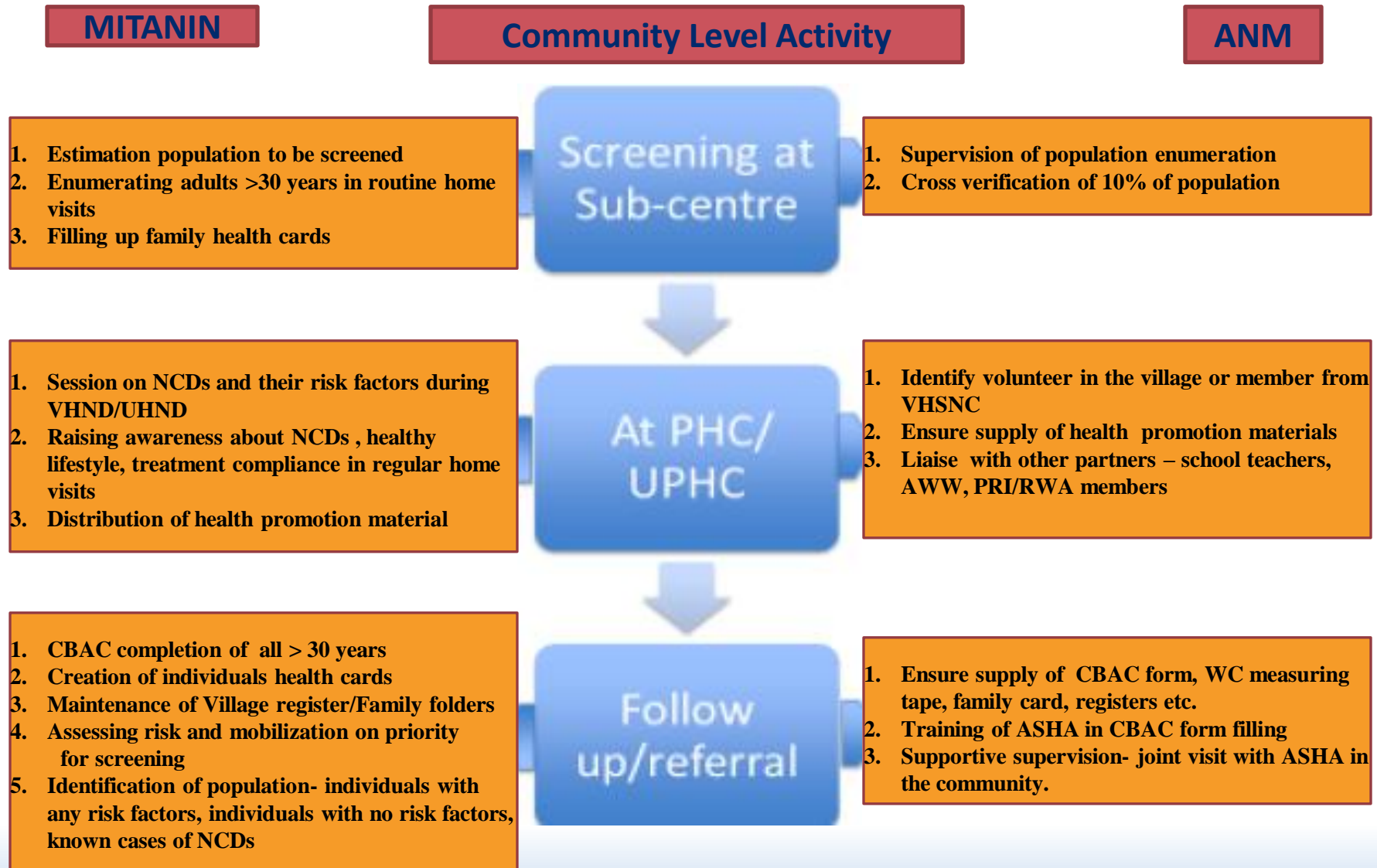
- Of Patients/friends/families/frontline workers
- Providing mutual support, providing information about diseases
- Awareness about complications, countering discrimination and stigma attached to a particular disease and enabling support for treatment continuation and changes in lifestyle behaviour.
- Ensure marginalized with disease condition also be encouraged and supported to become part of these groups

Register for Screening Common NCDs in Health Facilities

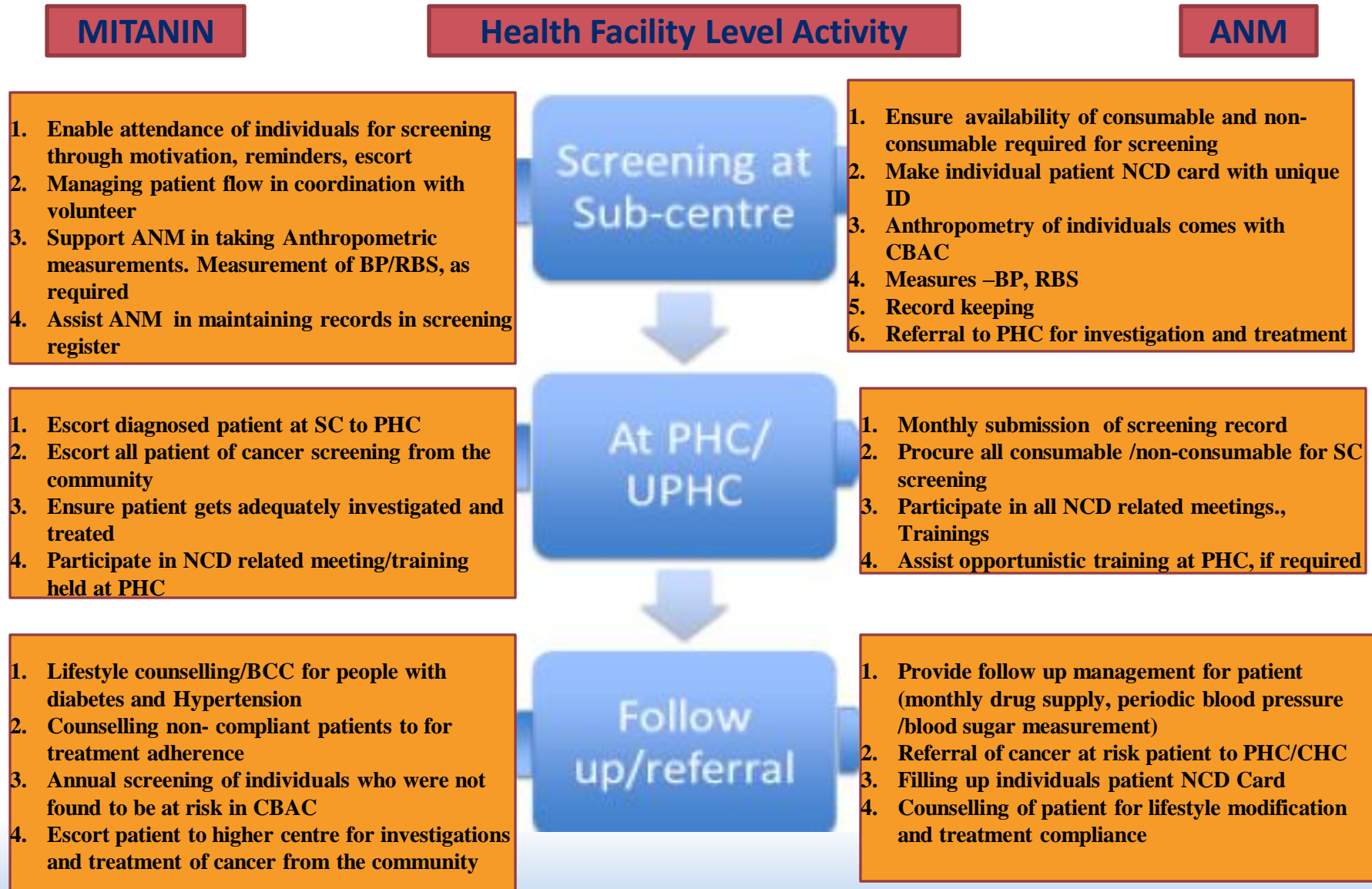
National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

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Role of ANM & MITANIN



Role of Mitanin in PBS



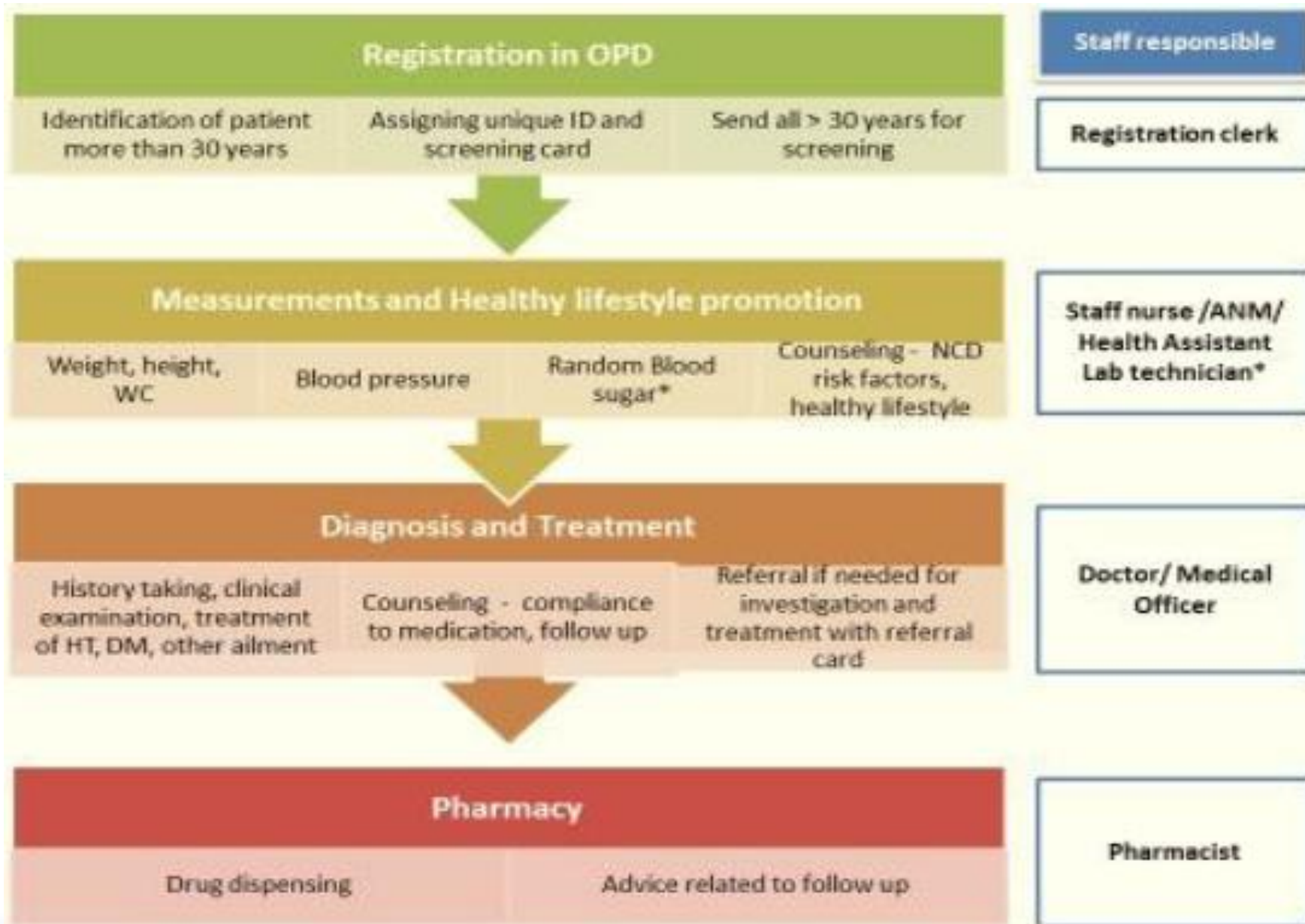


Figure : Flow of patient for screening at PHC

Follow up visit

- Patients must be informed to come for follow up in the PHC after one to three month (depending upon drug dispensing policy)
- Before coming for a follow up visit, patients with DM should be advised to get his/her fasting blood sugar done at the Sub centres. If possible, HbA1C should also be done from the CHC or District Hospital.
- During the follow up visit, the patient will return the empty blister pack and bring the fasting blood sugar report. Weight & BP will be checked for all patients on every visit.
- Medical officer will review the status of the patient and advise accordingly.



**THANK
YOU**