

NCD screening programme in Sri Lanka

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- This is executed through the Healthy Lifestyle Centers located in healthcare institutes
- Established in 2011 – 1010 institutional HLC s
- To address the lack of a structured noncommunicable disease (NCD) screening service through the lowest level of primary health-care institutions
- Objective of the HLCs is to reduce the risk of NCDs of people more than 35-year old by detecting risk factors early and improving access to specialized care for those with a higher risk of cardiovascular disease (CVD)

Eligibility Criteria

2 categories

- **Any person 35 years and above**
- **Persons between the age 20-35 years**
 - **Smoking during the last one year**
 - **Overweight (waist circumference-male >90cm, female>80cm or BMI.25kg/m²)**
 - **Raised BP (>140/90mmHg in individuals with or without diabetes)**
 - **Symptoms suggestive of Diabetes mellitus**
 - **History of premature cardiovascular disease in first degree relatives (male relative <55years, female relative <65years)**
 - **History of diabetes in first degree relatives**
 - **Familial dyslipidemia**

HLC - RECRUITMENT

- 1. Opportunistic screening –OPD visits**
- 2. Self referral - following community empowerment**
- 3. Through appointment by public health staff (PHM, PHI) and health volunteers**

Circulars and Guidelines issued by the directorate of NCD

- I. Circular No. 02-25/2013 (Establishing HLC -guidelines)**
- II. Circular No.01-66/2017(Essential drug list)**
- III. Circular No.01-68/2017 (Annual screening of Health workers)**
- IV. Circular No.01-46/2019(Revised HLC guidelines)**
- V. “A Comprehensive Note for Healthy Lifestyle Centers”**
- VI. Management guidelines for health care providers**

Healthy lifestyle center-guidelines for primary care providers

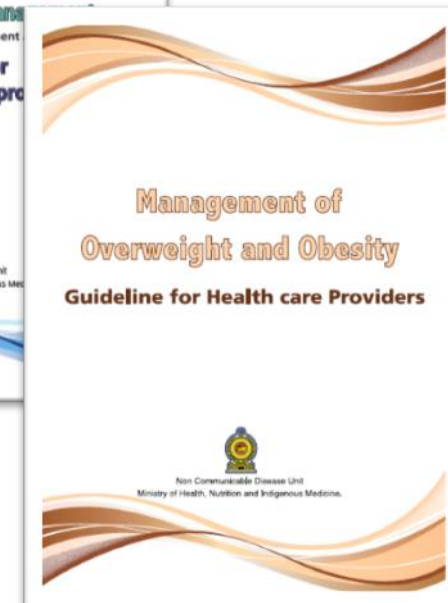
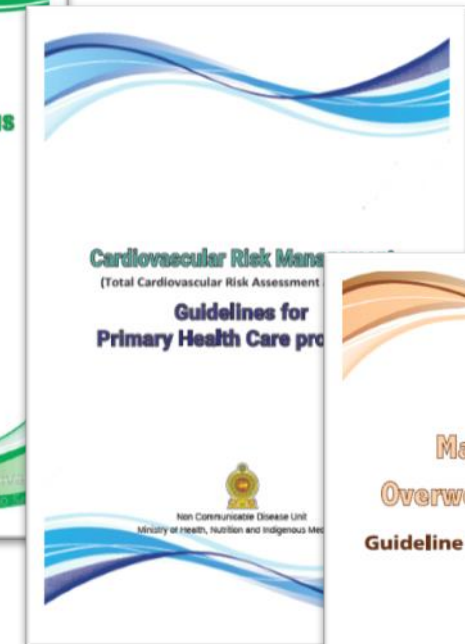
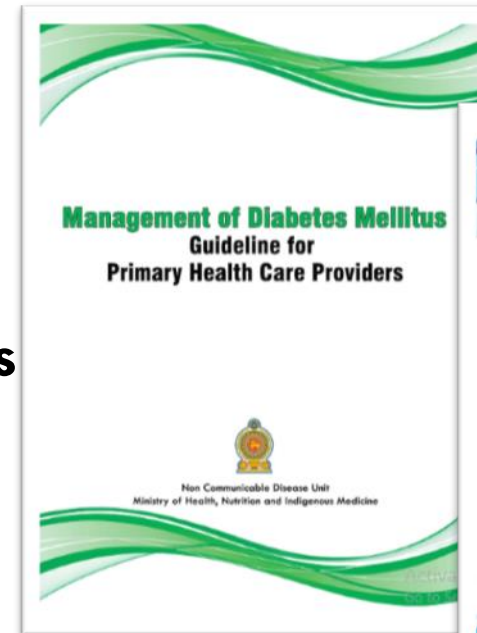
Management of Diabetes Mellitus

Cardiovascular Risk Management

Management of Overweight and Obesity

Management of Hyperlipidaemia

Management of Chronic Respiratory Diseases



HLC Clinic sessions

- **At least once a week**
- **with the participation of at least 20 clients per session**
- **If resources permit, - from Monday to Saturday.**
- **The duration can be extended up to 6pm and/or open on PH (To improve the male participation and to capture the working population),**
- **Conducted by MO/RMO**
- **PHNO/Nursing Officers, PHMM, supporting staff and volunteers may provide support to carry out clinic activities.**



HLC location

- in a designated place in the Primary Health Care institution
- easily accessible to the clients
- closer to the OPD.
- Congestion at the OPD should not disturb the activities of the HLC.
- There should be a name board with adequate description.



HLC space

There should be minimum of 2 rooms.

- **One room can be used for examination and individual counselling**
- **other for group discussions**

Adequate lighting (electricity), ventilation, water supply and toilet facilities should be available.



HLC Guide

Topic	Requirement	Remarks
1. Location	Primary Health Care Institution	<ul style="list-style-type: none">✓ Designated place✓ Easily accessible/closer to the OPD.✓ Separate spaces for<ul style="list-style-type: none">• individual consultation• Group education
2. Frequency	At least once a week	<p>If resources available;</p> <ul style="list-style-type: none">• More frequent clinics• Open on PH• Conduct after working hours (to capture working and male population)
3. Minimum participation	At least 20 clients per session	



HLC Guide

Topic	Requirement	Remarks
4. Name Board	Should be displayed at entrance	Information on services provided (Sample of the design available)
5. Equipment	Included in the HLC Guide <ul style="list-style-type: none"> • Glucometer and strips; Cholesterol meter and strips • BP apparatus • Weighing scale & Height measuring equipment • Peak flow meter • Snellen charts • Tuning Folks • Equipment for health education (Television /DVD Player/USB/Videos etc) 	



Healthy lifestyle center-functions

Screening for NCD

Management

Follow up





Oriantation



Registration



Risk analysis



Checking –FBS



Measuring BMI

Recording


Functions of HLC & the staff


1. Health Education and Orientation
2. Registration and Issuing of PMR (Personal Medical Record)
3. Screening for common NCDs and risk factors
4. Cardiovascular Risk Assessment
5. Lifestyle modification counseling/Interventions
6. Appropriate Referral
7. Health Promotion Activities
8. Follow up

Screening for Main NCDs

- ☐ **Hypertension**
- ☐ **Diabetes Mellitus**
- ☐ **Hyperlipidaemia**
- ☐ **Obesity**
- ☐ **Cardiovascular disease risk**

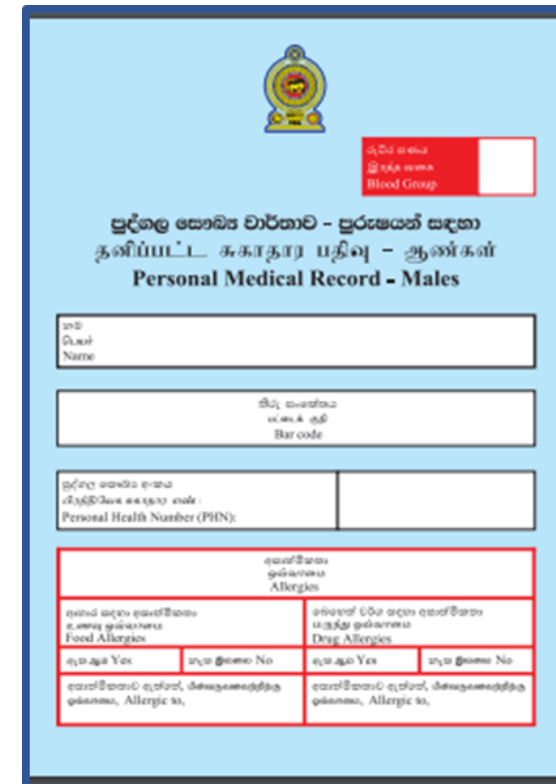
Personal Health Record

	
ஆரோக்கியப் பதிவு இலக்க எண் Blood Group	
புதிதான ஆரோக்கியப் பதிவு - ஆண்கள் தனிப்பட்ட சுகாதார பதிவு - ஆண்கள் Personal Medical Record - Males	
பெயர் Name	
பிப் பதிவு பி.பி.பி. குறியீடு Bar code	
புதிதான ஆரோக்கியப் பதிவு புதிதான ஆரோக்கியப் பதிவு Personal Health Number (PHN):	
ஆரோக்கியப் பதிவு Allergies	
ஆரோக்கியப் பதிவு Food Allergies	ஆரோக்கியப் பதிவு Drug Allergies
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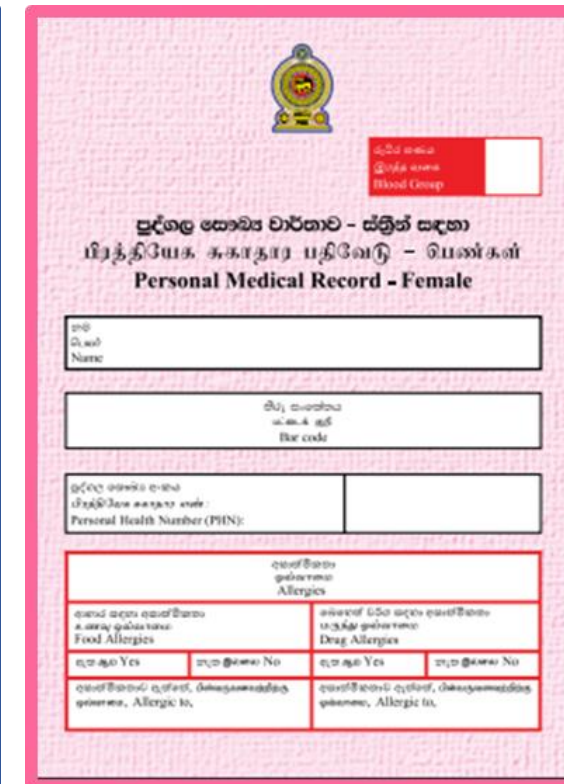
	
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பெயர் Name	
பிப் பதிவு பி.பி.பி. குறியீடு Bar code	
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1. Registration and issue PMR (personal medical record)

- Issued to those aged 35 years and above
- Clients are expected to produce this at all encounters with a doctor.
- Space to record all medical conditions of importance for follow-up of the client.



The form for males is titled 'புதிதான சுகாதார பதிவு - ஆண்கள்' (New Health Record - Males) and 'Personal Medical Record - Males'. It includes a header with the Tamil Nadu state emblem and the text 'தமிழ்நாடு அரசு' (Tamil Nadu Government). Below the header is a red box for 'ரத்த குழுவை' (Blood Group). The form contains several input fields: 'பெயர்' (Name), 'பிப் பி.சி. குறியீடு' (Bar code), and 'புதிதான சுகாதார பதிவு எண்' (Personal Health Number (PHN)). At the bottom, there is a table for recording allergies, with columns for 'உணவு மருந்து' (Food Allergies) and 'மருந்து' (Drug Allergies), and rows for 'ஆம்' (Yes) and 'இல்லை' (No).



The form for females is titled 'புதிதான சுகாதார பதிவு - பெண்கள்' (New Health Record - Female) and 'Personal Medical Record - Female'. It includes a header with the Tamil Nadu state emblem and the text 'தமிழ்நாடு அரசு' (Tamil Nadu Government). Below the header is a red box for 'ரத்த குழுவை' (Blood Group). The form contains several input fields: 'பெயர்' (Name), 'பிப் பி.சி. குறியீடு' (Bar code), and 'புதிதான சுகாதார பதிவு எண்' (Personal Health Number (PHN)). At the bottom, there is a table for recording allergies, with columns for 'உணவு மருந்து' (Food Allergies) and 'மருந்து' (Drug Allergies), and rows for 'ஆம்' (Yes) and 'இல்லை' (No).

HIMS Software online

CLINICAL ASSESSMENTS

Risk Behaviours

Smoking

Use of Alcohol

Unhealthy Diet

Physical Activity



CLINICAL ASSESSMENTS

Clinical Assessmnets

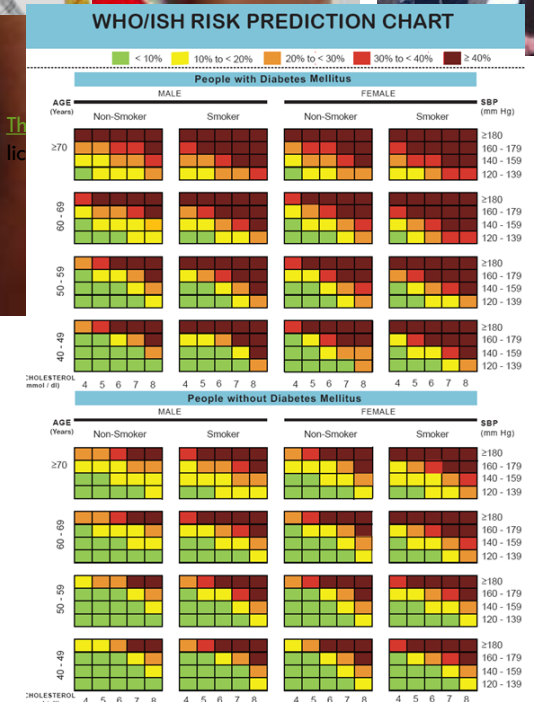
BMI Assessment

Waist Circumference, Waist to Height ratio

Blood Pressure

Cardiovascular Risk Assessment

Others: Visual Acuity, Hearing, Peak Expiratory Flow Rate



BLOOD INVESTIGATIONS

Blood Investigations

Fasting blood sugar

Random blood sugar

Total blood cholesterol

Serum Creatinine (If available)



CLINICAL ASSESSMENTS

Clinical Assessmnets

Oral Examination for oral cancer

Breast Examination for breast cancer

Pap Smear Referral for cervical cancer



2. Screening

Behavioral Risk factors	Intermediate risk factors	Other
<ul style="list-style-type: none">Unhealthy diet (salt, sat fat, lack of fruit & veg)	<ul style="list-style-type: none">Elevated Blood Pressure (Blood Pressure)	<ul style="list-style-type: none">Premalignancies Oral /Thyroid/Breast examination
<ul style="list-style-type: none">Physical inactivity/Sedentary lifestyle	<ul style="list-style-type: none">Raised Blood Sugar (Fasting/random capillary blood sugar)	<ul style="list-style-type: none">Vision
<ul style="list-style-type: none">Smoking	<ul style="list-style-type: none">Dyslipidemia (capillary total cholesterol)	<ul style="list-style-type: none">Hearing
<ul style="list-style-type: none">Harmful drinking of alcohol	<ul style="list-style-type: none">Over weight and Obesity (Height/Weight, BMI, Waist circumference)	
<ul style="list-style-type: none">Cardiovascular risk (CVD) using WHO ISH Chart		

Screening

Behavioral Risk factors	Remarks
<ul style="list-style-type: none">Physical inactivity/Sedentary lifestyle	<p>Not involved in moderate or vigorous intensity activities throughout the week</p> <p>Moderate intensity activities : At least 150 minutes of (e.g. Brisk walking, dancing, gardening, household and domestic chores, cycling, etc.)</p> <p>Vigorous physical activities : At least 75 minutes of (e.g. running, walking, fast cycling, Aerobics, fast swimming, etc.)</p>
<ul style="list-style-type: none">Smoking	<p>I. Current smokers (cigarette, cigar, pipes, beedi, shisha, Hookha)</p> <p>II. Quit smoking less than a year before the assessment</p>
<ul style="list-style-type: none">Betel Chewing	<p>Betel chewer (with tobacco or arecanut)</p> <p>I. All current betel chewers</p> <p>II. Quit chewing less than a year before the assessment</p>
<ul style="list-style-type: none">Other tobacco or arecanut products	<p>I. Snuffing, thul, Babul, paan masala, gutkha etc users</p> <p>II. Quit less than a year before the assessment</p>
<ul style="list-style-type: none">Alcohol Consumption	<p>I. Current alcohol consumers</p> <p>II. Quit alcohol consumption less than a year before the assessment</p>

LIFESTYLE MODIFICATIONS

Focuses on 11 areas considered important for lifestyle modification

Stop smoking

Restrict sugar consumption

Stop alcohol use

**Minimize consumption of foods with
transfatty acids**

Maintain adequate BMI

Promote mental health

Engage in regular physical activity

Know your health status

5 servings of fruits and vegetables per day

Adherence to management regimen

Restrict added salt consumption to one teaspoon per person per day

Healthy lifestyle center-documents

1. **Circulars and other guidelines**
2. **Guidelines for primary Health Care providers (Cardiovascular including WHO/ISH risk prediction chart, Diabetes Mellitus, Overweight and Obesity, Hyperlipidaemia)**
3. **Personal Health Records**
4. **Participants register with page summary**
5. **Monthly Summary of HLC Activities**
6. **Posters depicting the common NCD risk factors, flip charts**

Monitoring and evaluation

Healthy Lifestyle Programme should be monitored and evaluated at District and National level.

Information management is carried out based on the following registers, records and returns

- **Participant's register in HLC (H 1236)**
- **Follow up Register (H 1237)**
- **Monthly Report of Activities done for NCD screening (H 1239)**
- **Monthly summary of the screening activities done in the district (H 1240)**
- **Quarterly Summary of the screening activities done in the district (H1241)**

Supervision

Timely sending of monthly return to MO/NCD

Supervision performed by MO NCD, RDHS and officials at National level.

Visitors record book should be available and supervising officer should conduct the supervision 6 per month

Referral

Timely referring to the following clinics need to be done according to the guidelines provided

- **Medical Clinic in the Institution**
- **Specialist Clinic**
- **Healthy Lifestyle Center**
- **Well women clinic**
- **Dental Clinic**

Health promotion

Interventions targeting the risk factors

Innovative programs

Community mobilization

Eg:

Tobacco free zones

Regular Yoga/Physical exercise classes

Promoting Healthy lifestyles



Follow up

- **Routine screening of clients (Frequency according to the guidelines provided)**
- **Following up of clients referred to medical and specialized care**
- **Following up of clients with risk factors for behavioral modifications**

HLC Data

- **Maintain a database of all health institutions –with HLC - geographical, HRH**
- **HLC software**
- **Supervision tool (monthly) for (MONCD)**
- **Monthly/Quarterly Return -monitor – coverage/quality of services provided - through the KPI**



HLC: Training

Training to all MOIC/MO:

- on screening and management of NCD:
 - Guidelines (booklets) on management of: CVD, HT, DM, Obesity/overweight, Dyslipidaemia, Chronic Respiratory Disease
 - On-line training module (PSSP)

DIRECTORATE OF NCD WILL PROVIDE:

- 1. Technical guidance to establish HLC (through MONCD)**
- 2. Training to all MO on screening and management of NCD with**
- 3. Provide –PMR, Registers and returns, Health Education material**
- 4. Review supervision tool (monthly)**
- 5. Feedback based on Quarterly/annual reports on coverage and quality**
- 6. National level evaluation and rewarding**

THANK YOU

