



GE HealthCare

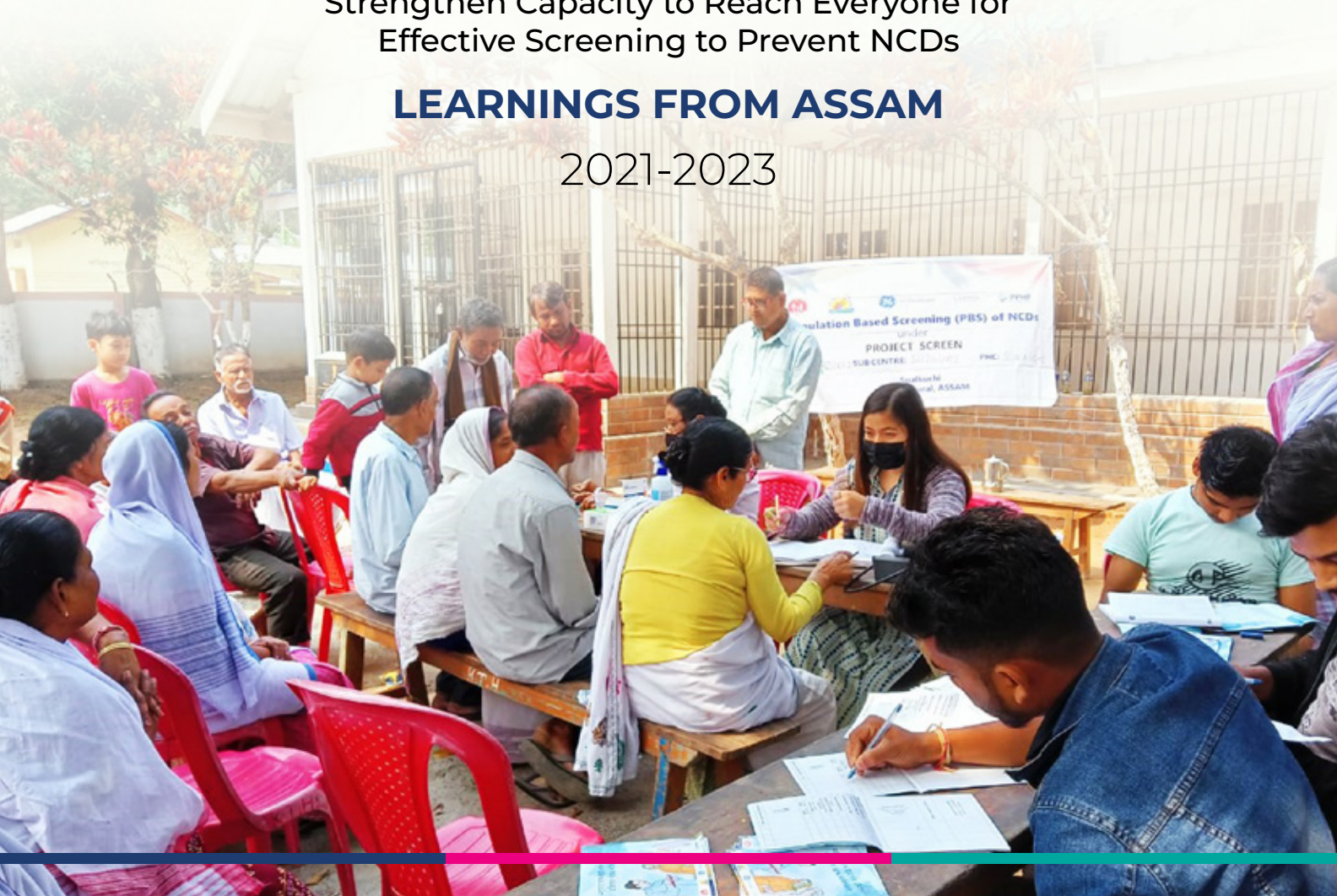
SNAPSHOT

# PROJECT **SCREEN 2.0**

Strengthen Capacity to Reach Everyone for  
Effective Screening to Prevent NCDs

**LEARNINGS FROM ASSAM**

2021-2023





### Table of contents

1. Program Background	3
2. Objectives	4
3. Key Intervention	5
4. Challenges and related response	8
5. Learning	10

## Program Background

Non-Communicable Diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally. India is the major contributor to the global burden of NCDs, with approx. 5.9 million people dying every year from NCDs, meaning a quarter of Indians are at risk of dying prematurely from an NCD before the age of 70 years.

People to People Health Foundation (PPHF) has demonstrated partnerships with several state governments of India such as Haryana, Jharkhand, Karnataka, Maharashtra and Punjab in the last few years to impact the NCD outcomes through a project called SCREEN. The project aimed at contributing to the national goal of reducing mortality and morbidity due to NCDs with the objectives of improving additional skills for health teams for timely identification of Diabetes, Hypertension, Cardiovascular Diseases (CVDs) and cancers (breast, cervix and oral) in over 35 districts of India, building community awareness on prevention, timely screening, and management of NCDs, and documenting the program.

Building on the learnings from the above programs, PPHF implemented Project SCREEN 2.0 in collaboration with the State Government of Assam with support from GE Healthcare. The goal of the program is to meet the primary healthcare needs of the underprivileged population, particularly for NCDs.



## Objectives

1. Increase public awareness of NCDs through health education and promotion of critical health issues in the community.
2. Strengthen the implementation of population-based screening to provide timely care and management support.
3. Upskilling the PHC health team to deliver essential NCD services.

## Target Beneficiaries

Community members above the age of 30 years, and health professionals.

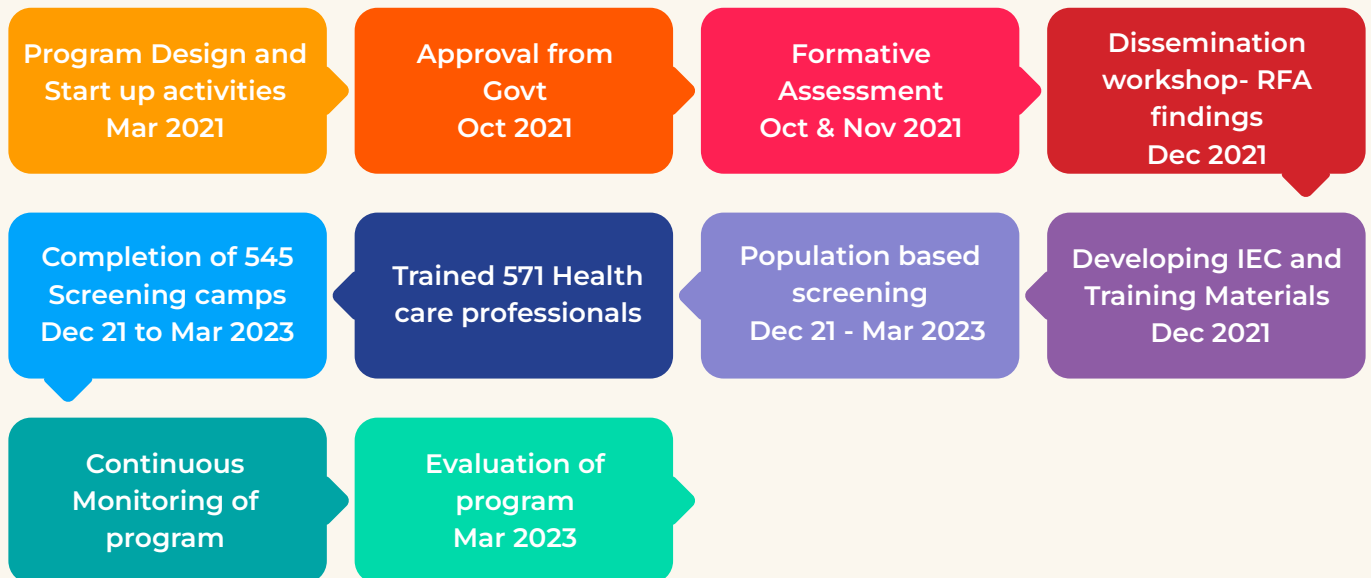
## Implementation Geography

**Project site I:** BPHC Sualkuchi, Kamrup Rural district

**Project site II:** BPHC Barpeta Road, Barpeta district

**Project site III:** PHC Rangachahi and MPHRC Ratanpur Miri, Majuli district

## Project Cycle



## Key Interventions

**Rapid formative assessment:** A participatory process with key stakeholders from communities and health systems was implemented to understand specific program implementation and service update gaps and plan solutions together to strengthen the program interventions.

### Key findings of RFA:

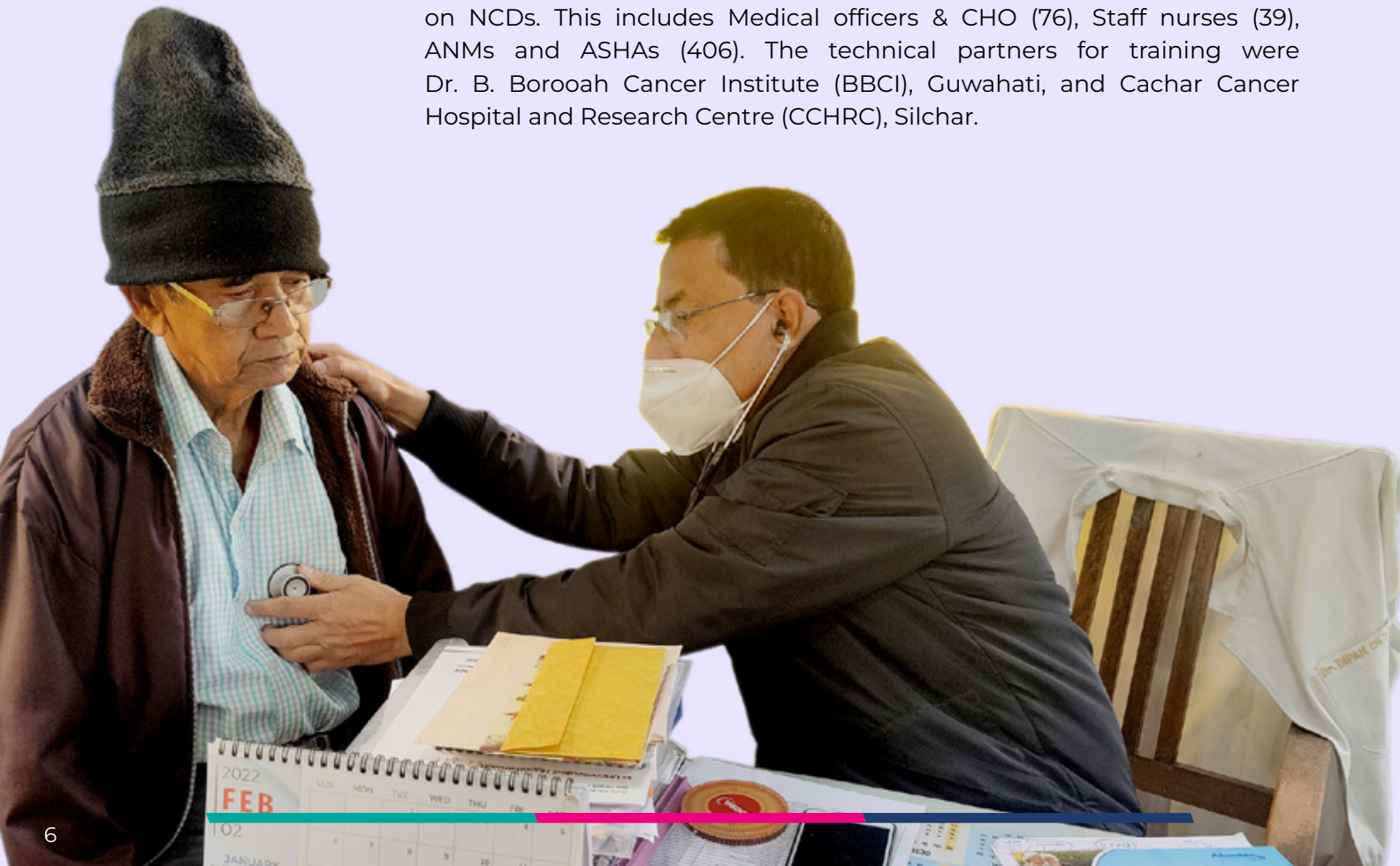
- ❖ **Diversion of focus from NCDs:** Due to COVID-19 pandemic, the healthcare workers focus shifted from NCD screening and treatment to pandemic management and vaccination
- ❖ **Inadequate staffing:** There are vacant positions for Data Entry Operators, Counsellors, and Medical Officers, and ASHAs being overburdened with multiple program linkages,
- ❖ **Lack of knowledge within community:** The community is not aware and lack knowledge on signs, symptoms, causes, and treatment of NCDs, particularly critical conditions such as cervical and breast cancer.



- ✧ **Unavailability of specialized equipment:** There is unavailability of equipment for screening and treatment of critical NCD cases, and limited testing in hospital laboratories at the block level.
- ✧ **Patient hesitancy:** Hesitancy is a deterrent particularly among female patients in getting themselves screened for cervical cancer or even to talk about it openly.

**Community awareness and Population based screening:** A total of 22,982 individuals were screened via 545 outreach camps across 4 PHCs in 2 years.

**Upskilling of Health care professionals:** A total of 571 healthcare professionals have been trained on various aspects of NCDs and Common cancer screening as per the latest government guidelines on NCDs. This includes Medical officers & CHO (76), Staff nurses (39), ANMs and ASHAs (406). The technical partners for training were Dr. B. Borooah Cancer Institute (BBCI), Guwahati, and Cachar Cancer Hospital and Research Centre (CCHRC), Silchar.



**Health care infrastructure strengthening:** Essential equipment to facilitate the screening was supplied which included 4 ECG machines, 25 Glucometers, 30 BP apparatus, 16 weighing machines, 30 stadiometers, 28000 glucometer strips, 28 Cusco's speculums, acetic acid, 13 autoclaves, 13 examination lamps and material for cervical and oral cancer screening.

**Mass awareness and communication:** IEC materials for Diabetes, breast cancer, cervical cancer, food chart, etc were developed in the local languages and adopted for community mobilization. A total of 25 Street plays/awareness programs were organized to create awareness in the community.

**Digitization:** Digitalisation of 16000 patients' NCD records.



**22,982**  
individuals  
screened



**571**  
healthcare  
professionals trained



**545**  
outreach camps  
organized



**25**  
street plays  
organized



**16000**  
patients' NCD records  
digitalised

## Challenges and related response

Challenges	Response to address the challenges
<p><b>Reluctancy in visiting sub-centers</b></p> <p>We observed community preference to visit Private Healthcare and reluctance to seek care from the govt health facility.</p>	<ul style="list-style-type: none"><li>✧ Conducting door-to-door visits and continuous reminders by ASHA workers and Community volunteers played a vital role in increasing the sub-centers OPD.</li><li>✧ Provision of Equipment and skill building of health care professionals will go long way to improve the quality of service delivery.</li></ul>
<p><b>Stigma and Challenges in Cervical Cancer Screening</b></p> <p>The conservative nature of Indian society and the stigma associated with privacy and secrecy make it challenging to obtain women's agreement for cervical cancer screening using the min-invasive procedure called VIA (Visual Inspection with Acetic Acid)</p>	<ul style="list-style-type: none"><li>✧ The project has targeted not only women but also men and local community members as volunteers. This approach was complemented by street acts and the use of local language IEC materials for community mobilisation drives.</li><li>✧ The women from the community have emerged as leaders to sensitize the stigma and promote the benefits of screening for early detection and treatment of cancer.</li></ul>
<p><b>Inadequate history taking before VIA procedure in cervical cancer screening</b></p> <p>History taking is of utmost importance before screening. Lack of attention to detail in this aspect leads to unpleasant patient experience and increase the chances of patients undergoing the process would demoralise other women to undergo the same process.</p>	<ul style="list-style-type: none"><li>✧ Engaged a skilled team of counsellors with high expertise in pre and post-cervical cancer screening, history taking, and counselling.</li><li>✧ Men were explained about the disease, the procedures and the complications that might follow.</li><li>✧ Women were assured about the benefits of undergoing the screening process.</li></ul>
<p><b>Trepidation in conducting Cancer screening</b></p> <p>Lack of trained Health Service providers at the Sub-Centre Level for Cancer Screening.</p>	<ul style="list-style-type: none"><li>✧ After receiving training, the healthcare workers have become confident in carrying out common cancer screenings. This resulted in improved access to cancer screening services for the community.</li></ul>



### Logistics for screening for CVDs and cancers

The effective screening and treatment of critical NCD cases such as CVD are hindered by the unavailability and underutilization of essential equipment at the block level.

- ✦ By providing the necessary additional equipment support, the program has ensured that patient flows for CVD and common cancer screening increased.
- ✦ The subcentres and PHCs, now have up-to-date equipment for testing, and all necessary equipment for screening. This has significantly improved the overall quality of services for NCD patients.

### Majuli's Challenging Geography

Lack of transportation to access the health centers for basic treatment.

- ✦ The community volunteer from the same area helped to increase awareness and screening of NCDs in the community. Organising outreach camps in the Majuli district, proved an effective strategy for early screening.
- ✦ It helped to provide essential NCD screening and treatment services.

Learnings from **SCREEN 2.0** are likely to be relevant in planning out the implementation of cost-effective strategies to reach out to the maximum population and create mass awareness for an increase in access and delivery of health services.



## Learnings

The learnings of SCREEN provide insights into contextual and cross-cutting program experience and evidence for better programming and scaling. Through the current iteration of the SCREEN 2.0 program in a few PHCs in Assam state, the learnings from the field highlight those special drives for screenings, improving patient care, teaching individuals to self-manage their diseases, and equipping healthcare workers with the knowledge to better diagnose and manage NCDs are the key. We also experienced inspiring behaviour change by raising awareness of NCDs in communities is very crucial to bring them for screening and service uptake. The screening camps uncovered a huge burden of NCDs as well as of the pre-diseased states.

Persisting ignorance within the community and fear of getting screened at the health facility can be addressed through community outreach programs and wider engagement of multi-sectoral stakeholders and other sensitization activities in the community. Similarly, continuous capacity building of healthcare providers and frontline functionaries, regular monitoring and supervision, patient-centered care, adequate supplies, and availability of the human resource is essential in order to maximize coverage with quality delivery of health services and counselling.



Efforts on upskilling the healthcare team are effective when supported with adequate supplies and resources are provided.

**SCREEN 2.0** demonstrated another effort of public and private sector partnership and contributed to improving the supplies, upskilling the capacity of health care providers, bringing the stakeholders on one platform for helping to meet the screening targets, and creating community awareness on NCDs. Appropriate planning, coordination, monitoring and constant follow-up at each level within the system are essential to improve NCD service delivery at the community level.

Given the potential benefits to be achieved, PHC-led responses to NCDs should be designed to develop possible solutions for implementation challenges. It is equally essential that a bottom-up participatory approach in communities, blocks, and districts is adopted.

Early identification and management of people in the pre-diseased state to prevent them from entering into diseased states can be done with regular community interface and mobilizing people for the annual screening programs. Follow up and regular review of individuals newly diagnosed with NCD are very important to prevent complications.

**Acknowledgements:** We deeply appreciate the contributions of NHM Assam leadership, district health authorities, the NHM field team, GE Healthcare and PPHF team.



## ABOUT PPHF

We are a global health non-profit organization working towards transforming lives for improved health and wellbeing through locally-driven solutions. We have worked in more than 20 states of India with an aim to build the skills of health care providers, strengthen management capacity and help create sustainable systems to improve access to quality health services.

We work closely with communities and key actors on sustainable solutions for public health challenges:

1. Non-Communicable Diseases
2. Women, Adolescent and Child health
3. Nutrition
4. Infectious diseases
5. Environmental Health
6. Emergency Health and Disaster Response

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. Drawing on our experiences and recognizing the unique needs of each region in India, We work in partnership with key stakeholders to design and deliver targeted responses.

### Contributor

People To People Health Foundation

### Disclaimer

@PPHF India March 2023

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.

### Contact us

#### People to People Health Foundation

K-40, Third floor, Jangpura Extension, New Delhi 110014

Phone: 011-35121441 | Mobile: +91 98719 50708

E-mail: [connect@pphfglobal.org](mailto:connect@pphfglobal.org) | Web.: [www.pphfglobal.org](http://www.pphfglobal.org)

