



GE Healthcare

Samhita
A BETTER NORMAL



PPHF
PEOPLE TO PEOPLE HEALTH FOUNDATION

RAPID FORMATIVE ASSESSMENT ASSAM



NOVEMBER 2021

BRIEF SUMMARY

The Rapid Formative Assessment was conducted by PPHF with Devnet team in collaboration with the State Government Of Assam supported by GE Healthcare.

BACKGROUND

The RFA gives an overview of ongoing NCD activities, challenges both at the community and system level to derive some contextualised interventions and recommendations for strengthening the NCD services at selected PHCs which will support the Government of Assam and PPHF and other stakeholders to deliver NCD services.

STATE: Assam

DISTRICTS: Kamrup Rural and Barpeta

BLOCKS: Sualkuchi and Barpeta Road

OBJECTIVES

- To understand the community's needs, awareness level, beliefs, behaviour practices, and overall perceptions on NCDs.
- To explore various factors (both on the demand and supply side) affecting service delivery on NCDs.
- Understand the knowledge and capacity of the health Professionals like Medical Doctors and Community Health Workers on the prevention and management of NCDs
- Understand the key stakeholders for NCDs in the state.
- Mapping of the NCD supply-chain on the project site

METHODOLOGY

The assessment tools used is an exploratory design that involved qualitative methods like IDIs (In Depth Interviews), FGDs (Focused Group Discussions), and stakeholder analysis and mapping of supply chain management of NCDs.



OCTOBER 2021 TO NOVEMBER 2021



QUALITATIVE	
44 IDIs	STATE NODAL OFFICER
	DNO
	MOIC
	SUPPLY INCHAGE : STATE
	SUPPLY INCHAGE : DISTRICT
	SUPPLY INCHAGE : CHC
	ASHA
	ANM
8 FGDs	ASHA
	ANM
	COMMUNITY

QUALITATIVE	
HEALTH CARE PROVIDERS	MEDICAL OFFICERS
	NODAL OFFICERS
FRONT LINE WORKERS	ASHAs
	ANMs
COMMUNITY	

SUMMARY OF FINDINGS

Crisis due to COVID-19 pandemic:

With the advent of COVID 19, doctors, nurses, PHC staffs, and even ASHAs and ANMs have been completely involved in the screening, treatment and vaccination. This has led to the shift in focus on the NCDs being diverted.

Inadequate staffing:

Data Entry Operators, Counsellors and many other positions are vacant for a long period of time. Medical Officers are also not available on all days in NCD clinics. ASHAs are also overburdened with multiple programme linkages and NPCDCS goals are not full attained all the time .

Lack of understanding about symptoms, causes and treatment of NCDs:

The community is aware about hypertension, diabetes, and cardiac diseases, but lack adequate and appropriate understanding as wells as knowledge about the symptoms and causes of NCDs. They are not aware of conditions such as cervical and breast cancer.

Unavailability of specialised treatment:

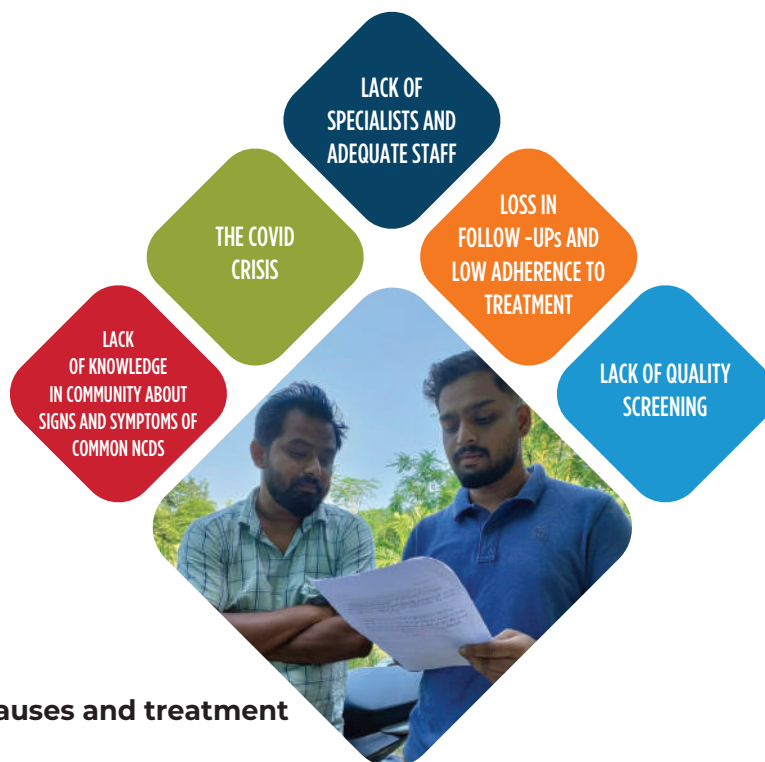
The equipment required for screening and treatment of CVD and other critical NCD cases is either not available or are not in use. In some cases, defunct equipment and very limited testing in hospital laboratories, critical cases do not receive treatment at the Block levels. Only basic care and treatment of hypertension and diabetes are available

Patient Hesitance:

The distance between the sub-centres and the BPHCs is 10-12 kms and communication is a reason for hesitance to follow up after screening. The female patients are hesitant to screen for cervical cancer and shy to talk about it openly, so they do not follow up.

Gap in skills and expertise:

Unavailability of specialised doctors for diagnosis and treatment. Also, the technicians with the skills or expertise to screen this for cases of cancer and other NCDs are not available . Most of the ASHAs and ANMs have not completed their matriculation and are not fully trained on NCD-related issues. Therefore, there is a lack of quality screening due to inadequate hands-on training and skills.



RECOMMENDATIONS

- Strengthen the capacity of the service provider- Prepare training calendars and separate training curriculum for each level.
- Ensure uniform supply of logistics and tracking systems.
- Conduct a periodic review of all equipment with a strategy of its maintenance and replacement.
- Conduct a routine analysis of monthly coverage and on-the-spot monitoring and support under a roster plan.
- Fill all all vacant positions and manage distribution of workload for existing positions.
- Create a support and follow up mechanism for suspected breast and cervical cancer cases
- Depute or link specialised doctors for NCD clinics at district and CHC levels.
- Quarterly community awareness campaigns will increase the demand for PBS and access services from the public health system, including facilitating a change in life style and adopting good practices within the community.
- Schedule home visits by ANMs and CHOs for identified suspected cases.
- ASHAs time and incentive need to be reviewed and fixed according to the need and nature of support expected from them

CONCLUSION

Quality service delivery and uninterrupted services can be ensured only with serious attention to some specific identified areas along with strengthening the capacity at all levels.

ABOUT PPHF

PPHF is a non-profit organisation that works towards transforming lives for improved health and wellbeing through locally- driven solutions.

PPHF works closely with communities and key actors on sustainable solutions for public health challenges. These include :

- 1) Women, Adolescent and Child health
- 2) Non-Communicable Diseases
- 3) Nutrition
- 4) Infectious diseases- T.B, Malaria, COVID-19
- 5) Environmental Health

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices.

Contributors:

People to People Health Foundation and Devnet

Disclaimer

@PPHF India December 2021

This publication is protected by copyright guidelines but the text may be used free of charge for the purpose of policy advocacy, programme implementation, education and research, provided the source is rightfully acknowledged.

For more info:

People to People Health Foundation
K-40, 3rd floor, Jangpura Extension, New Delhi 110014
E-mail: info@phfindia.org | Phone: 011-35121441
(www.pphf.in)

