



## **CIRCULAR**

No. PH /098809/10/DHS

07/12/2010

### **Guidelines for the Implementation of Non Communicable Diseases Control Programme (NCDCP)**

Government of Kerala has launched Prevention and Control of Non Communicable Diseases Programme on April 7<sup>th</sup> 2010, the World Health day, under the auspices of Health Services department and NRHM. The program aims at the prevention and control of Non Communicable Diseases and there by the reduction in the burden of NCD in the state, which in turn would improve the quality of life of these patients and create a healthier population.

#### **Objectives**

1. **Early detection & management of diabetes and hypertension** in people above 30 years of age, with provisions for management in PHCs and sub centres,
2. **Early detection and management of complications** of diabetes and hypertension at Taluk hospitals upwards
3. **IEC/BCC activities** for advocacy, communication and social mobilization (ACSM)
4. To create a conducive environment for the sustainability of the programme through intersectoral co- operation.

#### **Plan of Action for the NCD Programme**

- I. Guidelines
- II. Trainings
  - District level training for Medical Officers
  - Block level training for Field Supervisors, block coordinators and Field Staff
  - PHC level training for ASHA, AWW
- III. Detection camps in Sub centres & Main Centres
- IV. Detection / Screening Camps at institutions (Civil stations, Municipal/Corporation Offices, Private offices, Taluk Offices, etc).
- V. Regular, fixed day weekly NCD clinic at PHC
- VI. Preparation of Patient Treatment Cards
- VII. Incentive to ASHA
- VIII. IEC / BCC activities for health promotion & disease prevention
- IX. Advocacy for the programme
- X. Monitoring and Supervision

## **I. Guidelines for the programme**

1. **Charge Officers:** Responsibility for the implementation of the programme at various levels shall be as follows

- State level: Deputy Director ( NLEP).
- District Level: Deputy DMO and DPM (Nodal officers) will be directly responsible for the implementation of the programme. . Compilation of data from the peripheral institutions and submission of reports will be the responsibility of Technical Assistant Grade II. All dist level officers shall review NCD programme activities during various review meetings attended by them..
- Urban areas: MO in charge PP units. Reporting will be done by JHI in charge
- **Block level: Block Medical Officer. Reporting will be the responsibility of Health Supervisors**
- **PHC level: Medical Officer. PHC MOs should review the program during monthly review meeting. Reporting will be the responsibility of Health Inspector**
- **Sub Centre : JHI & JPHN will be in charge**

### **2. District Medical Officers**

- Identify & constitute the district level training team
  - Ensure training of all MOs, Supervisors, Field staff, ASHA, AWW in NCD programme
  - Ensure conduct of weekly NCD clinics at PHCs
  - Ensure correct monthly reporting (**Annexure VI**) and regular review of the programme
- Submit SOE & UC to the state level (Dy DHS (Leprosy) NRHM (Consultant (SD)). Report to reach the concerned by the 7<sup>th</sup> next month by e mail. The email id is ncdcpkerala@gmail.com

### **3. PHC / CHC Medical Officers:**

- Ensure dissemination of information on the program in the community through Field staff and ASHA & AWW
- Overall coordination of this Programme in their PHC area
- **Maintain an NCD register in each PHC ( Annexure IV)**
- Collaborate with LSGI & or HMC to arrange screening camps and to provide/ strengthen lab facilities and any additional drugs that may be needed for the management of co morbidities dyslipidemia, CAD etc in these patients.
- Submit proposals as required for additional support from LSGI
- Include NCD programme in the agenda of all the PHC/CHC review meetings
- Arrange NCD clinics at PHC level on fixed days every week.
- The practice of issuing medicines for 8-10 days will be inconvenient to the patients. Issue drugs for the optimal duration – up to a month maximum - considering the level of control of the disease and compliance of the patient
- Maintain proper records, drug Register(**Annexure VII**) and other logistics
- **Submit SOE & Report of activities to the District Nodal Officer every month**
  - Form inter-sectoral co-ordination committees involving LSGI, education institutions, working NGOs etc

#### **4. Field Staff**

- Spread awareness in the community regarding the program during routine house visits & health education sessions.
- Identify high risk persons above 30 years of age for the screening camp , using the following screening check list .
  - Symptoms suggestive of DM or HT
  - Family history of Diabetes
  - Family history of Hypertension
  - Past history of Gestational Diabetes Mellitus
  - Past history of Hypertension
  - History of delivering a baby with birth weight more than 4 kgs
  - Past history of Diagnosis or treatment for DM/ HT
  - Obese persons

*Any person with Yes for any one of the above should be directed to attend the detection camp*

- Ensure regular follow up of the patients registered under NCD programme

### **II. Trainings**

#### **1. District level training for Medical Officers and district level officers**

Training of 50 doctors/ batch X 1 day.

#### **2. Block level training for Supervisors and Field Staff**

50/ batch in each CHC /24 Hr PHC X 1 day ( In 24 X 7 PHCs where the Block Level Staff meetings are regularly conducted )

#### **3. PHC level training for ASHA & AWW**

75/ batch X half day

**All the break ups of training budget is issued in the financial guidelines**

### **III. Detection camps in Subcentres and Main centre**

- ASHA workers and AWW and field staff will create awareness regarding the program in their specified community and screen for high risk persons during routine house visits. (by Jan 2011)
- Camp schedule to be prepared in consultation with the MO i/c and District Nodal Officers (to be finished by Feb 2011)
- High risk persons will be mobilized to these detection camps
- Medical officer, HI and LHI will be responsible for the detection camps. At least one Medical Officer should attend each Detection camp
- The JHI & JPHN would be equally responsible for the organization & publicity of the camp, record keeping, reporting & any other allied activities.
- Camps would have provisions to assess blood pressure, blood/ urine sugar, BMI etc.
- Panchayath / ward level inauguration of the camps should be organized to ensure LSGI involvement. The concerned Ward member should be invited to each screening camp.

- Organisational expenses –can include Banner, Photo & Documentation, Register and other contingencies
- **Camp Register:** There should be one register per Sub centre for recording details of patients attending NCD Detection Camp. The format for the Register is attached as **Annexure I**
- Those SC's which already have glucometer can use strips or those S/C s which have no glucometer can purchase from S/C Annual Maintenance Grand
- A treatment card to be maintained for each patient to facilitate proper follow up.

**Only persons identified by the field staff as per the screening criteria need to attend the camp.**

**Reporting of Screening Camps:** A report shall be sent in the prescribed format (**Annexure III**) along with the following documents after all the scheduled camps have been conducted in the PHC area.

- Photostat copy of the relevant pages of Camp & Patient Registers
- Photos of the event (showing the banner in at least 1)
- Copies of notices and other publicity materials used

Dist level Break up of Detection Camp is attached in the financial guidelines

**IV. Detection Camp/ Screening Camps at Institutions** (Civil stations, Municipal/Corporation Offices, Private offices, Taluk Offices, etc).

For giving the message of 'healthy living', Detection/ screening camps at major institutions like Civil Stations, Municipal/ Corporation offices, Taluk offices, private offices etc, are proposed in districts. These camps would spread the message of "Eat healthy & live healthy" & would impart awareness on the importance of healthy life style. The camps should have provisions for BMI calculation, Blood sugar estimation and Blood Pressure checking, Waist /Hip ratio checking and dietary counseling. The services of the dieticians in the district hospitals can be utilised for this. A reporting format for this is attached in **Annexure II**. Report should be sent to the district

#### **V. Fixed Day weekly NCD clinic at PHCs**

NCD clinic shall be organized in all health care institutions (all types of hospitals, CHCs, PHCs ) once a week on a fixed day. All diagnosed cases should be followed up monthly in these days. Specific clinic days may be allotted to different S/C areas, especially to manage the crowd single doctor stations. Any newly identified high risk person can also be referred to this clinic.

- This clinic shall be on Thursday in CHCs and PHCs and on Friday in hospitals.
- A register should be maintained in the institutions for recording the cases. The format is attached as **annexure IV**
- Responsibility for the clinics will be with
  - MO, HI and LHI in PHCs
  - MO, HS and LHS in CHCs and
  - Superintendent and MO PP unit in the higher institutions. All diagnosed cases should be followed up in respective health care facilities at monthly intervals or earlier SOS & all border line cases at 6 month intervals.
    - *Report of Follow up activities:* A monthly report shall be sent to the Nodal Officer at the end of every month,. Format for report is attached as **Annexure V**
    - Life style change promotion activities

Drugs recommended for the program by the expert committee are

Ant Hypertensives- Losartan 50, Amlodipine- 5 & Hydrochlorothiazide- 25  
Antu Diabetics- Metformin 500, Glibenclamide-5, GLimipiride & Insulin

#### **VI. Preparation of Patient Treatment Card, other Records and Reporting formats**

State will supply models of treatment card other Records and Reporting formats

Districts can print as per their requirement.

Around 500 Patient Treatment cards may be needed for one PHC, CHC, THQH, DH, GH

### **VII. Incentive for ASHA**

**Detection Camp:-**

ASHA will get Rs. 2 per person for mobilizing the right persons to the detection camps. For one ASHA around 50 persons are likely to be NCD suspects

Anticipated expenditure around 100 rupees for one ASHA / detection Camp

### **VIII . IEC / BCC activities for health promotion & disease prevention**

Life style Day is to be observed in each S/C monthly on a fixed day. The activities planned are BP check up , life style classes ( Exercise, diet etc)

### **IX . Advocacy for the programme**

This shall be facilitated by constituting District /Block / Panchayath level inter-sectoral coordination committees under the leadership of LSGIs. In these committees Agriculture, Sports & Youth Affairs, Social Welfare, Education Departments, resident associations & NGOs can be included. These committees can bring in innovative ideas, which may be local specific to ensure life style modifications and sustainability of the program. They may influence state government and local governments for policy changes.

### **X. Monitoring and Supervision**

As in any program regular supervision and monitoring from the higher levels are mandatory. From the state level, the district charge officers will be supervising and monitoring the implementation of the programme. At the district level the Deputy DMO and District Programme Manager (DPM) are the Nodal officers for the programme. Other programme officers too should monitor the programme.

**State Mission Director**

**Director of Health Services**

**NCD Detection Camp Attendance Register**

**Date of camp**

**Name of S/C:**

**Name of PHC :**

<b>Reg No</b>	<b>Name , Address</b>	<b>Age</b>	<b>Sex</b>	<b>Name of referring person – (JHI/ JPHN/ ASHA/ AWW)</b>	<b>What suspect (HT/DM)</b>

**Reg .No should be alphabet numeric. The first three letters of the SC followed by Sl. No. This no will be the NCD no of the patients**

<b>Total Attendance</b>		
<b>Total cases :</b>	<b>Male:</b>	<b>Female:</b>
<b>DM</b>		
<b>HT</b>		
<b>Both</b>		

**Signature of Medical Officer**

**Camp Attendance Register for institutions**

Date of camp: 28/10/2011

Name of Institution: PHC Thiruvankulam

Staff strength:

SI No	Name & age	Address/ Designation	Sex
<b>Total Attendance</b>			
<b>Total cases – Male Female</b>			
<b>DM</b>			
<b>HT</b>			
<b>Both</b>			

<b>Total Attendance</b>		
<b>Total cases :</b>	<b>Male:</b>	<b>Female:</b>
<b>DM</b>		
<b>HT</b>		
<b>Both</b>		
This report is to be sent directly to the District Nodal officers		

**Name & Signature of Medical Officer**

**Camp Report Consolidated**

**Name of PHC/ CHC:**

**District:**

<b>No of Sub Centres</b>	<b>03</b>		<b>Total</b>
<b>No of Camps conducted</b>	<b>03</b>		
<b>Total attendance</b>			
<b>Total Cases</b>	<b>DM</b>		
	<b>Male</b>	<b>Female</b>	
	<b>HT</b>		
	<b>Male</b>	<b>Female</b>	
	<b>DM &amp; HT</b>		
	<b>Male</b>	<b>Female</b>	
	<b>Miscellaneous</b>		
	<b>Male</b>	<b>Female</b>	



**PHC/ CHC Weekly NCD Register**

**Name of PHC:**

**District:**

<b>NCD Reg No.</b>	<b>Name Address</b>	<b>Age &amp; Sex</b>	<b>Diagnosis HT/DM/B oth</b>	<b>Old / New O/N</b>	<b>Follow up date</b>	<b>Complic ations / remarks if any/ referral</b>

**Name & Signature of the JPHN**

**Name & Signature of the JHI**

**Name & Signature of Medical Officer**

**Monthly NCDCP Report from the PHC for the Month of ----- ----2011**

1. No. of NCD clinics conducted

2. New cases detected during the reporting month

	Existing cases		Patients followed up		New cases		Total
	Male	Female	Male	Female	Male	Female	
DM							
HT							
Both							

Report compiled by HI/LHI / HS/LHS - Name, Designation & Signature

**Name & Signature of Medical Officer**

**Monthly NCD/CP Report from the District Month of ----- 2010**

1. Name of district :
2. No of Health institutions in the district :
3. No: of NCD clinics conducted :

	Existing cases		Patients followed up		New cases		Total
	Male	Female	Male	Female	Male	Female	
DM							
HT							
Both							

Report compiled by TA grade II

**Name & Signature of District Nodal Officer**

**NCD Drug Stock Register :**

**Name of PHC :**

**Month :**

<b>Sl No</b>	<b>Name of Drug</b>	<b>Opening balance</b>	<b>Receipt</b>	<b>Closing Balance</b>	<b>Requirement</b>

**Name & Signature of Medical Officer**



**Non Communicable Diseases Control Programme (NCDCP)**

**Patient Treatment Card**

**Name** : **NCD Reg No:** **Date:**

**Age** : **Sex:**

**Height** :

**Previous History of Diabetes/Hypertension:**

**Any other disease:**

1.

2.

**Present Diagnosis:**

**Investigations & Reports:**

<b>Weight</b>							
<b>BMI</b>							
<b>Waist cm</b>							
<b>Hip cm</b>							
<b>Waist Hip Ratio</b>							
<b>Blood Glucose</b>							
<b>BP</b>							
<b>Lipid profile (if done)</b>							

**Treatment Record:**