

An abstract graphic featuring a complex network of white dots connected by thin white lines, set against a light blue background. The network is denser on the right side and fades towards the left.

NCD Surveillance

What is surveillance?

National NCD Surveillance

National NCD Surveillance is the ongoing systematic collection and analysis of data to provide appropriate information regarding

- ☐ Country's NCD disease burden
- ☐ Population groups at risk
- ☐ Prevalence estimates of NCD risk factors
- ☐ Behaviours and determinants coupled with the ability to track health outcomes
- ☐ Risk factor trends over time

National NCD Surveillance

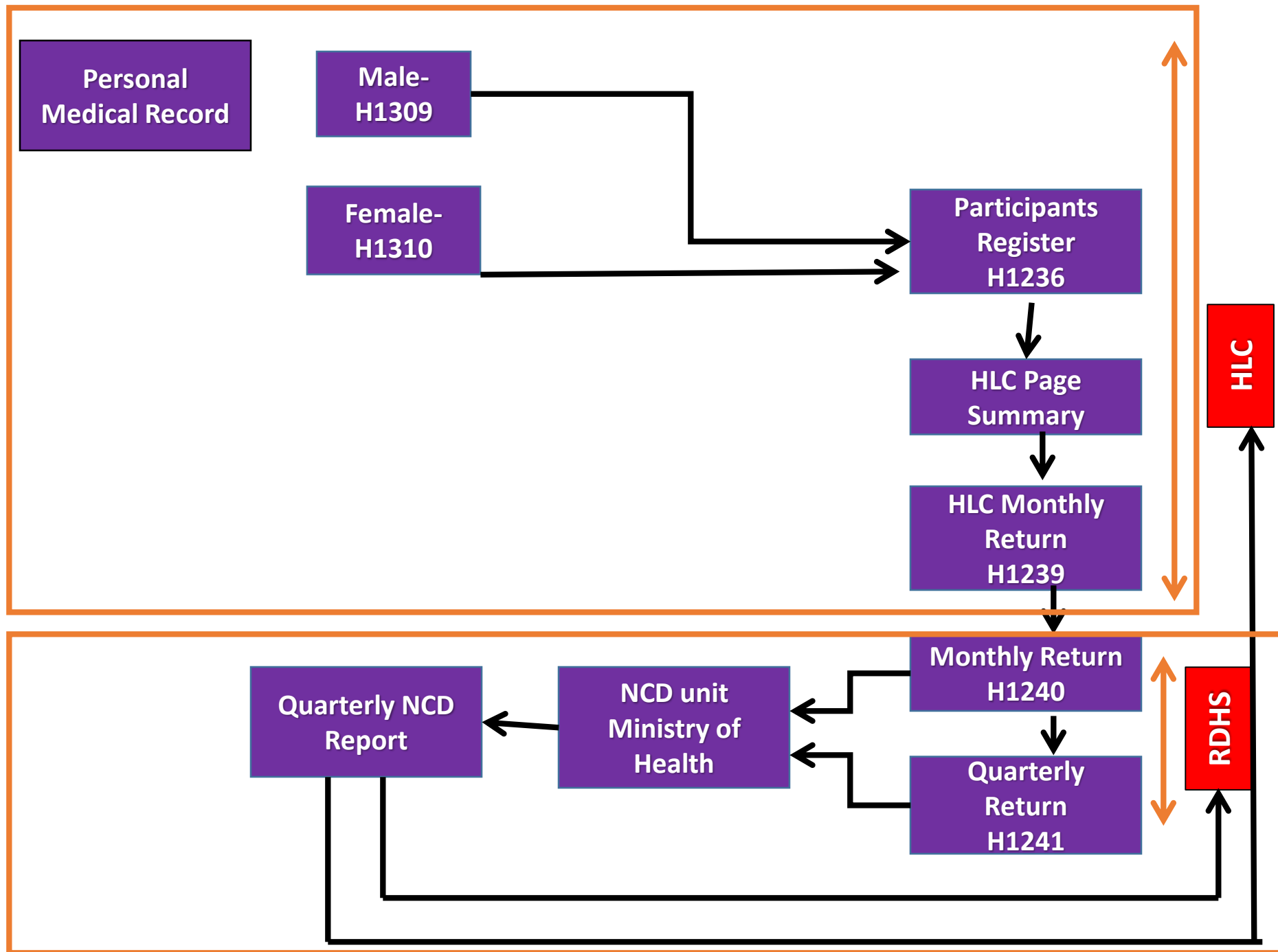
**Routine Surveillance on Chronic NCD
Screening**

At Healthy Lifestyle Centers

Returns and Registers used in HLC

Recently revised

- **H 1309 & H 1310 Personal Health Record**
- **H – 1236 A & B Participant Register & Daily Summary (Male/Female)**
- **H - 1237 Follow up Register**
- **H – 1239 Monthly report of activities done for NCD screening**
- **H - 1240 Monthly summary of the screening activities done in the district**
- *Online data entry system*



Records, Registers and Returns

Personal Medical Records

Male-H 1309

Female-H1310

Participants Register

H 1236

H 1239

HLC Monthly Summary

H 1238

HLC Follow up Register

Healthy Lifestyle Centers

Records, Registers and Returns

Monthly Return

H 1240

Quarterly return

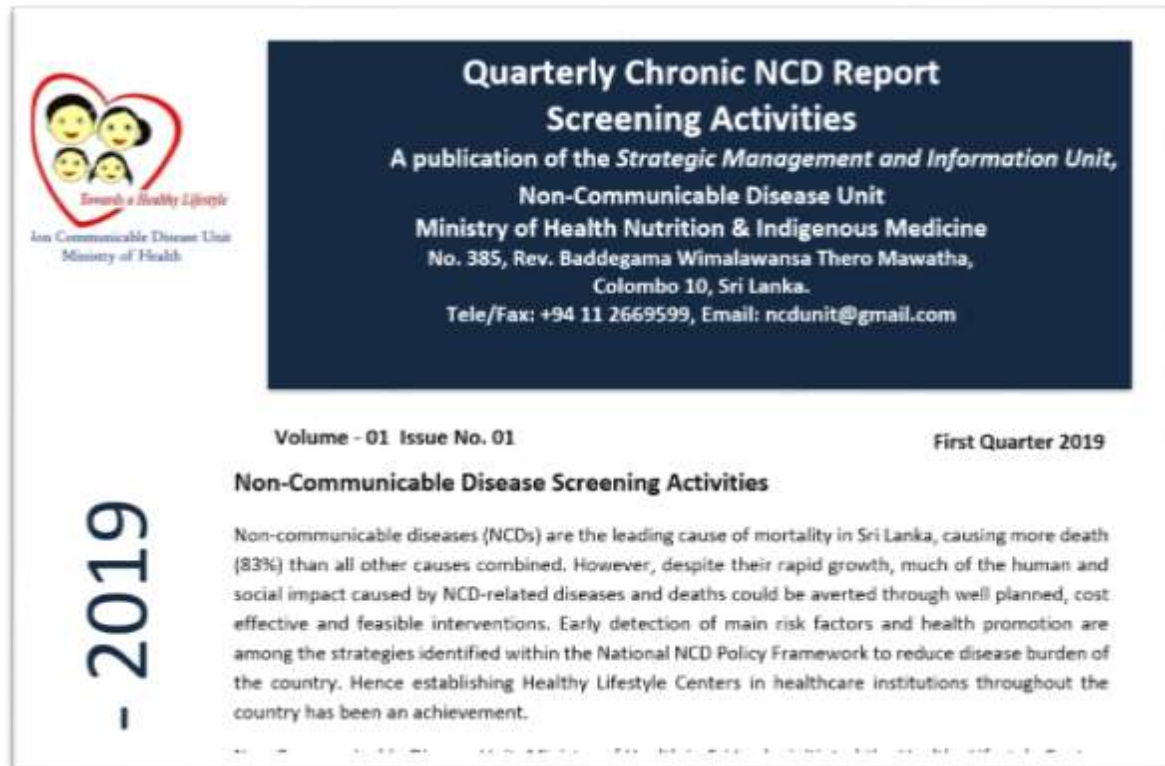
H 1241

NCD Unit
RDHS

Feedback

NCD Unit
Ministry of Health

Quarterly NCD report



H - 1236 Participant Register & Daily Summary (Male/Female)

non-identified **தமிழ்** TAMIL Participants' Register H1236 B[illegible]

Information gathered

- Personal details
- Findings of
 - Risk factor assessment
 - Clinical assessment
 - Investigation
 - CVD Risk status
- Referral
- Follow up plan
- Filled at every clinic session by HLC staff (NO)
- Summary of the daily session done at the end of the page .
- Data transferred to the monthly return at the end of the month

H - 1239 & H -1240 Monthly Returns

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[illegible]

• Fill in 3 copies. Send one to nearest MO NCTD office, fill of the rest words and keep the other one in your mailbox.

Isos/TAMIL/Type:

Source: U.S. M.I. Murals

NAME: _____

get(B) will be called over TAMEL/Name of the TMLC

number of cases of TAM. No. of clinic contacts

Signature of NCS-RTMOH

There _____

Data

- Data of the findings summarized by the age groups and sex
 - Risk factor assessment
 - Clinical assessment
 - Investigation
 - CVD Risk status

Important

1. Accurate recording

Follow the definitions : Eg. Categorizing of Blood pressure levels & Blood glucose levels

2. Completeness

3. Timeliness

Monitoring

- Monitoring your own data
- Identify and prioritize the health problems
- Plan strategies to improve the health of the Community

National level

- 1. Feedback based on Quarterly/annual reports on coverage and quality**
- 2. National level evaluation and rewarding**