

INTEGRATED DISEASE SURVEILLANCE PROJECT

NCD RISK FACTOR SURVEILLANCE

**MODULE FOR COORDINATION, MONITORING
AND EVALUATION**

**DR K. ANAND
ASSOCIATE PROFESSOR
CENTRE FOR COMMUNITY MEDICINE
AIIMS, NEW DELHI**

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Administrative Structure:

The administrative structure for NCD Surveillance under IDSP will mirror the structure for the whole of IDSP. It is proposed that at each tier/level/committee there must be a clearly designated individual /group of individuals dealing with NCD surveillance.

At the higher most level of **National Disease Surveillance Committee** a member would be identified/co-opted who would bring the issues related to NCD Surveillance to this August Body. An appropriate person would be identified.

National Technical Advisory Group for NCD Surveillance

This would be constituted by MoH & FW and would comprise of experts with varied background like Public Health, Clinicians working in the area of NCDs, etc. This is in recognition of the fact that there is not much experience with NCD surveillance in the country and such an expert group would provide necessary direction to the surveillance efforts.

Its main role would be in the terms of providing advice regarding Technical and ethical issues related to NCD Surveillance. As Indian Council for Medical Research (ICMR) has been identified as the apex technical advisory body for NCD surveillance in IDSP, the responsibility of constituting this group would also rest with it. It is also suggested that persons in charge of the proposed Regional NCD Surveillance Centres be included in this group. The current working group that has been constituted by the Government could be continued under this head. It may also be worthwhile to consider Institutional Representation from some Premier National level Technical Institutions like AIIMS & ICMR. It is also recommended that Behavioural Scientists be part of this Group..

Central Surveillance Unit.

It is proposed that a consultant (NCDs) be identified for inclusion in this unit. He would be based in the Dte. GHS, Ministry of Health and will be assisted by NCD Cell within the IDSP structure.

NCD cell within CSU would co-ordinate all the activities related to NCD surveillance. This is to be constituted by MoH& FW, mainly as an in-house group to which some experts may be included.

Proposed additional Staff for NCD Cell:

Consultant – NCDs (to look after technical issues)
Program Manager (to look after program implementation issues)
Data Manager
Statistical Assistant
Class IV

Its primary responsibility would be of overall co-ordination of the NCD surveillance activities. This includes

1. Liaison with State Governments,
2. Identification of implementing agencies in consultation with the state governments

3. Financial allocation and management
4. Monitoring progress of the activities
5. Organize training workshop in co-ordination with Regional NCD Surveillance Centres, State Governments and IDSP training co-ordinator.
6. Preparation of National Report and its dissemination
7. Collation of information on injuries from central hospitals

The IT consultant for IDSP would co-ordinate the development of software for data entry and analysis. These would be then provided to the states / survey implementing agency.

Regional NCD Surveillance Centres (RNSC)

These are the five sentinel centers which have already carried out NCDRF surveys as a part of the Indian Council for Medical Research and WHO sponsored study. The selection of these sites was based on regional criterion and these would serve as nodal agencies for each region. The centers are

1. Comprehensive Rural Health Services Project, AIIMS, Ballabgarh, Faridabad - North
2. Government Medical College Nagpur - Central
3. Regional Medical Research Centre, Dibrugarh - East
4. MV Diabetes Research Centre, Chennai - South
5. Sri Chitra Tirunal Institute of Medical Sciences, Trivandrum - West

Roles and Responsibilities

1. Training – NCD Surveillance involves collection of information using questionnaires and Anthropometry. It is vital for ensuring standardization that all the personnel collecting the information are uniformly trained. It is therefore proposed that the training of the field staff is done only by members of the RNSC.
2. Field Visits for Quality Assurance – The members of RNSC will undertake field visits during the time of actual survey to ensure quality and will also address any specific field related issues. These visits will also be used to prepare the state level machinery for data analysis and interpretation.
3. Data Analysis & Interpretation – RNSC will train the data managers, data entry staff at state level. It will also do double data entry for 10% of the samples for data entry verification. It will assist the states in analyzing the data, preparation of the report and planning intervention strategies.
4. Dissemination at state level – RNSC will provide the necessary consultation to the state governments for dissemination at regional level, state level and even at district level.
5. Provide support on Technical issues: RNSC would provide support to states on any technical issues. This includes any local or regional issues to be covered under NCD surveillance.

Table –1. Proposed distribution of states /UT to be covered by different Regional NCD Surveillance Centres

<i>Nodal Centre</i>	<i>States in Phase I</i>	<i>States in Phase II</i>	<i>States in Phase III</i>
Ballabgarh	Himachal Pradesh	Haryana	Jammu & Kashmir

	Uttaranchal	Delhi Chandigarh	Punjab Uttar Pradesh Bihar
Nagpur	Maharashtra Madhya Pradesh	Chattisgarh Gujarat Rajasthan	D & N Haveli Jharkhand
Chennai	Tamil Nadu, Andhra Pradesh	Orissa Pondicherry	A & N
Trivandrum	Karnataka, Kerala	Goa	Lakshadweep Daman & Diu
Dibrugarh	Mizoram	West Bengal Manipur Meghalaya Tripura	Arunachal Pradesh Nagaland Sikkim

Proposed full time Staff at RNSC

The person in charge of the centre would be an existing faculty member / officer of the centre. In order to support him/her, the following full time staff is proposed.

Consultant - 1
 Statistician - 1
 Data entry Operator – 1
 Office attendant. - 1

(While the centers are expected to provide the necessary space, the equipments and other Office furniture etc. are to be provided under IDSP.)

State Surveillance Committee:

This is the same as envisaged under IDSP. The primary roles would be of State Surveillance Officer. This committee would work in close liaison with the state level institution and would share similar responsibilities. As at national level, one person would be identified or if necessary co-opted at this level who would deal with NCD related issues in the committee. This person could be the head or an appropriate person from of the identified State Level Institution or the proposed consultant at state level.

The states would also need to consider the initiation of Integrated NCD prevention and control programs within the states as a logical follow up of initiation of NCD Surveillance activities.

State Level Institution –

It is advised that in order to provide necessary technical support to NCD surveillance activities an Institution be identified at state level. This could be a Medical College or HFWTC or an ICMR Centre or any other institution with the required capacity. The necessary strengthening of the Institution may be done on a case-to-case basis. But is proposed that atleast the following staff may be provided at this level for NCD Surveillance activities.

Consultant - 1

Statistician - 1
Data entry Operator – 1
Office attendant. - 1

The modality of WHO fellowships in NCD surveillance may be utilized for human resource development in these states.

Roles & Responsibilities:

1. Overall co-ordination of activities within the state
2. Equipments Purchase and maintenance
3. Creation and management of Appropriate Office system
4. Data Analysis / interpretation
5. Data Dissemination
6. Planning Intervention for prevention
7. Internal Evaluation of training activities
8. Collection and collation of injury surveillance reports from sentinel health facilities.

Survey Implementing Agency:

The survey implementing agency would be identified for each state by the NCD cell in IDSP based on certain defined parameters in consultation with the state governments. These agencies would sign a contract with Government of India for this activity and would be responsible for the actual conduct of the survey, data management and report submission.

Roles & Responsibilities:

1. Recruitment of the field staff – The field staff would be specially recruited for the survey period which is expected to last two to three months. Local government health workers should be kept involved as this will help because they will have knowledge of the local area, would have the necessary community rapport, and it will also help build capacities in the health system. The agency would specially recruit and employ field staff to complete their field team.
2. Training at the RNSC – Both the main team of the agency and the field team would undergo training by the RNSC. It may be worthwhile to train more personnel than that actually required compensating for any loss or absence subsequently. It may, at this stage, be ensured that some government health workers are also trained.
3. Co-ordinating with the state level authorities, Concerned Medical Colleges (s)
4. Conduct of the field survey in conjunction with the local health authorities
5. Supervision of data collection
6. Data entry in the specified format, preliminary data analysis
7. Report preparation
8. Maintenance and submission of accounts

Medical Colleges:

Medical Colleges, in private or public sector have lot of expertise that can be utilized for NCD Surveillance. This includes Departments of Preventive & Social Medicine as well as of relevant clinical departments. This would enable capacity development within these institutions and would be important for sustainability of NCD surveillance.

Roles and Responsibilities

1. Data Dissemination
2. Management of identified patients with risk behaviour
3. Planning a response

While in the first phase biochemical risk factors are not being included, it is proposed to be taken up later. In such a case, the medical colleges can provide the necessary laboratory support needed to carry out the biochemical risk factor surveillance as well.

District Surveillance Committee:

Only those Districts that have been selected in the sampling process would be involved in the activities. In those selected Districts, the District Commissioner and Chief Medical Officer (Civil Surgeon) would be informed about the details of the activities to be done during the survey process. This includes informing about villages / blocks/ wards included for the survey, the instrument to be used. The survey team after reaching the district should report to the CMO or the concerned official. Assistance of District Authorities should be taken to prepare the community before the actual data collection. This would be in terms of informing the health workers of the area, talking to community leaders etc. The assistance of the District authorities should also be taken to plan the actual data collection as they would be more familiar with the local geography. As the data collection requires transport and storage of height and weight equipments a temporary office would also need to be provided by the District Officials. It would also be important to strengthen the laboratories at CHC and District level to undertake biochemical tests relevant to NCDs like blood sugar, lipid profile, renal function tests etc.

Prior to departure after completion of data collection, the survey team should inform the District Officials. Once the state level data has been collected and analyzed the results should be communicated to the Districts surveyed as a part of the District Level Dissemination Workshop.

The District hospital would also provide the requisite information related to injuries for injury surveillance.

Survey Unit: Each survey unit would comprise of three two-member survey team and one supervisor.

Role of Supervisor:

1. preparing a notional map of the selected village/census block
2. inform and consult the local leaders, key informants
3. Listing / enumeration of homes in the selected village/census block
4. Choosing the systematic sampling interval
5. supervise data collection
6. handle non-compliant or difficult cases
7. ensure completion of all forms by physical check

Role of Workers

1. house to house visits for data collection including timings suited for respondents availability.
2. perform data collection including Anthropometry and blood pressure measurement
3. Refer “abnormal” subjects to CHCs / District Hospitals

Management of identified “at risk” patients : Those individuals who have any of the above risk factors (tobacco use, alcohol addiction, Obesity, raised blood pressure etc.) would be referred to the nearest CHCs and District Hospital for proper advice regarding risk reduction. (Medical College if available in that district would also play this role). The health workers of that area and the PHCs would also need to be kept informed of the system of managing these subjects.

As a part of the training, the workers would be trained to identify ‘abnormals’. Also a card for calculating BMIs would also be distributed to the workers. A pamphlet providing essential NCD related messages would be given to all the respondents. This would answer most generic queries related to NCDs. When the survey team visits the district, they should discuss the issue of referrals with the district officials and prepare a list of potential health facilities where such patients can be referred.

Fig . 1. Flow chart for co-ordination of NCD Surveillance under IDSP

