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**Evaluation of reporting system under national programme for prevention and control of cancer, diabetes, cardiovascular diseases and stroke – in two districts of Uttar Pradesh, India, May 2017****Akhileshwar Singh<sup>3</sup>, Ram Niwas Gupta<sup>1</sup>, Mukesh Chandra Dubey<sup>1</sup>, Chinmoyee Das<sup>2</sup>, Chandra Shekhar Agarwal<sup>2</sup>, Samir V Sodha<sup>4,5</sup>, Ekta Saroha<sup>4</sup>, Rajesh Yadav<sup>4</sup> and Sonia Gupta<sup>3</sup>**<sup>1</sup>Office of Chief Medical Officer, India<sup>2</sup>Ministry of Health & Family Welfare, India<sup>3</sup>National Centre for Disease Control, India<sup>4</sup>Centers for Disease Control and Prevention, India<sup>5</sup>Centers for Disease Control and Prevention, USA

**Background:** Globally 40 million deaths occur annually from non-communicable diseases (NCD). In India, NCD account for 60% of premature mortality (<70 years). In 2010, India launched national program for prevention and control of cancer, diabetes, cardiovascular diseases and stroke (NPCDCS) to provide services for opportunistic screening, diagnosis confirmation and case management of common NCDs among persons >30 years, at designated NCD clinics. We evaluated reporting system under NPCDCS in Lalitpur and Firozabad districts of Uttar Pradesh to guide evidence-based recommendations.

**Methods:** We reviewed guidelines and reports and conducted interviews in NCD clinics at district and 19 sub-district health facilities to assess simplicity, data quality, acceptability, representativeness, timeliness and flexibility.

**Results:** Reports of number screened, diagnosed and treated are generated monthly in health facilities. Regarding simplicity, 2/17 interviewees in Firozabad and 2/14 in Lalitpur reported understanding format because of non-translation into local language and due to lack of training. Regarding data quality, 5/29(17%) of reports in Firozabad and 17/32(53%) in Lalitpur matched with health facility records. 50% reports had incomplete data records in Firozabad (105/210) and Lalitpur (151/302). Reflecting acceptability, proportion of reporting units submitting report was 80% (187/233) in Firozabad and 91% (304/332) in Lalitpur. Regarding representativeness, primary health facilities were not doing NCD screening; screening was only at district and sub-district NCD Clinics. Private health facilities do not report. Timeliness of monthly reporting was >90% among sub-district facilities in both districts but was only 45% and 33% at district hospitals in Firozabad and Lalitpur, respectively. System was flexible to add comorbidity as a variable collected.

**Conclusions:** NPCDCS reporting system in both districts is acceptable, timely and flexible, but needs improvement in simplicity, data quality and representativeness. After our evaluation, NCD screening has now begun at primary health care levels. We recommend local language translation of reporting formats and training of NCD staff.

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