

## Steps to be followed for Universal Screening and Control of Common NCDs



(For Use by ASHAs and ANMs)

ASHA	Community Level activities	ANM
<ul> <li>Estimating Population to be screened</li> <li>Enumerating adults 30 years and above in routine household visits</li> <li>Filling up family/household folder</li> </ul>	Population enumeration	<ul> <li>Supervision of population enumeration</li> <li>Cross verification of 10% of population</li> </ul>
<ul> <li>CBAC completion of all 30 years and above</li> <li>Creation of individual health cards</li> <li>Maintenance of Village register/ Family folder</li> <li>Measurement of waist circumference</li> <li>Assessing risk and mobilization on priority for screening</li> <li>Identification of population - Individuals with any risk factor, Individuals with no risk factors and Known cases of NCDs</li> </ul>	CBAC assessment at community level	<ul> <li>CBAC completion of all 30 years and above (where there are no ASHAs)</li> <li>Ensure supply of CBAC forms, WC measuring tape, individual health cards, registers, etc</li> <li>Training of ASHA in CBAC form filling</li> </ul>
<ul> <li>Sessions on NCDs and their risk factors during VHND/UHND</li> <li>Raising awareness about NCDs, healthy lifestyle and treatment compliance in regular home visits</li> <li>Distribution of health promotion material</li> </ul>	Mobilizing community	<ul> <li>Identify volunteer in the village/ slums /urban areas or member from VHSNC/MAS</li> <li>Ensure supply of health promotion material</li> <li>Liaise with other partners - school teachers, AWW, PRI/ RWA/ ULBs members</li> <li>Supportive supervision - joint visit with ASHA in the community</li> </ul>











