
NCD facility-based monitoring

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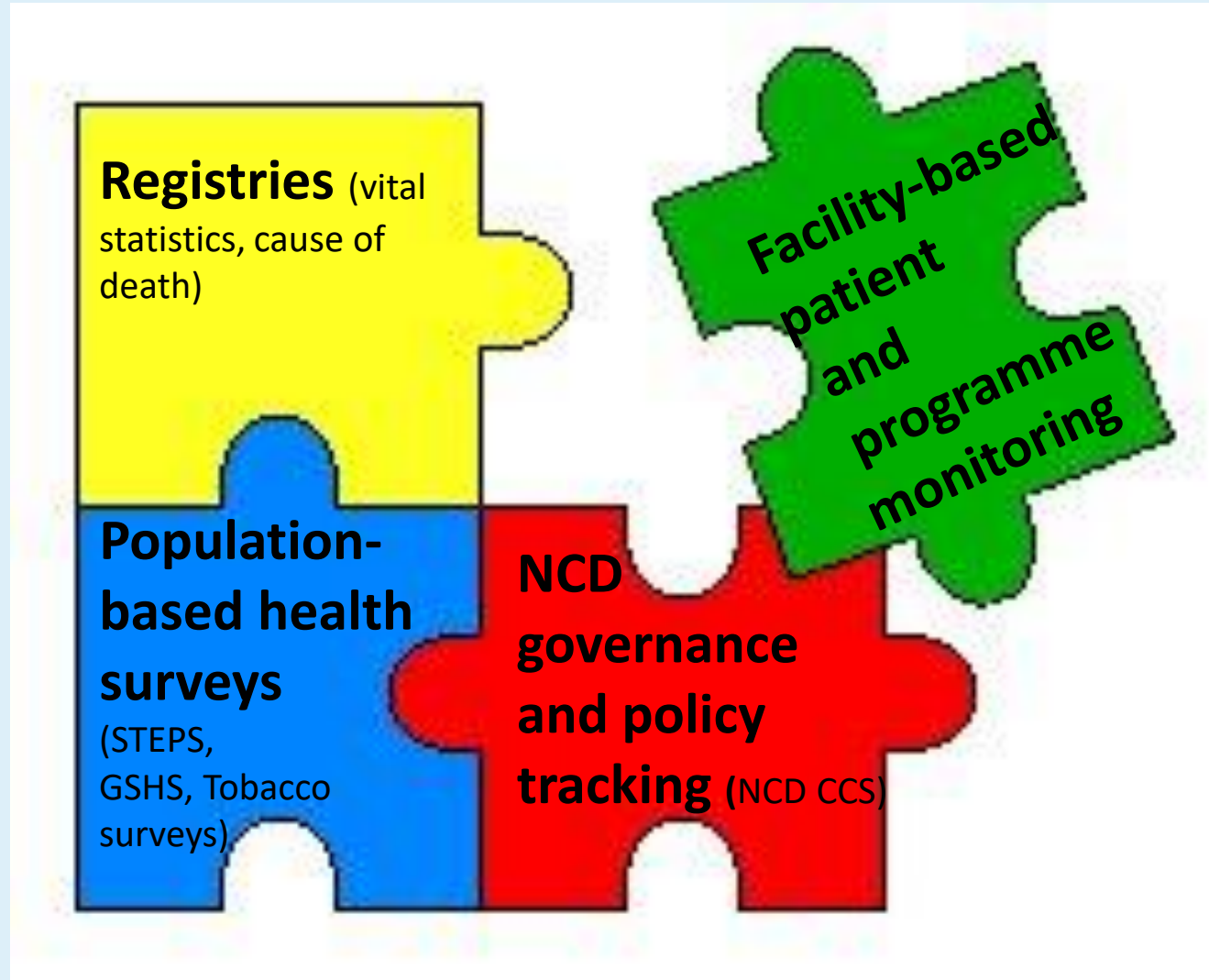


IMPLEMENTATION ROADMAP 2023–2030 FOR THE GLOBAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NCDs 2013–2030

- Strategic Directions

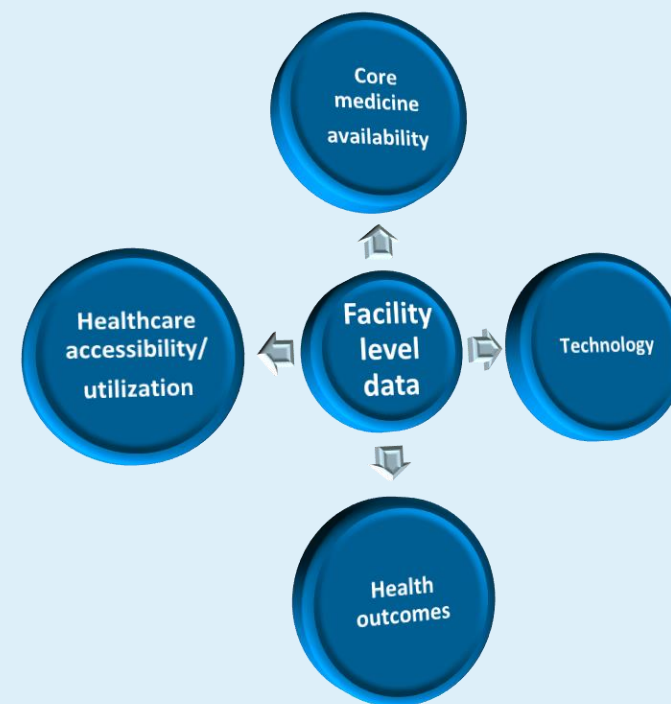
- 1. Accelerate national response based on the understanding of NCDs epidemiology and risk factors and the identified barriers and enablers in countries**
- 2. Prioritize and scale-up the implementation of most impactful and feasible interventions in the national context**
- 3. Ensure timely, reliable and sustained national data on NCD risk factors, diseases and mortality for data driven actions and to strengthen accountability**

NCD surveillance system components



Facility-based patient and program monitoring in primary care

- Supporting health facility managers to ensure NCDs core medications availability at the facility level
- Supporting health facility managers to ensure technology availability (lab testing/functional equipment) at the facility level
- Supporting health facility and higher levels managers/authorities to ensure accessibility/utilization of healthcare
- Supporting health professionals and managers at the facility/district/national levels to evaluate the outcome of provided services

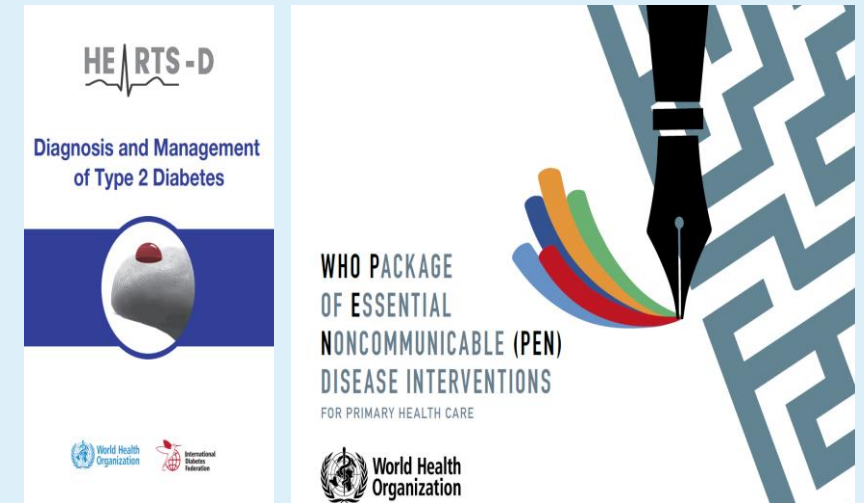


Noncommunicable disease facility-based guidance: scope and development process

Comprehensive monitoring for essential noncommunicable disease interventions at primary care settings

- Cardiovascular diseases including hypertension
- Diabetes
- Asthma and chronic obstructive pulmonary disease
- Breast cancer, cervical cancer, childhood cancers and general cancers

Rigorous development and prioritization processes (experts' opinions, systematic reviews, global and regional priorities)

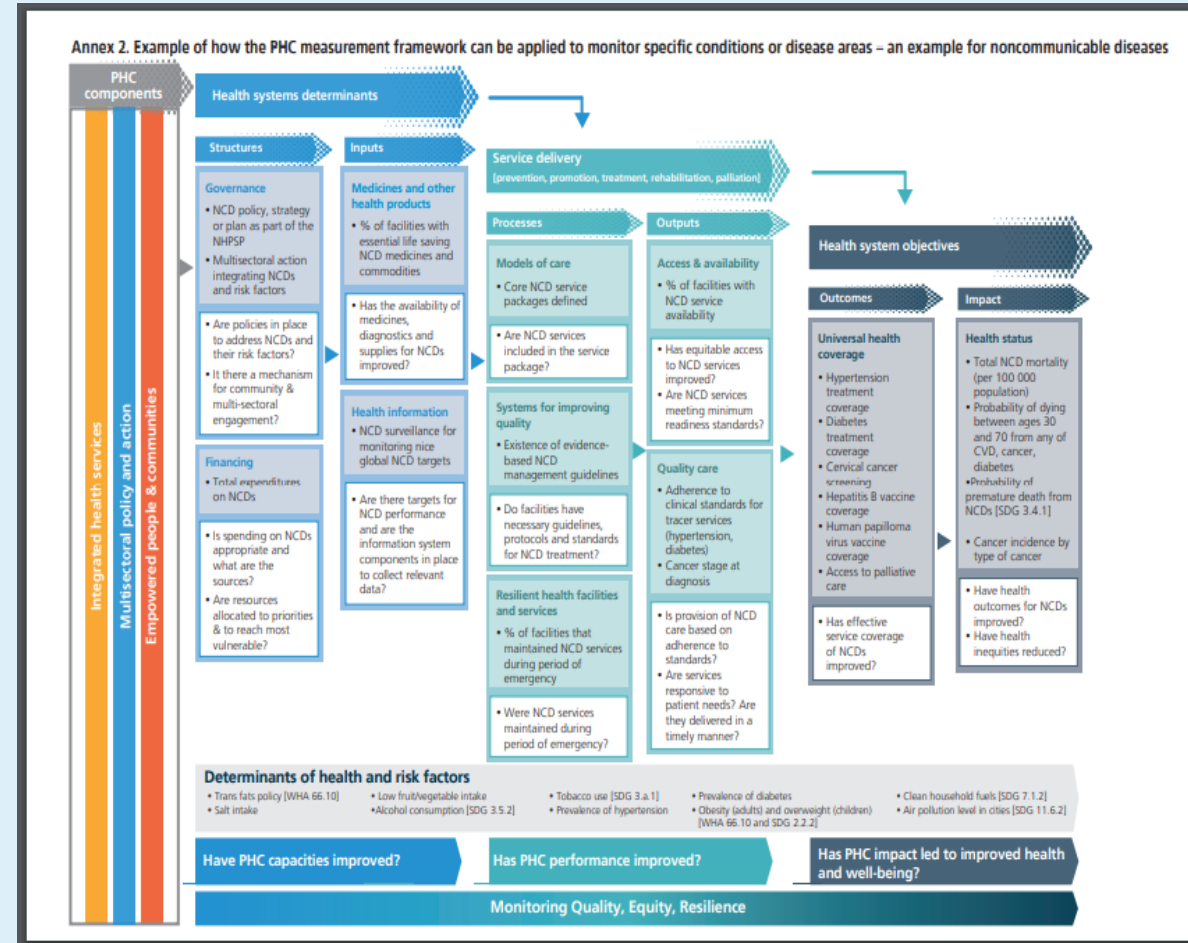


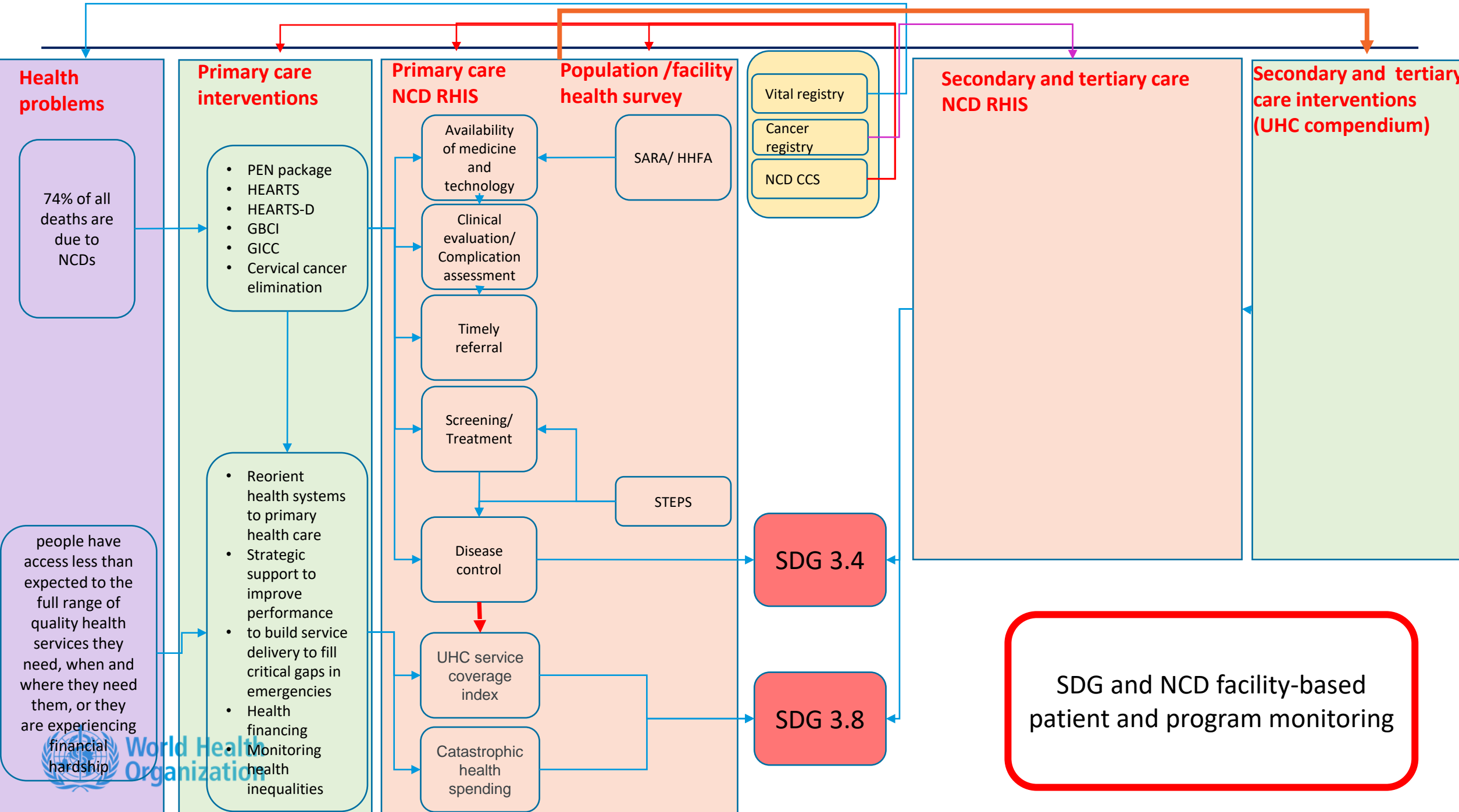
Noncommunicable disease facility-based guidance: monitoring domains and indicators

Domains aligned with WHO primary health care measurement framework and indicators: monitoring health systems through a primary health care lens

- Programme determinants (health system capacity and management)
- Service delivery (early detection and diagnosis, treatment and complication assessment)
- Programme objectives (disease control)

A total of 22 core indicators and 59 optional indicators, organized by results chain framework, NCDs and monitoring domains



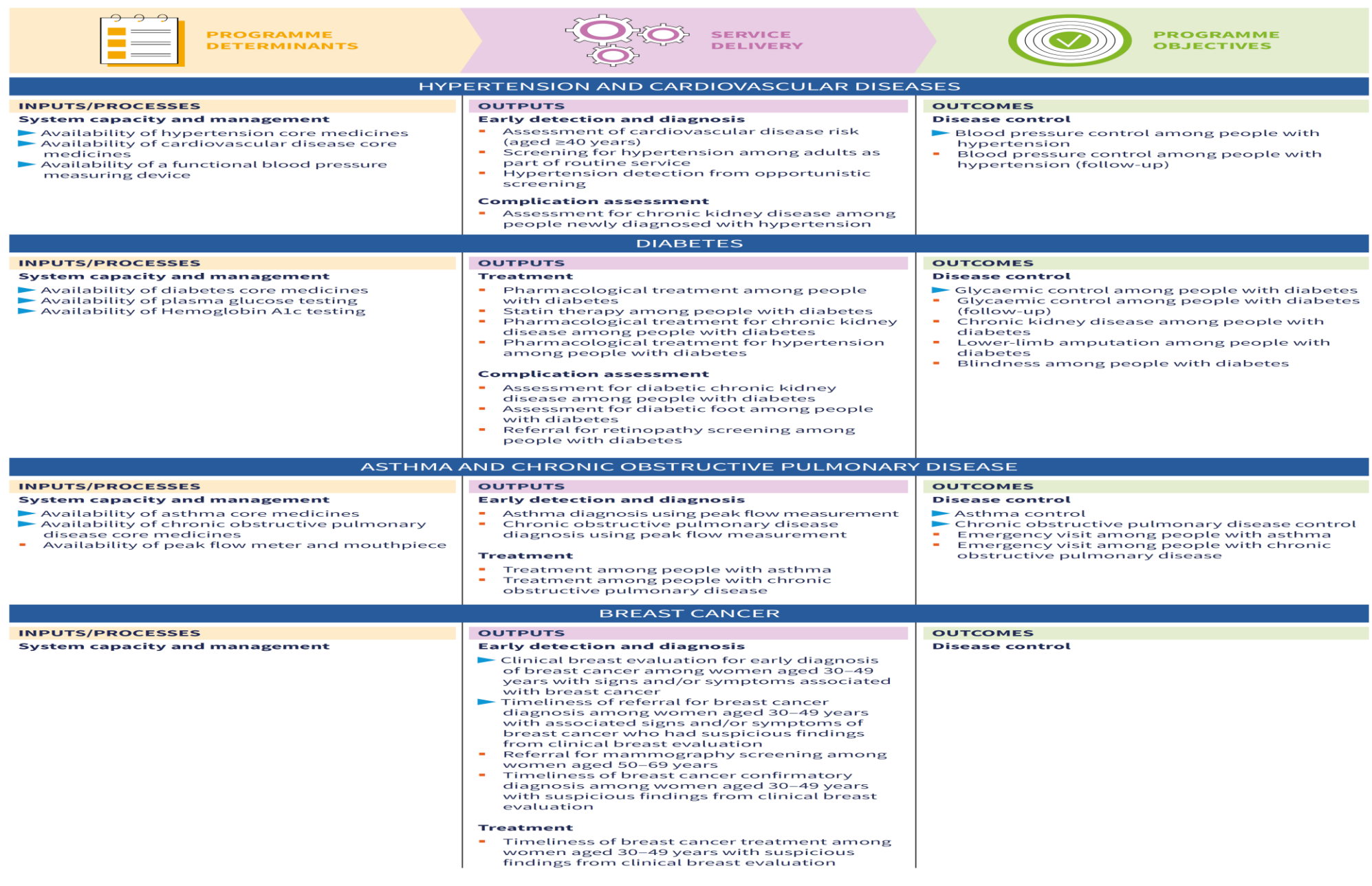


Noncommunicable disease facility-based monitoring guidance

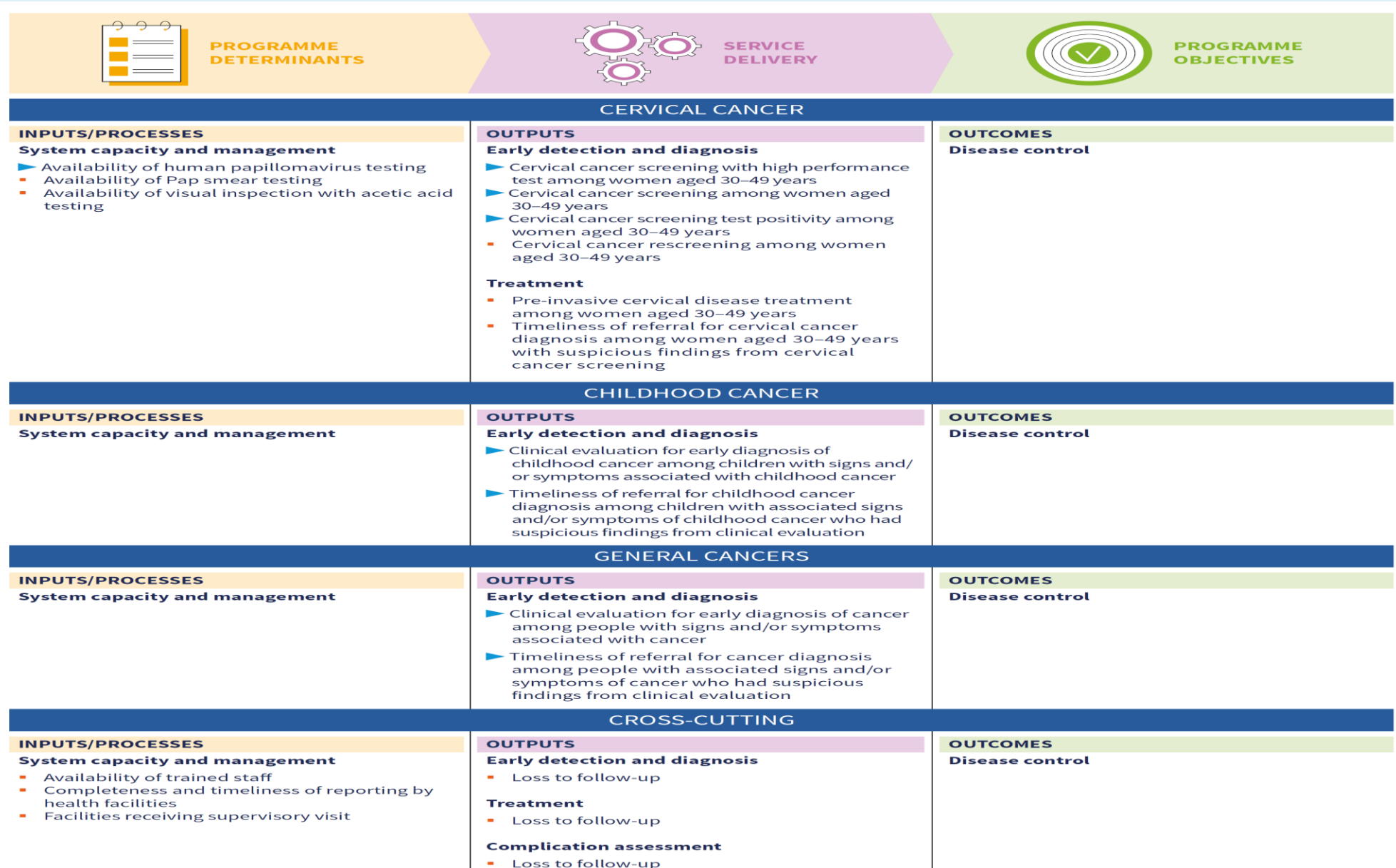
- Background, Introduction
- Noncommunicable disease facility-based monitoring guidance (Framework)
- List of core and optional indicators and their metadata
- Application of the Noncommunicable disease facility-based monitoring guidance in country health facility-based monitoring systems



Facility-based patient and program monitoring framework (1)



Facility-based patient and program monitoring framework (2)



Indicator metadata

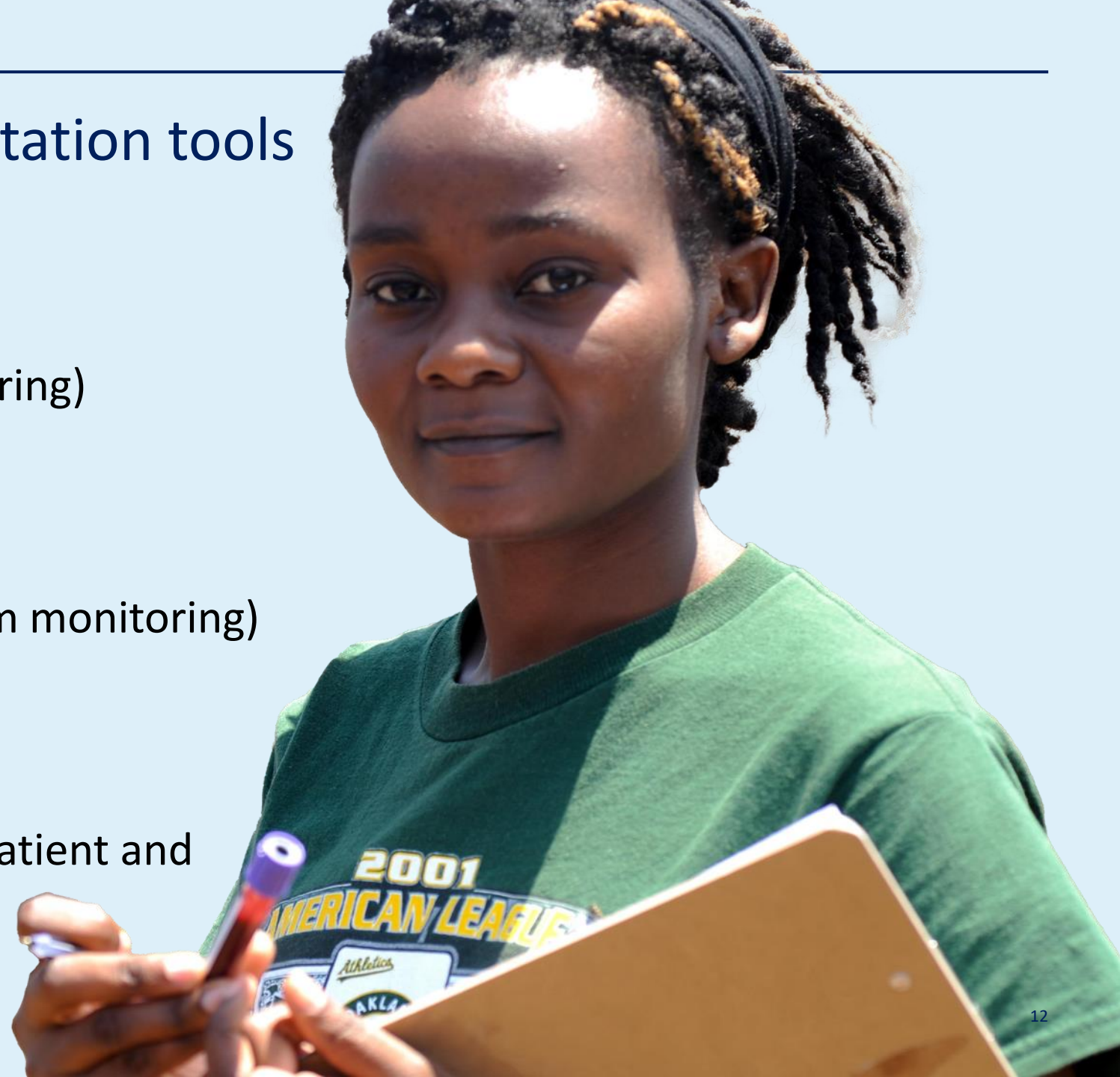
- Definition, purpose, numerator, denominator, calculation method, aggregation, disaggregation, sources of data, key data elements, frequency of reporting, users of data, limitations/comments and related links
- Comparability of data across geographical areas and across times

C2-Availability of plasma glucose testing

Indicator name	Availability of plasma glucose testing
Purpose	To ensure uninterrupted services to diagnose diabetes and assess glycemic control among patients with diabetes
Definition	Proportion of health facilities that have capability of laboratory or point of care plasma glucose (PG) testing
Numerator	Number of health facilities reporting capability of performing either laboratory or point of care PG tests in the reporting period
Denominator	Total number of health facilities
Method of calculation	$\text{Numerator} \div \text{denominator} \times 100$
Aggregation	District, province, state, national
Disaggregation	Health facility, provider ownership type (public/private), facility location type (urban/rural), plasma glucose testing site (point-of-care or laboratory)
Sources of data	Health facility reports, regional logistics information system or survey
Key data elements	Count of number of facilities reporting “test capability”
Frequency of reporting	Quarterly
Users of data	District-, province- and state-level managers to focus supervision on health facilities reporting no lab capability, making facilities capable and strengthening health systems to ensure uninterrupted laboratory services
Limitations/ comments	In some settings the health facilities do not provide laboratory services so the reporting units will need to come from other laboratory service providers
Related links	Harmonized health facility assessment (HHFA): core questions https://www.who.int/publications/i/item/harmonized-health-facility-assessment-(hhfa)

Data collection and interpretation tools

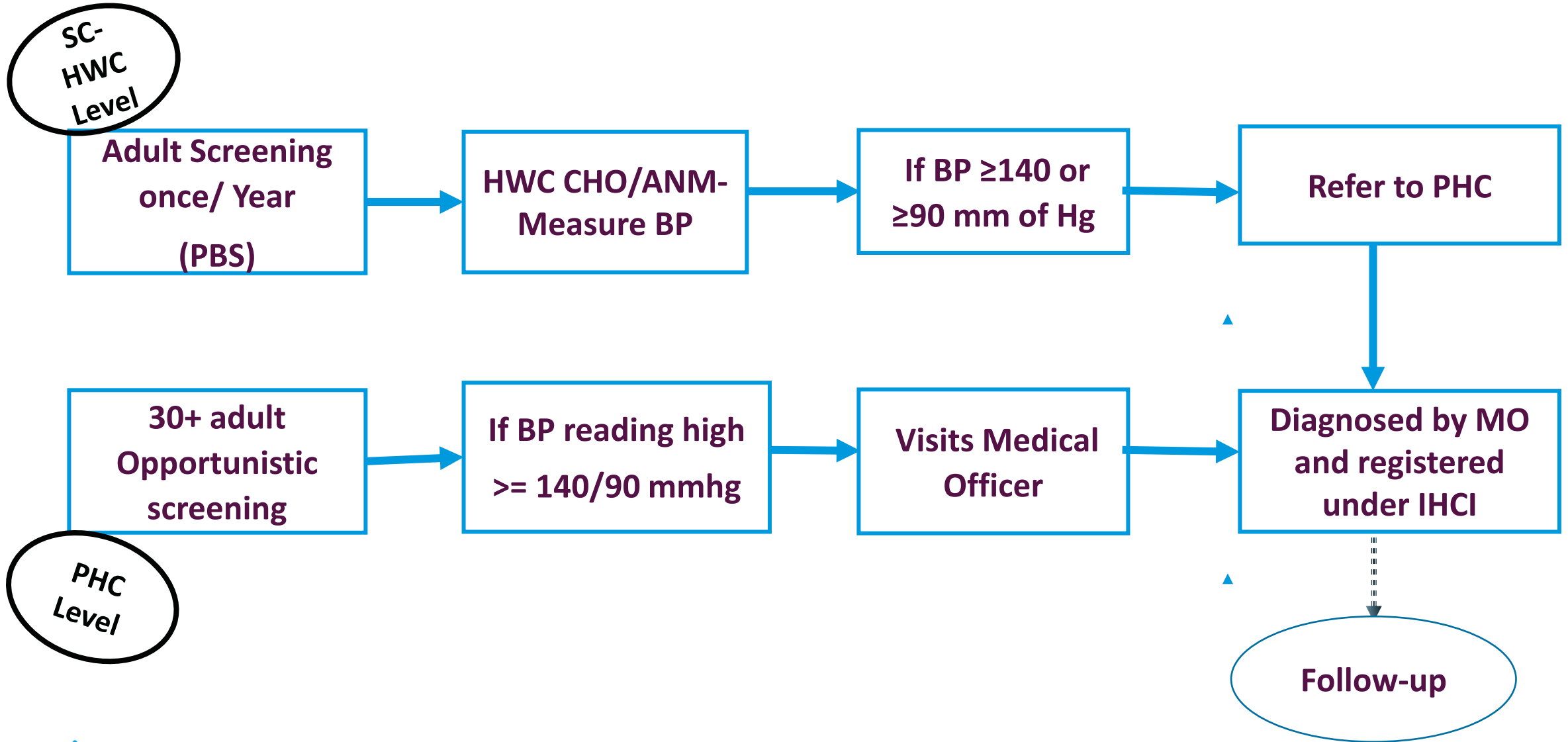
- Paper-based tool
- DHIS2 Aggregate (program monitoring)
- DHIS2 tracker (patient and program monitoring)
- E-registry (patient management, patient and program monitoring)



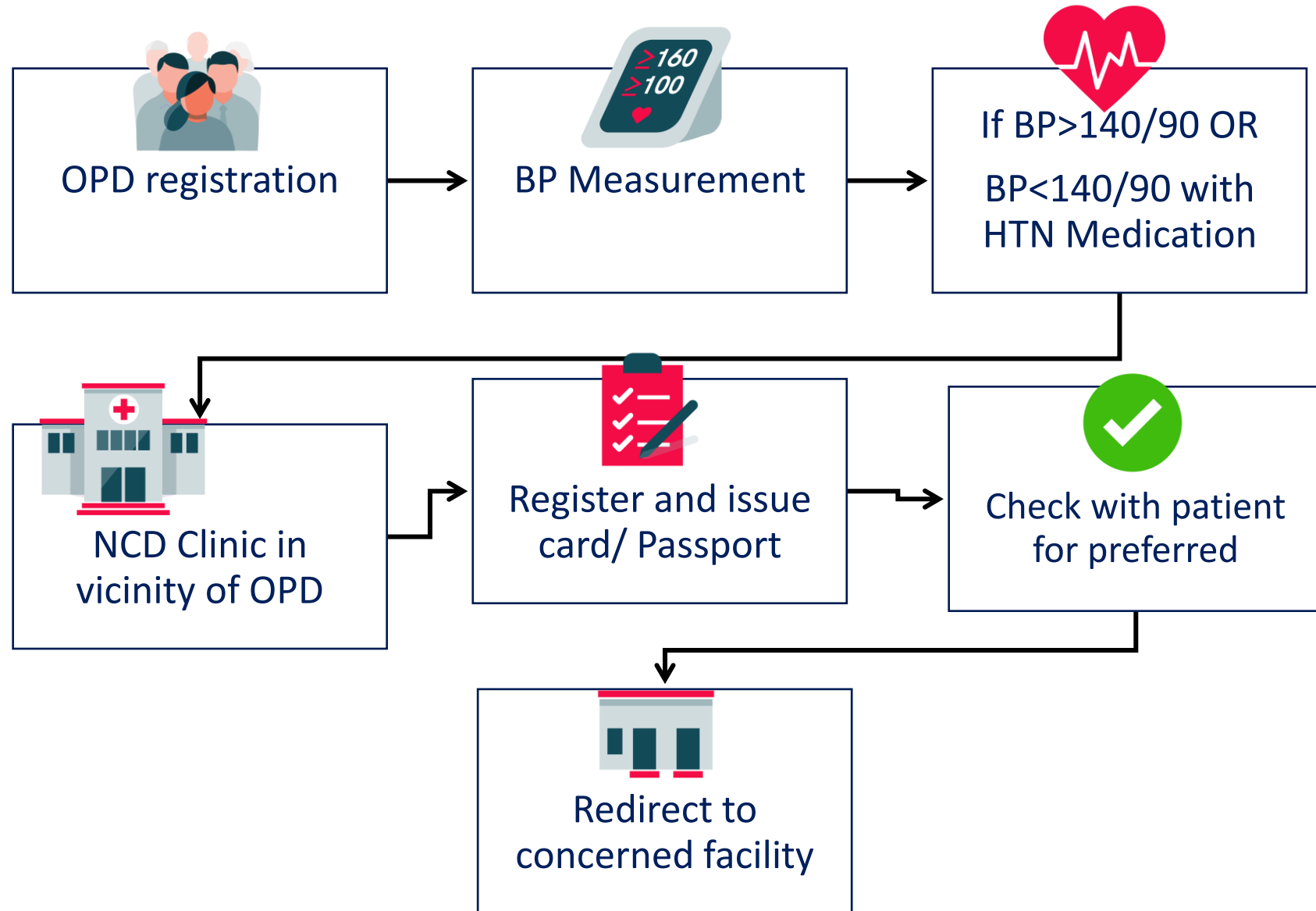
India longitudinal monitoring of hypertension and diabetes at the primary health care level



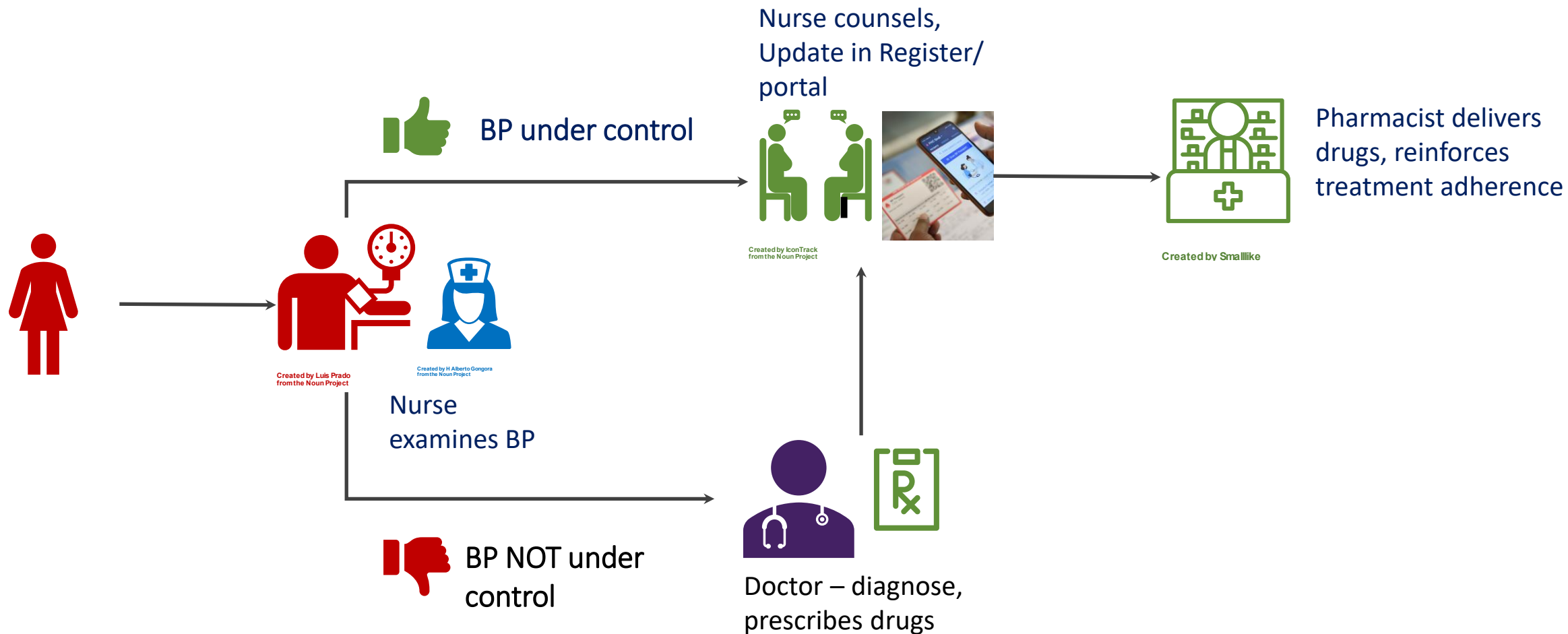
Patient flow at PHC/ SC Level



— Patient flow at Secondary and tertiary facilities



Recommended patient flow: Follow-up patients



Record Systems

Paper Based System

- Facility Hypertension Register
- Patient Treatment card
- Patient BP Passport/ NCD Card
- Patient Tracking matrix
- Follow up register
- ASHA Line list
- Default retrieval system
- Monthly reporting format

Digital System

- CPHC NCD IT System / Simple App
- Patient BP Passport/ NCD Card
- Priority follow up list / Overdue list
- Teleconsultation
- Integration of various existing Apps
- Default retrieval system

Paper Based Systems

Record keeping for HTN registered patients

Hypertension and Diabetes Treatment Card One card for every patient given or prescribed medicines to treat hypertension &/or diabetes, regardless of regimen

Patient name _____ Registration date _____ Patient ID number _____
DD MM YY 00001, 00002, 00003...

Age _____
 Gender Male Female
 Full address _____
(No. do, no House Number, Name of Hamlet/Village/Colony/Nagar/ Town/Nearest landmark)

Diagnosis for hypertension? Yes No

Diagnosis for kidney disease? Yes No

Filled once at first visit

By MO

**By SN if BP <140 & < 90
 By MO if ≥140 or ≥ 90**

Hypertension & Diabetes Treatment Card

Copy name, registration date, and patient ID number from front of the card

Patient name _____ Registration date _____ Patient ID number _____
DD MM YY 00001, 00002, 00003...

Treatment date DD / MM / YY _____

Blood pressure _____

Blood sugar _____

Treatment dose Please write dose _____

Amlodipine _____
 Telmisartan _____
 Chlorthalidone _____
 Hydrochlorothiazide _____
 Enalapril _____
 Losartan _____
 Aspirin _____
 Statin _____
 Metformin _____

Filled at follow up visits

registration _____

Treatment date DD / MM / YY _____

Blood pressure _____

Blood sugar _____

Treatment dose Please write dose _____

Amlodipine _____
 Telmisartan _____
 Chlorthalidone _____
 Hydrochlorothiazide _____
 Enalapril _____
 Losartan _____
 Aspirin _____
 Statin _____
 Metformin _____

Filled at follow up visits

If a patient misses a visit, please contact promptly to return to care

Date contact attempted _____ Date contact _____

No response No response
 House not found House not found
 Agreed to return Agreed to return

Outcome of follow-up

Transferred to another public health facility. Write facility name: _____
 Moved to a private practitioner. Write name of practitioner: _____
 Lost to follow up (No follow up for 12 months): _____
 Died. Write date: _____

Additional notes (Labs, pre _____)

For Missed visit / loss to follow up patients

If a patient misses a visit, please contact promptly to return to care

Date contact attempted _____ Date contact _____

No response No response
 House not found House not found
 Agreed to return Agreed to return

For Missed visit / loss to follow up patients

Additional notes

Storage & Retrieval of hypertension treatment cards

Shelf I: Arrange cards by unique treatment number at the start of the month/ quarter



Shelf II: Move the treatment card to next shelf after giving treatment and marking a tick on the card.



End of quarter

1. Leftover cards in shelf I at the end of each month means these patients have missed their follow up visit and have not collected medicines. Call up to remind these patients to visit health facility for follow-up.
2. If patients have missed a visit for 1 year, move the card to Shelf III.
3. If the patient has died, mention date of death in the follow up section of treatment card and move the card to Shelf III.





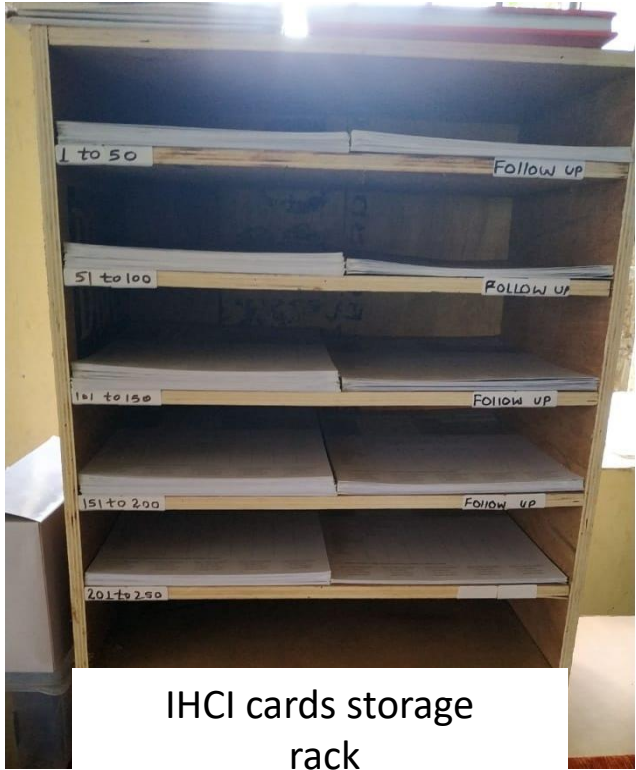
Use of Durg cartons for IHCI cards storage



IHCI cabinet for storage of treatment cards



IHCI Cards storage practices in different states



IHCI cards storage rack

Patient BP Passport

नोट: ऐप को डाउनलोड करें और उपयोग करें।

- गूगल प्ले स्टोर पर डाउनलोड करें
- ऐप स्टोर पर डाउनलोड करें
- ऐप को खोलें और उपयोग करें
- ऐप को खोलें और उपयोग करें
- ऐप को खोलें और उपयोग करें
- ऐप को खोलें और उपयोग करें
- ऐप को खोलें और उपयोग करें
- ऐप को खोलें और उपयोग करें

इस बीपी पासपोर्ट को हर बार अपने साथ लाइए

इस बीपी पासपोर्ट को हर बार अपने साथ लाइए

IHCI BP Passport

Patient name मरीज़ का नाम Patient ID मरीज़ का आईडी

Return for your next blood pressure check-up on अगले बीपी जांच की तिथि

Date तिथि	Date तिथि	Date तिथि	Date तिथि	Date तिथि
Date तिथि	Date तिथि	Date तिथि	Date तिथि	Date तिथि
Date तिथि	Date तिथि	Date तिथि	Date तिथि	Date तिथि

Record BP exactly as displayed on BP device, without rounding.

Today's Date	BP	Blood Sugar	Antidiabetic	Enalapril	Chlorzhalidone	Metformin	Other
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	
/ /	/		mg	mg	mg	mg	

Notes

Patient NCD Card

गैरसंचारी रोग नियंत्रण कार्यक्रम
National Program For Prevention And Control Of Cancer Diabetes, Cardio-Vascular Disease & Stroke

स्वस्थ जीवन शैली केन्द्र
जिला स्वास्थ्य समिति, दुर्ग
स्वास्थ्य कार्ड

स्वास्थ्य केन्द्र का नाम / अस्पताल
एनसीडी आईडी नं. IHCI No.
एनसीडी आईडी नं. जिला

मरीज़ का नाम
पिता/पत्नी का नाम
आपका कार्ड नं.
उम्र लिंग शैक्षणिक योग्यता
वैद्यकीय शिक्षा सबसे की संख्या
व्यवसाय शहरीक
पूरा पता
पहले अस्पताल
अभिभावक का नाम
अभिभावक का पता
मरीज़ के साथ संबंध
अनुपमन कार्ड आईडी
बीपीएस / एपिलेप्सी कार्ड नं.

मुख्य शिकायत	उपचार	आवश्यक जाँच	मुख्य शिकायत	उपचार	आवश्यक जाँच
Weight (BMI)			Weight (BMI)		
CBC			CBC		
BP			BP		
Suger (F)			Suger (F)		
Suger (PP)			Suger (PP)		
Lipid Profile			Lipid Profile		
Bi. Urea			Bi. Urea		
KFT			S.Creat		
S.Creat			X-ray		
X-ray			ECG	परामर्श	हाँ / नहीं
ECG	परामर्श	हाँ / नहीं	Others	रेफर किया गया	रेफर करने का कारण
Others	रेफर किया गया	रेफर करने का कारण	LFT		
LFT			Urine $\begin{matrix} R \\ M \end{matrix}$		
Urine $\begin{matrix} R \\ M \end{matrix}$			Eye Checkup		
Eye Checkup			Others if required		
Others if required					

Date of registration	Patient ID number	Name s/o, d/o, w/o	Age	Gender	Phone number	Full address (House no, Name of hamlet/ village/colony/ Nagar/ town, nearest landmark)	Name of HWC	Name of Mitanin

Monthly Follow up record – Blood Pressure & Blood Sugar value												Medicines provided	Quarterly HTN outcome (3-6 months after registration)	Annual HTN outcome
Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023		BP control Y/N/ MV	BP control Y/N/ MV/ Death/Pvt

Monthly Follow up record – Blood Pressure & Blood Sugar value												Medicines provided	Quarterly HTN outcome (3-6 months after registration)	Annual HTN outcome
Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024		BP control Y/N/ MV	BP control Y/N/ MV/ Death/Pvt

Facility Hypertension Register

Cohort monitoring

- Follow up register
- Patient tracking matrix
- Decentralization
- ASHA wise line list
- ASHA Home visits
- Default retrieval: Patient Calling or Call to ASHA

- Linking of all sources data
- Sector wise meeting
- Block/district/state level review meetings

Facility Follow up Register

- Register developed to use easy tracking of patients' regular visits.
- Monthly visits recorded in the register during patients' follow up visit
- Easily used during sector meeting for sharing missed patients details with ANM/ASHA

Reg. No.	Name	Sex	Age	Mobile No.	Address	Religion	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date
1620	00053	Purnanarayan Herthy	51M	9926840276	Pamasiwary	Pamasiwary	16/20	27/20	26/20		8/20					
11-	00054	champi Yadav	ustf	9121562099	Yadav	11/19	16/20									
11-	00055	Kalabai Puria Dhuwa	Gof		Yadav	11/19	24/20									
1220	00056	shanti Bisahy Bork	61f	888904498	Yadav	10/19	12/20	2/20		8/20						
11-	00057	Bisabin Israhman	61f	7354130310	Yadav	10/19	22/20			24/20						
1320	00058	khatmali Gilhate	62f		Yadav	10/19	13/20	30/20		1/20		1/20				
1420	00059	Amij Sahy	76M		Yadav	10/19	14/20	27/20	13/20	11/20	5/20	2/20				
120	00060	shivraman Giridaj	65M	7748867322	Pamasiwary	11/19	27/20	26/20	25/20	25/20						
120	00061	Pilachariji Giridaj	62f	735474539	Yadav	10/19	27/20	26/20		24/20						
120	00062	sarbhwan Sahy	65M	6266777898	Yadav	10/19	29/20	20/20	25/20	25/20						
120	00063	Jadhav Pratik Gupth	60f		Yadav	10/19	30/20	2/20		4/20						

Reg. No.	Name	Sex	Age	Mobile No.	Address	Religion	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date	Visit Date
6121	00051	Kajabai Dhanu w/o	56f		Vill-Tiga	626447422	8/21	5/21	8/21	7/21	4/21	7/21	7/21	9/21	2/21	2/21
11-	00052	Laxman Yadav w/o Bwati Yadav	40M			887254452	8/21	6/21	6/21	12/21	8/21	5/21	7/21	7/21	9/21	9/21
11-	00053	Nand Kumar Dashmukh w/o Milan Dashmukh	61M			774724569	8/21	4/21	8/21	3/21	4/21	5/21	6/21	7/21	8/21	10/21
11-	00054	Sooda Bai Mahad w/o Arjun Mahad	60f		Vill-Tiga	910224323	8/21	5/21	4/21	6/21	5/21	8/21	7/21	9/21	8/21	10/21
11-	00055	Rukhmani Dashmukh w/o Mahantul Dashmukh	60f		Vill-Tiga	765228776	8/21	7/21	6/21	5/21	4/21	5/21	6/21	7/21	8/21	11/21
11-	00056	Narayan Dashmukh w/o Kanak Ram Dashmukh	76M			895940282	8/21	4/21	10/21	20/21	21/21	21/21	21/21	21/21	19/21	22/21
11-	00057	Kheduam Dashmukh w/o Lakhan Dashmukh	68M			812294645	8/21	6/21	8/21	8/21	7/21	10/21	8/21	8/21	9/21	10/21
		Kalibai Sen w/o Balabhai Sen	75M			6263263703	8/21	7/21	7/21	9/21	10/21	11/21	10/21	11/21	23/21	22/21
		Nikhay Ram Balabhai w/o Chaitu Ram	60M		Vill-Tiga	786939473	8/21	6/21	10/21	11/21	11/21	11/21	11/21	11/21	10/21	11/21
		Kanti Bai Sen w/o Parasu Ram Sen	40f		Vill-Phohu	8263263703	8/21	7/21	6/21	9/21	10/21	11/21	9/21	8/21	7/21	9/21

@ PHC/CHC/DH level

Facility Hypertension Register – Updated format

Patient details - One time entry

Monthly columns for follow up visit record update

Quarterly control rate

Date of registration	Patient ID number	Name Mr./Ms./Mrs.	Age	Gender	Phone number	Full address (House no, Name of hamlet/village/colony/ Nagar/ town, nearest landmark)	Name of PHC	Monthly follow up record - Date												Quarterly HTN outcome (3-4 months after registration)	Annual HTN outcomes Q1 2021		Annual HTN outcomes Q1 2022													
								Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022		SP control Y/N/ MV	SP control Y/N	Other outcomes: MV/ LPU/ TO/ Pvt/ Died	SP control Y/N	Other outcomes: MV/ LPU/ TO/ Pvt/ Died											
14-12-21	00135	Madan Singh	76	M	98059-54724	Budhdev puram Ward No-8 Nagri	CH-NAGRI	135																												
16-12-21	00136	Rajeshwari Goswami	71	F	7748078995	Rani Durgawati Chokri colony-4 Nagri		136																												
20-12-21	00137	Nishar Ahmad	58	M	90240-10377	Noharpur Ward No-2 Nagri		137																												
20-12-21	00138	Kanshya Bai Sahu	65	F	9587401805	Line puram Ward No-1a Nagri		138																												
20-12-21	00139	Budh Lal Sahu	66	M	96470-89377	Jangalpur Ward No-2 Nagri		139																												
22-12-21	00140	Niteshwar Sahu	57	F	958740756	Near Narayan Singh Chokri Ward No-1, Nagri		140																												
23-12-21	00141	Manisha Tamrakar	45	F	91117-75306	Nabhi Chokri - Ward No-1a Nagri		141																												



Summary of report

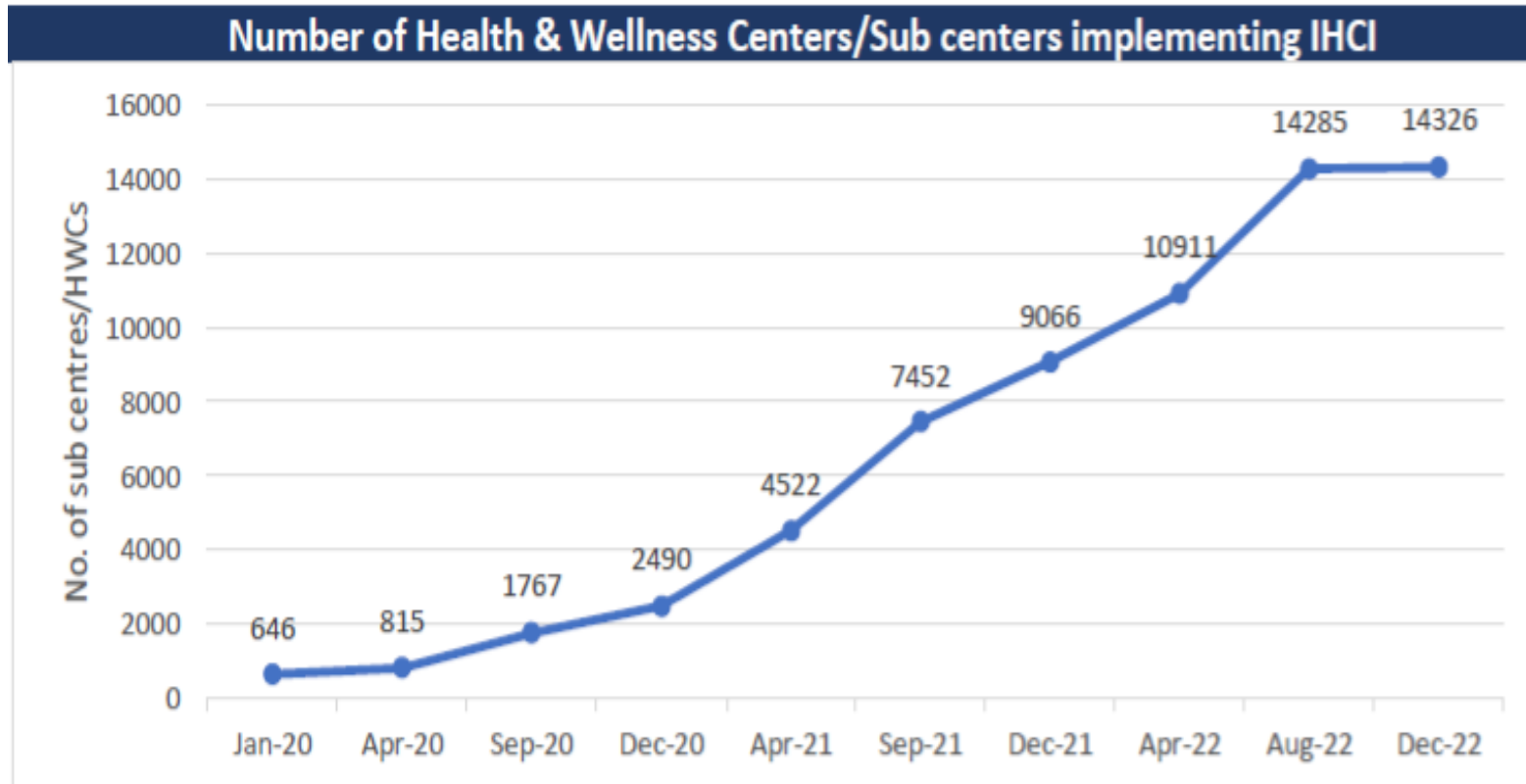
Annual control rate (2 years)

Use of Patient Tracking Matrix

- Developed for use by the Pharmacists for IHCI patients
- Date of visit + BP reading + Medicines provided mentioned in the format
- Useful when Staff Nurse busy in other activities and unable to update in the treatment card or follow up register or CPHC Portal.
- SN update data on Portal later based on this record

IHCI Regd No.	January			February			March			April		
	Date of visit	BP	Medicine	Date of visit	BP	Medicine	Date of visit	BP	Medicine	Date of visit	BP	Medicine
0093	20/1/22	146/83	A-30	15/2/22	126/79	A-30	30/3/22	150/90		20/4/22	126/84	A-30
0094	10/1/22	165/92	A-60 E-30	7/2/22	146/79	A-30 E-30	7/3/22	151/50	A-60	7/4/22	145/80	A-30
0095	22/1/22	137/75	A-30							7/4/22	145/80	A-30
0096										8/4/22	130/70	
0097										4/6/22	120/70	
0098	16/1/22	124/84	A-30 E-30	10/2/22	152/93	A-60	11/3/22	124/83	A-60	4/4/22	140/90	..
0099	10/1/22	151/85	A-30	22/2/22	141/76	A-30	30/3/22	141/78	A-30	4/4/22	110/70	
0100	25/1/22	154/90	A-30	30/2/22	141/86	A-30	31/3/22	138/89	A-30		120/70	21/4/22
0101	10/1/22	129/80	A-30	10/2/22	130/80	A-30	9/3/22	124/89	A-30			
0102	Death			Death								
0103	14/1/22	126/87	A-30				23/3/22	136/90	A-30			
0104	27/1/22	146/77	A-30 E-30				30/3/22	120/80		8/4/22	152/93	A-30 E-30
0105	21/1/22	143/86	A-30	2/2/22	132/80	A-30	17/3/22	142/88	A-30			
0106	5/1/22	144/96	A-30	25/2/22	129/30	A-30	26/3/22	143/89	A-30	11/4/22	168/92	A-30
0107										2/4/22	130/70	
0108	19/1/22	145/95	A-60 E-30	15/2/22	136/79	A-30	12/3/22	156/97	A-60	16/4/22	141/84	A-30
0109												
0110							24/3/22	153/91		4/4/22	130/90	
0111	27/1/22	145/98	A-60				25/3/22	125/91	A-30	28/3/22	134/82	A-30
0112	10/1/22	145/86		11/2/22	141/89		10/3/22	133/89				
0113	4/1/22	130/85	A-30	9/2/22	137/90	A-30	22/3/22	118/81	A-30			
0114	22/1/22	145/77	A-30							1/4/22	160/98	A-30
0115	10/1/22	136/80	A-30	9/2/22	141/79	A-30	10/3/22	141/89	A-30			
0116	15/1/22	169/97	A-60 E-30									
0117	20/1/22	151/82	A-30 E-30									

Decentralization of IHCI Services



- Follow up services and drug refills for Hypertension patients were being provided in **14,326 SC-HWCs** by Dec-22.
- All these states have adopted decentralization of service delivery **by involving Community Health Officers & Auxiliary Nurse Midwives** at SC-HWCs

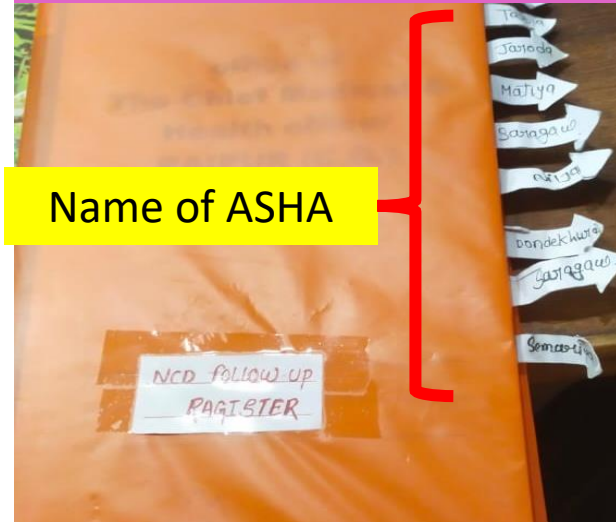


Field work by ASHA:
BP checking & Medicine
distribution



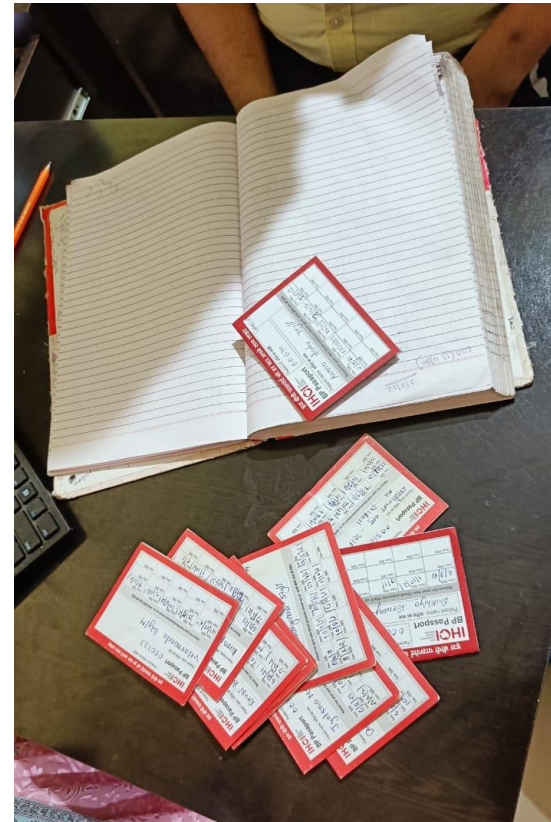
Decentralization – ASHA Involvement

Register for ASHA wise list



Name of ASHA

No.	Name	Age	Sex	BP	Weight	Height	Waist	Glucose	HbA1c	Hb	Ht	Wt	Wa	Gluc	HbA1c	Hb	HT	WT	WA	GLUC	HbA1c	Hb
1	Rajni	62	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Hijabai	55	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	Meghadevi	60	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	Sharda	58	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	Chandee	70	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	Mayadewani	70	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	Sahada bai	70	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	Rajya bai	60	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	Shantaram	70	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	Nitram	60	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11	Suresh	60	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12	Kalindi Niramk	55	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13	Manu bai	65	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14	Manu bai	45	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15	Baluband Kuce	65	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16	Pankaj	65	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17	Anand	70	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18	Mouj Maudkar	60	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19	Prakash bai	70	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20	Chandradata	60	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21	Samarak	70	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
22	Santi bai	65	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
23	Sati Sahu	55	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
24	Dusprakash	29	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
25	Mahim bai	65	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
26	Kesliya Baugane	60	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
27	Pushtam Yerna	65	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
28	Lata bai	60	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
29	Ramesh Kumar	45	M	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
30	Reham bai	60	F	120/80	55	150	80	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

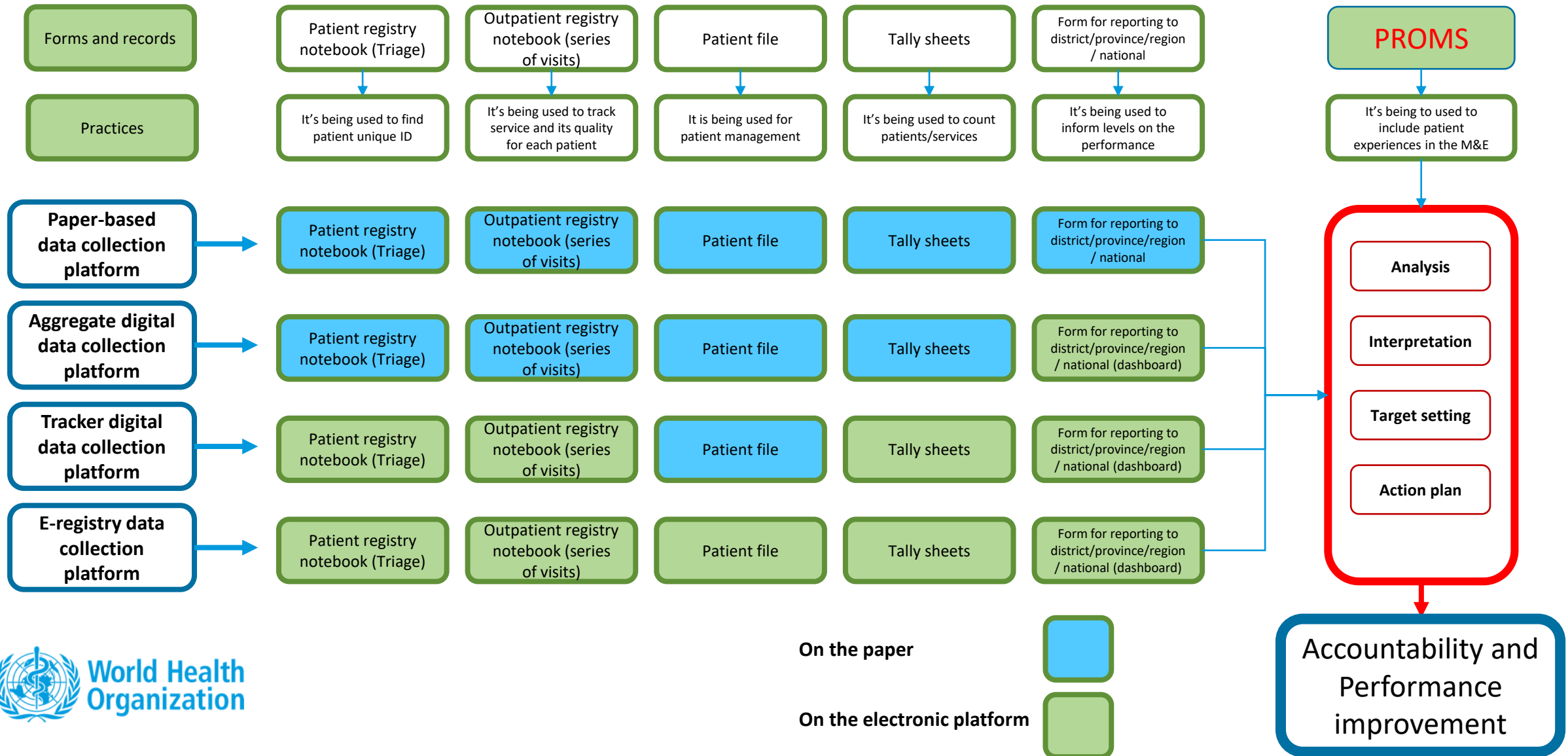


ASHA carrying BP passport with BP reading taken at home –
Pharmacist providing medicines and updating in
register/portal, Raipur urban
Useful during COVID19 pandemic days

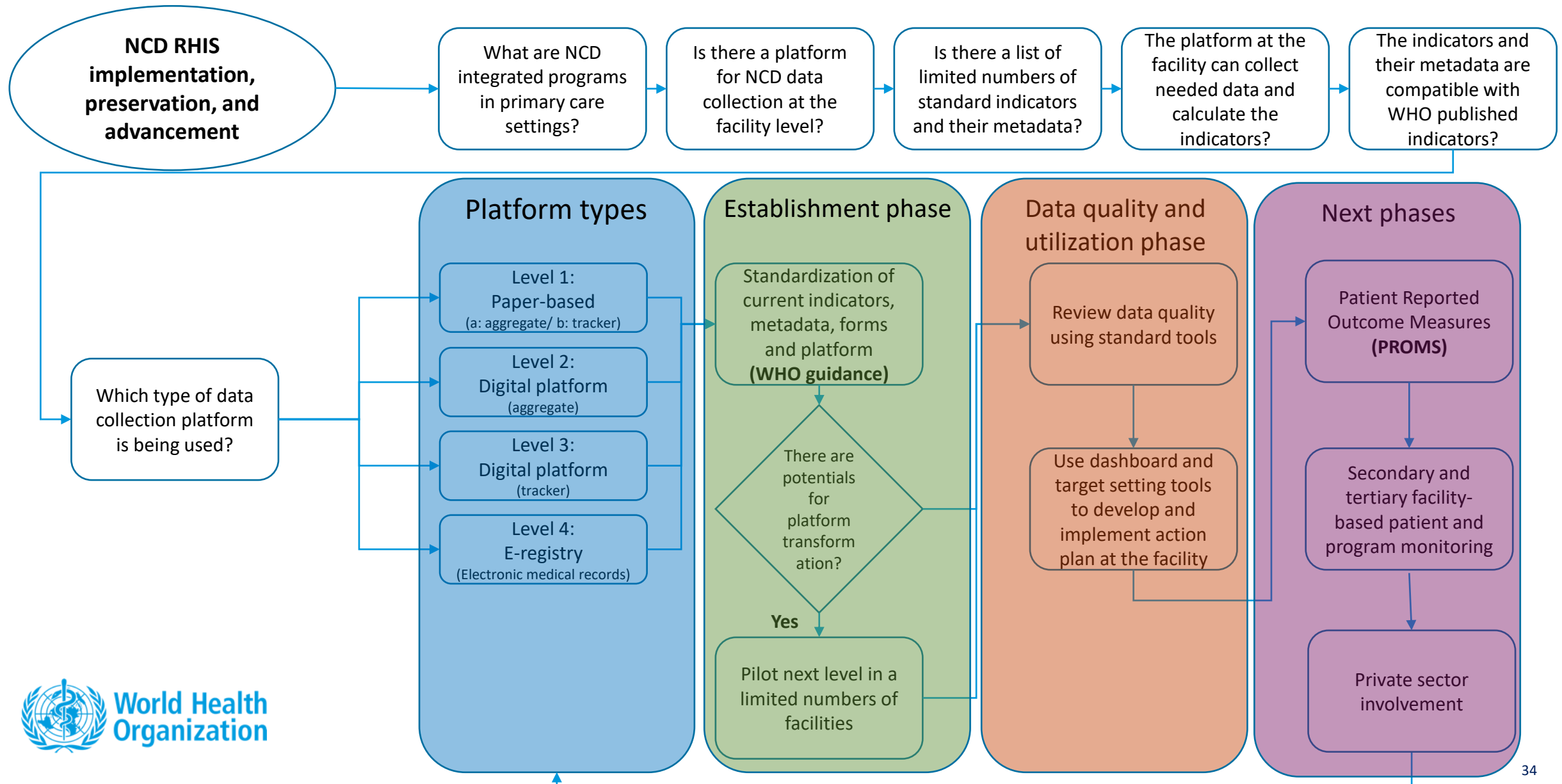
Ghana plan for developing and implementing a nationwide NCD e-tracker using its local capabilities



Spectrum of data collection methods



Implementation steps



Nepal hypertension initiative using target setting at sub-national and facility level



Let's save Nepali lives together

Kavrepalanchok Initiative

to

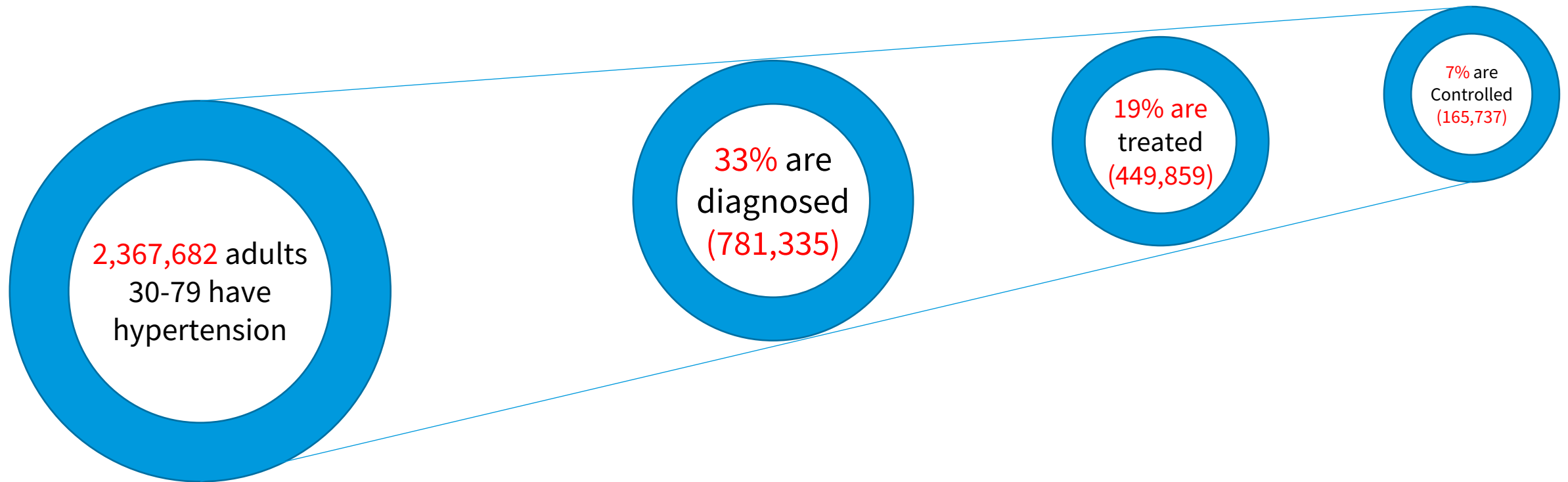
Improve hypertension
care cascade

Putting 30,000 hypertension patients on standard care by 2025

17 May 2023

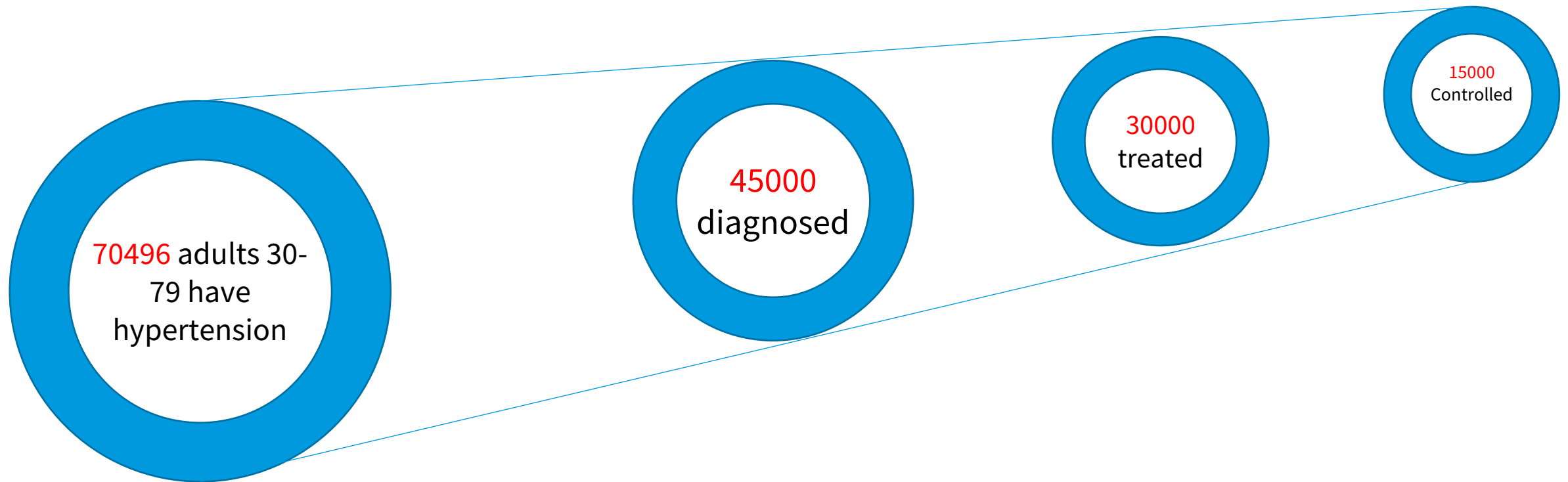
Heart disease - Leading cause of death also in Nepal

High systolic blood pressure causes 45.5% of cardiovascular deaths in Nepal



• Data Sources: Nepal STEPS Survey (2019) Global Burden of disease Study (2020).

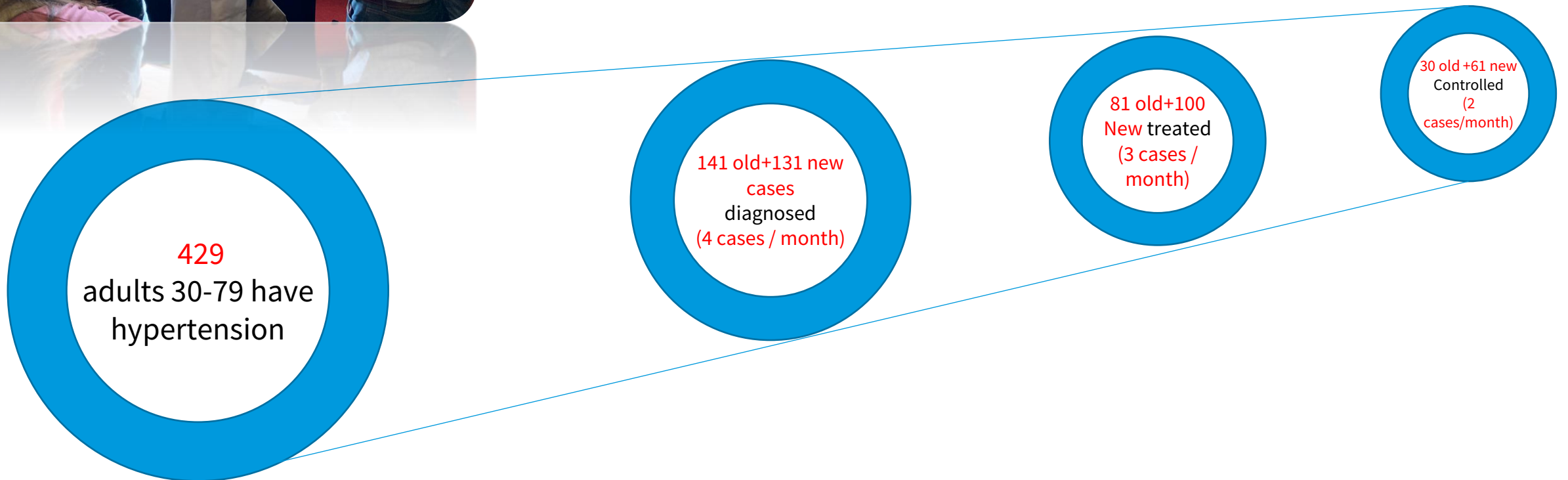
Start focused. Create a model of care in Kavre that can be scaled up stepwise to other districts



• Data Sources: Nepal STEPS Survey (2019) Global Burden of disease Study (2020).



What does this mean for Tukuchanala (with 2269 pop from Chaurideurali Gaunpalika) Primary Health Care Centre?



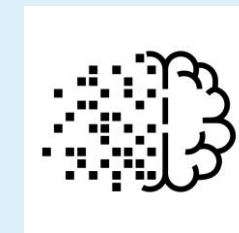
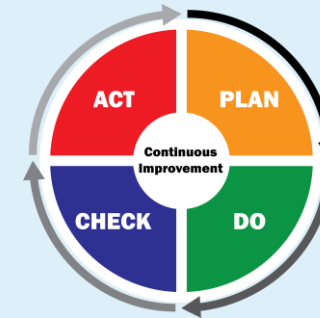
Inspiring change



Myanmar experience of working with private sector

Concerns and challenges

- Standards
- Infrastructure
- Capacity building
- Data for action (service management system)
- Data quality
- Fragmentation



Thanks!

Do you have any questions?

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