**SPH/MDP/FOR/40(A)**

**Percentage of MOH areas with at least two healthy lifestyle centers**

**District:- MOH Division:- Institution:- Year/Month:-**

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| --- | --- | --- | --- | --- |
| Requirement | Achieved or not | | If not measures taken | |
| **Place** |  | |  | |
| Designated place in a PHC  or  in a building in a same locality |  | |  | |
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| **Physical facilities**– |  | |  | |
| Adequate lighting (electricity)  Ventilation  water supply  toilet facilities  space for 25 persons  Name board with adequate description |  | |  | |
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| **Waiting area** |  | |  | |
| with 25 chairs  DVD player  wall mounted TV/stand  NCD related Posters |  | |  | |
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| **Registration area** |  | |  | |
| Table with two chairs  cupboard  a filing cabinet |  | |  | |
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| **Records, Registers and other documents** |  | |  | |
| Participant register  Follow up register  Personal health records  Monthly summary return  invitation cards |  | |  | |
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| Flip charts  BMI charts |  | |  | |
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| **Equipments** |  | |  | |
| - Weighing scale,  stediometer  glucometer with buffer stock for one month with strips |  | |  | |
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| Requirment | | | Achieved or not | | If not measures taken | |
| **Examination area**- | | |  | |  | |
| Table and two chairs,  examination bed,  BP apparatus  WHO/ISH Risk prediction charts  Management protocol,  Circulars and guidelines  HLC & essential drug list | | |  | |  | |
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| **Linkage laboratory facilities**  (should be available to test lipid profile for high risk people) | | |  | |  | |
| **Staff -** | | |  | |  | |
| MO/RMO to conduct the clinic  Availability of 2 trained persons to conduct the clinic | | |  | |  | |
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| **Training**- | | |  | |  | |
| MO/RMO - on management protocol and on NCD  Supporting staff should receive training on conducting the clinic | | |  | |  | |
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| **Drugs**-Availability of 1 month buffer stock | | |  | |  | |
| 1.Adrenaline tart rate 0.1% injection 1 ml Ampoule  2. Aspirin Tablet 100mg  3. Atenolol Tablet 50mg  4.Atorvastain Tablet 10mg  5.Beclometasone diproprionate aerosol Inhaler  50 mcg metered dose  200dose Unit MDI  dry powder Capsule for Breath included device  100mcg DPI  200mcg DPI  6.Chlorpheniramine maleate (Chlorphenamine)-  Injection 10mg in 1ml Ampoule  Tablet 4mg  7. Enalapril maleate Tablet 5mg  8. Frusemide – Injection 20mg in 2 ml Ampoule  Tablet 40 mg ( furosemide)  9. Glibenclamide Tablet 5 mg  10 Glyceryl trinitrate Tablet 0.5 mg sublingual  11. Hydro chlorothiazide tablet 25 mg  12. Hydrocortisone hemisuccinate injection 100mg Vial  13. Metformin Tablet 500mg  850mg  14.Nifedipine Slow Release Tablet 20mg  15. Salbutamol respiratory solution 0.5% in 10ml Bottle  Tablet 2mg  Tablet 4mg  16. Theophylline Slow Released Tablet 125mg | | |  | |  | |
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| **Conduction of Clinics** | | |  | |  | |
| Once per week  days **-………………………………………………………..** | | |  | |  | |
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| **Supervision and monitoring** | | |  | |  | |
| Timely sending of monthly return to MO/NCD  Inspection record book available and supervised by the supervising officer at least once/month  Performance-% performance for past 3/12 (estimated number /HLC/3/12- 240) | | |  | |  | |

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| --- | --- |
| % of persons (over 40 years) screened for selected NCDs |  |
| Number of persons detected of having High Blood Pressure |  |
| Number of persons detected of having elevated level of Blood Sugar |  |
| Number of persons detected of having malignant/premalignant lesions |  |
| Number of persons detected of having increased Cardio Vascular Risk  >10%  <10% >20%  <20% >30%  =>30% |  |
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|  |

Officer In Charge- Name: -

Contact No: -

Signature:-

Date:-

* **To be filled in triplicate and send one copy to relevant RDHS. One copy to PDHS on or before 10th of next month. Other copy remain in the office.**

Name: -

Contact No: -

Signature:-

Date:-