Enumeration, Screening and Consultation

Phase

ASHA

START

1.1.1 Population based survey for enumeration [MANUAL]

1.1.2) Create Family Folder and Individual Health Record [MANUAL]

2.1.1 Conducts survey for risk assessment/early screening purpose [MANUAL]

Identification of ANC or NCD either through door to door visit or by beneficiaries visiting ASHA's home

Weekly IDSP Survey is conducted manually. IDSP Register is filled and entry in IDSP Portal is done by filling the S-Form

2.1.2 If potential ANC beneficiary is identified

Yes

2.1.2 A If NISHCHAY Kit is available

Yes

2.1.2 Aa1 Collects sample and conducts the test (5-10 minutes)

2.1.2 Aa2 Test result

Positive

2.1.1 Aa2x Asks beneficiary to visit the centre, or brings the beneficiary to the centre

Negative

2.1.2 Aa2y Does the Counselling

STOP

No

2.1.2 Ab Takes the beneficiary to HWC

No

2.1.2 B1 Conducts NCD screening for patients >30 years through CBAC form [MANUAL]

Enumeration and CBAC filling exercise is completely manual

Yearly target is 37% of the total population 1 beneficiary screened only once a year

Not able to achieve the screening target because of non-availability of beneficiaries during day time or due to inter-state migration

No mechanism to check if CBAC form for a beneficiary is filled more than once in the current year

MPW not able to support ASHA & ANM in enumeration, empanelment and screening due to their engagement in other departmental activities

ANM/GNM

No set schedule to submit the form to GNM/CHO

2.1.2 B2 Submits the CBAC form to ANM/GNM [MANUAL} [7 -15 days]

High wait time to filter the probable NCD cases

2.1.2 B3 Receives the filled CBAC Form and identify the possible NCD cases [7-15 days]

2.1.2 B4 Requests ASHA to bring the patient with >4 CBAC score to HWC

Special NCD screening sessions are conducted twice a week in some HWCs

No mechanism to track whether possible NCD cases visited HWC or not

No set timelines to communicate to ASHA to bring the probable NCD cases

Beneficiary

3.1.1 Visits the HWC and requests for blank prescription from staff nurse/clerk

High wait time in OPD during rush hours

3.1.2 Whether beneficiary coming for the first time or after 3 month

Yes

No

Manual methods to identify repeat patients

3.1.2 A1 Asks patient details, collects the fee and issues the blank prescription/slip with Yearly SI number [MANUAL] [1 minutes]

Registration details include Name, mobile number, Yearly and monthly SI No., age, sex, date, religion, complete address, user charge, Remarks

3.1.2 B1 Takes the Previous prescription from the patient and record the patient details [MANUAL] [1 minutes]

3.1.3 Gets the prescription/slip from ANM/Clerk

3.1.4 Visits the Medical Officer/CHO [30 sec – 30 min]

Many training modules are yet to be provided

Heavily dependent on patient's response to know patient history

3.1.5 Aax3 Receives the test results [30 sec]

CHO

3.1.5 Provides consultation and records the patient details in OPD register for treatment [5-7 minutes]

3.1.5 A If any lab test is required

Yes

3.1.5 Aa If test is available at HWC

Yes

3.1.5 Aax1 Notes the test on Prescription form, OPD Register and forwards the beneficiary to staff nurse/Lab technician [1-2 minutes]

New CHOs do not have list of facilities and of doctors at Block PHC and CHC

Reviews the test results

No

3.1.5 B If CHO is a Rural Health Practicioner

Yes

3.1.5 Ba Prescribes medicine to beneficiary and records the treatment in OPD register

No

3.1.5 Bb Prescribes EDL only and records the treatment in OPD register 2-3 seconds

Yes

A

3.1.6 If further treatment is required

No

3.1.6 B Disburses the medicines 1 minutes

3.1.7 If potential NCD case,

Yes

No

No set timelines to screen the CBAC form, and overall screening

ASHA claims incentive of Rs. 10 per verified CBAC

3.1.7 A1 Verifies and signs the CBAC form

3.1.7 A2 Updates the NCD Screening register, referral register, NCD medicine dispensing register and NCD Portal

3.1.7 B Updates the AB-HWC Portal daily as well as monthly

Incorrect number of screened cases being entered in all portals

Incorrect number of screened cases being entered in all portals

Every centre sends the count of CBAC form filled, individuals empaneled, screened, newly diagnosed positive, individuals on treatment for TB & 5 NCD diseases

3.1.8 District program Coordinator assesses the monthly HWC and NCD performance

Data of one beneficiary being entered twice/thrice on NCD Portal due to variation in entering beneficiary name, age and phone number

Multiple SI no. (CBAC no, SI no. in NCD Register, SI no. in referral & follow-up register

Updates the monthly Performance data on SSD portal for incentives

Linked PHC assesses and verifies the monthly performance report

Sends the monthly report to District NCD Cell

Performance of every CHO analyzed at State HQ, incentives and monthly feedback provided

An excel based log sheet is developed by the state, with calculation based on the PBI indicators for easy payments

District Program Coordinator has to click and verify 19 PBI one by one for a particular HWC, even though Block PHC head had already verified those.

Lab Technician/ANM

Multiple dashboards, like centre-wise performance analysis, disease-wise analysis, Overall Program Analysis in which details like Enrolled count, ABHA Number, age-gender distribution for enrolled beneficiaries in the district

Time taken depends on the test
Hb: 10 minutes
Sugar: 1 minute
Hepatitis, EDRL, HIV: 1 hour
Malaria: 20 minutes

3.1.5 Aax2 Gets the prescription and conducts the test

Record the tets results in a register

In some SHC-HWCs, test results are not recorded in a separate register by ANM, while in some centres, multiple registers being maintained to mention test results

Referral and Reporting

Phase

CHO

A

3.1.6 A Purpose of referral

Treatment

3.1.6 Aa1 If teleconsultation is available

Yes

Non-availability of required doctors during OPD hours

Non-availability of required doctors during OPD hours

3.1.6 Aa2 Conducts Teleconsultation using E-Sanjeevni [30 sec- 1 hour]

Telemedicine conducted by CHO after OPD hours just to achieve targets

3.1.6 Aa3 If further treatment is required

Yes

Test

No

3.1.6 Ab Refers the patient to concerned PHC/ CHC/DH

No defined timeline set for referral consultation

3.1.7 Whether ANC/ NCD positive

No

Yes

3.1.7 B Record the referral and follow-up details in a separate referral register

Date, Yearly SI No., Name, Address, Age, Sex , Provisional Diagnosis, Investigation proposed, Treatment and Referral

3.1.7 A Records the patients details in OPD Register

MO

4.1.1 Consults the patient and provide treatment

4.1.2 Sends the beneficiary to Pharmacist

Pharmacist

Difficult for pharmacist to understand MO's writing

Staff is not aware of collection of feedback using a feedback form, which takes 2-3 minutes to fill

4.1.3 Issues the prescribed medicine to the beneficiary and notes in the Dispensing Register [1-2 minutes]

Reviews the medicine stock

If stock is required

Yes

Fills the Indent Form with the list of required medicines and quantity and receives MO approval on Indent form

Duplication of work, same data to be entered again on DVDMS to get indent number

Generates Indent number

Issue voucher number generated on DVDMS [1 min]

Receives the medicines coming from District Drug store

Updates the Bin Tally Card, Stock Approval Register along with MO's signature, in case of UHWC [_ min]

Issues medicine from Centre's drug store, updates the Bin Tally Card, notes down the names and quantity of these medicines in a register

Updates the Stock-in Hand, both on DVDMS and in Stock book registers, along with MO's approval [1-2 min]

STOP

No

ANM/GNM

4.1.5 Or whether vaccine etc. to be administered,

Yes

4.1.6 Comes to staff nurse who receives Prescription form, Lab report, medicine and CBAC (in case of NCD) from beneficiary/ ASHA [30 seconds - 1 minute]

4.1.7 Administers the drug/vaccine

4.1.8 Create/update the NCD Follow-up card/ MCP card and their office copy

Patient gets free in 5 minutes
Paperwork & data entry gets completed in 15-20 minutes

4.1.9 Updates RCH/NCD Register [5 min]

4.1.10 Entering the data on ANMOL, U-WIN, IDSP Portal, [5-15 min]

10 minutes to complete one entry in ANMOL portal.

Same data entered on ANMOL, NCD, AB-HWC, NIKSHAY, U-WIN, IDSP, Family Planning Portal, DVDMS, is also entered manually. This leads to duplication of work.

4.1.11 If Follow-up is required

Yes

No

END

ASHA

4.1.11 B1 Takes follow-up of patients [1-2 minutes per beneficiary]

4.1.11 B2 If follow up is for ANC

No

Yes

4.1.11 B2a Uses Tracking bag to manage follow-ups on monthly basis using NCD Tracking bag. Shifts the card on a monthly basis

Teleconsultation/referral is required.
Entry done n follow-up card and NCD Follow-up register

4.1.1 B2b Uses Tracking bag to manage follow-ups on monthly basis using ANC Tracking bag. Shifts the card on a monthly basis

ASHA claims incentive of Rs. 50 per patient for at least 3 follow ups in 6 months