

## HLC Supervision/Monitoring Checklist

### Section I (to be filled before visiting the institution)

|  |   |             |
|--|---|-------------|
| District   |   |             |
| Medical Officer of Health Area                                   |   |             |
| Name of the Institution  |   |             |
| Empaneled population for the HLC                                 |   |             |
| GN divisions empaneled for the HLC                               |   |             |
| Eligible population for the HLC out of this empaneled population |   |             |
| Visited by   | Name  | Designation |
|  |   |             |
| Whether the HLC staff were informed about this supervision       |   |             |
| Date visited   |   |             |
| Time the Supervision started                                     |   |             |
| Date of the previous visit                                       |   |             |
| Issues identified during the previous visit                      |   |             |
|  |   |             |
| <b>Statistics from the latest monthly return H1239</b>           |   |             |
| The latest monthly report received by MONCD                      |   | Month/Year  |
| a.   | Total number of attendees   |             |
| b.   | Number of HLC sessions conducted  |             |
|  | Average number of participants per clinic session (Total number of attendees per month/Total number of clinic sessions per month) |             |
| c.   | Was the report submitted to RDHS before 5th of the following month?   |             |
| d.   | Were all the sections filled as required?   |             |

| <b>Section II: General Information</b>  |                     |                       |
|---|---------------------|-----------------------|
| <b>Officers in charge or conducting the HLC</b>                                   |                     |                       |
| <b>Staff Category</b>   | <b>Availability</b> | <b>Number</b>         |
| MO/RMO  | Yes / No            |                       |
| NO/PHNO   | Yes / No            |                       |
| PHM   | Yes / No            |                       |
| SKs   | Yes / No            |                       |
| Others (specify)  |                     |                       |
| <b>Frequency of HLC sessions conducted</b>  |                     |                       |
| Daily/twice weekly/thrice weekly/weekly/monthly                                   |                     |                       |
| Days which the clinic is conducted  |                     |                       |
| <b>Environment, organization and the facilities of the clinic</b>                 | <b>Satisfactory</b> | <b>Unsatisfactory</b> |
| Cleanliness   |                     |                       |
| Number of seats in the seating area   |                     |                       |
| Receptiveness of the clinic   |                     |                       |
| Clinic was arranged before the commencement of the session                        |                     |                       |
| Clinic is organized in a way to provide a quality service                         |                     |                       |
| Clinic is organized in a way to conduct different functions                       |                     |                       |
| Health education session is conducted before the commencement of the clinic       |                     |                       |
| Leaflets and other IEC material are supplied or accessible for the clients to use |                     |                       |
| Waist management of the clinic  |                     |                       |

| Section III: Documentation  |        |                           |
|---|--------|---------------------------|
| Statistics of the last clinic day   |        |                           |
| Total number of eligible attendees – Male..... Female.....  |        |                           |
| Total number referred to the Medical clinic   |        |                           |
| Total number referred to Specialized clinics  |        |                           |
| Total number referred to the Dental clinic  |        |                           |
| Standard Documents  | Status | Comments / information    |
| <b>1. Participants' Register (H 1236)</b>   |        |                           |
| Available?  | Yes/No |                           |
| Updated   | Yes/No | Date of the latest entry: |
| <b>Accuracy of the Participant Register (refer the last clinic session or the previous month)</b>   |        |                           |
| Accuracy by cross checking with page summary: 0% / 30% / 60% / 100%   |        |                           |
| <i><b>Note: Review the last clinic day. Cross check with the page summary<br/>If all data are correct mark as 100%, If 2/3 correct 60%, If 1/3, 30%, If none, 0%.</b></i>           |        |                           |
| Accuracy by cross checking with monthly summary: 0% / 30% / 60% / 100%  |        |                           |
| <i><b>Note: Review the last month data. Cross check with the monthly summary<br/>If all data are correct mark as 100%, If 2/3 correct 60%, If 1/3, 30%, If none, 0%.</b></i>        |        |                           |
| <b>2. Follow up Register (H 1237)</b>   |        |                           |
| Available?  | Yes/No |                           |
| Updated   | Yes/No | Date of the latest entry: |
| <b>3. Monthly Report of Daily Activities (H1239)</b>  |        |                           |
| Available?  | Yes/No |                           |
| Updated   | Yes/No | Date of the latest entry: |
| <b>Accuracy of the Monthly Report (refer the last clinic session or the previous month)</b>   |        |                           |
| Accuracy by cross checking with data with the monthly report: 0% / 30% / 60% / 100%   |        |                           |
| <i><b>Note: Review the last month data. Cross check with the participants register.<br/>If all data are correct mark as 100%, If 2/3 correct 60%, If 1/3, 30%, If none, 0%.</b></i> |        |                           |

| <b>4. Availability of Healthy lifestyle center circulars</b>   |        |                                 |
|--|--------|---------------------------------|
| 01-46/2019   | Yes/No |                                 |
| 01-68/2017   | Yes/No |                                 |
| 01-66/2017   | Yes/No |                                 |
| 02-25/2013   | Yes/No |                                 |
| <b>5. Visitors' Book</b>   |        |                                 |
| Available and used   | Yes/No |                                 |
| <b>6. Documentation book (Documenting training programmes conducted or attended/health education/other programmes conducted)</b> |        |                                 |
| Available and used   | Yes/No |                                 |
| <b>7. Health Education Material related to HLC and NCD</b>   |        |                                 |
| <i>Mark 'yes' if only the following are in accessible for participants and in use</i>  |        |                                 |
| Posters  | Yes/No |                                 |
| Hand bills   | Yes/No |                                 |
| Self-developed IEC material  | Yes/No |                                 |
| <b>Availability of guidelines and other books</b>  |        |                                 |
| Guidelines for Cardiovascular Risk Management  | Yes/No |                                 |
| Guidelines for Management of Diabetes Mellitus   | Yes/No |                                 |
| Guidelines for Management of Overweight and Obesity  | Yes/No |                                 |
| Guidelines for Management of Dyslipidaemia   | Yes/No |                                 |
| Guidelines for Management of Chronic Respiratory Diseases  | Yes/No |                                 |
| Guidelines for physical activity for general public  | Yes/No |                                 |
| Guidelines for physical activity and diet for persons with NCDs  | Yes/No |                                 |
| Guideline for tobacco cessation counselling  | Yes/No |                                 |
| Food based dietary guidelines  | Yes/No |                                 |
| PMR booklet  | Yes/No | Approx. number of PMR in stock: |

### Section IV: Assessment of Stations

| Registration Area  |  |                              |
|--|--|------------------------------|
| Item   | Availability                                   | Comments/<br>observation     |
| Designated area  | Yes/No   |                              |
| Registration of all eligible clients performed   | Yes/No   |                              |
| PMR is issued for all eligible clients   | Yes/No   |                              |
| Examination Area   |  |                              |
| Function   | Adherence to<br>the correct<br>method/practice | Additional info/<br>Comments |
| Height, Weight, Waist Circumference  |  |                              |
| Staff check whether all equipment and charts are available before the session (Weighing scale, Stadiometer, measuring tape, BMI chart) | Yes/No   |                              |
| Measurement of weight is correct   | Yes/No   |                              |
| Measurement of height is correct   | Yes/No   |                              |
| Measurement of waist circumference is correct  | Yes/No   |                              |
| Comparing the height and weight with the relevant BMI and recording in the PMR is correct  | Yes/No   |                              |
| Calculation of waist circumference/height ratio is correct   | Yes/No   |                              |
| Feedback is given to the client  | Yes/No   |                              |
| Check the accuracy of the weighing scale by MONCD  | Yes/No   |                              |
| Measurement of blood sugar and blood cholesterol   |  |                              |
| Separate place for biochemical investigations is available   | Yes/No   |                              |
| Glucometer functioning accurately  | Yes/No   |                              |
| Cholesterol meter functioning accurately   | Yes/No   |                              |
| Control solution or test strips for calibration of the glucometer available  | Yes/No   |                              |
| Control solution or test strips for calibration of the cholesterol meter available   | Yes/No   |                              |
| Staff check whether all equipment are available before the session (Glucometer, glucose test strips, cholesterol meter,                | Yes/No   |                              |

|   |        |  |
|---|--------|--|
| cholesterol test strips, lancet, gloves)                |        |  |
| Measurement of blood glucose is correct                 | Yes/No |  |
| Measurement of blood cholesterol is correct             | Yes/No |  |
| Recording the results in PMR and register are correct   | Yes/No |  |
| Results are informed to the client                      | Yes/No |  |
| Disposal of the waist is correct                        | Yes/No |  |
| <b>Peak flow rate measurement</b>                       |        |  |
| Measurement of the Peak flow rate is correct            | Yes/No |  |
| Interpretation of result is correct                     | Yes/No |  |
| Results are informed to the client                      | Yes/No |  |
| Referrals are done appropriately                        | Yes/No |  |
| <b>Blood pressure measurement</b>                       |        |  |
| Blood pressure Apparatus is functioning properly        | Yes/No |  |
| Client is seated comfortably for the measurement        | Yes/No |  |
| Measurement of Blood pressure is correct                | Yes/No |  |
| Recording the readings is correct                       | Yes/No |  |
| Readings are informed to the client                     | Yes/No |  |
| Referrals are done appropriately                        | Yes/No |  |
| <b>Breast Examination</b>                               |        |  |
| Breast examination is performed in a place with privacy | Yes/No |  |
| Performed in all female clients                         | Yes/No |  |
| Performing the breast examination is correct            | Yes/No |  |
| Recording of the readings is correct                    | Yes/No |  |
| Results are explained to the client                     | Yes/No |  |
| Referrals are done appropriately                        | Yes/No |  |

| <b>Thyroid examination</b>  |        |  |
|---|--------|--|
| Performing the Thyroid examination is correct   | Yes/No |  |
| <b>Oral Examination</b>   |        |  |
| Performing the oral examination is correct  | Yes/No |  |
| Referrals are done appropriately  | Yes/No |  |
| <b>Visual Examination</b>   |        |  |
| Performing the visual examination is correct for distant vision (using the Snellen chart) | Yes/No |  |
| Referrals are done appropriately  | Yes/No |  |
| <b>Hearing Assessment</b>   |        |  |
| Performing the hearing assessment is correct (using tuning folks)                         | Yes/No |  |
| Referrals are done appropriately  | Yes/No |  |
| <b>Assessment of Cardiovascular Risk Assessment</b>                                       |        |  |
| CVD risk assessment performed by the Medical Officer                                      | Yes/No |  |
| Every new eligible client is assessed for CVD risk  | Yes/No |  |
| CVD risk assessment guideline is used to assess the risk                                  | Yes/No |  |
| Calculation of the CVD risk assessment is correct   | Yes/No |  |
| Recording the findings is correct   | Yes/No |  |
| Risk level is explained to the client   | Yes/No |  |
| Referrals are done appropriately  | Yes/No |  |
| <b>Individual counselling</b>   |        |  |
| Separate area assigned  | Yes/No |  |
| Offered by the Medical Officer  | Yes/No |  |
| Lifestyle modifications offered to clients  | Yes/No |  |

**Section V:Assessment of a randomly selected client with the PMR participating at the HLC**

| <b>Details extracted from the PMR</b>  |        |
|--|--------|
| Completeness of PMR  | Yes/No |
| Risk factors identified (tobacco smoking, harmful use of alcohol, physical inactivity, unhealthy diet)   | Yes/No |
| BMI value recorded in the PMR  | Yes/No |
| Blood pressure reading is recorded in PMR  | Yes/No |
| Blood sugar (FBS/RBS) is recorded in PMR   | Yes/No |
| Total cholesterol recorded in PMR  | Yes/No |
| Cardiovascular risk level as the % is recorded   | Yes/No |
| <b>Information extracted from the client</b>   |        |
| Accuracy of the information in PMR<br><i>(cross check the randomly selected personal information, past medical history, family history and examination findings of the client with the information in the PMR)</i> | Yes/No |
| Does the client been explained and given instructions regarding the follow up session  | Yes/No |
| Health education session given at the beginning  | Yes/No |
| Inquire whether the client is satisfied with the services offered  | Yes/No |
| Suggestions and comments   |        |



**Section VI:Special Activities and Programmes**

**NCD-related training received during the last year**

| <b>Staff Category</b> | <b>Details of Training</b> | <b>Year</b> |
|-----------------------|----------------------------|-------------|
| MO/RMO                |                            |             |
| NO/PHNO               |                            |             |
| PHM                   |                            |             |
| SKs                   |                            |             |

**Special Health Promotion programmes/NCD prevention activities conducted at this HLC (Includes contribution through personal and creative approaches for making aware and changing NCD related behavior):**

**Strategies adopted to get down new clients to HLC:**

**Section VII: Analysis of data and feedback**

| Analysis of data from new clients is done<br><i>(Eligible participants from the empaneled population, Risk factor percentage from the total attendance, other parameters from the total attendance)</i> |      | Yes/No                     |
|---|------|----------------------------|
| Analysis of data on change of behavior of follow up clients is done<br><i>(change of BMI/smoking/alcohol etc, among the participants where an intervention is done over a period of time)</i>           |      | Yes/No                     |
| Data displayed in HLC<br><i>(attendance, risk factors, clinical assessments, abnormal parameters, behavior changes etc.)</i>  |      | Yes/No                     |
| Strategy for getting feedback from clients (suggestion box/book etc.) available   |      | Yes/No                     |
| <b>Participation of HLC staff for NCD review programmes conducted by RDHS office during the previous year</b>   |      |                            |
| Review  | Date | Participants Name and Post |
| Annual  |      |                            |
| First Quarter   |      |                            |
| Second Quarter  |      |                            |
| Third Quarter   |      |                            |

## Section VII: Summary

| Issues identified/discussed during the visit | Actions taken during the visit | Actions to be taken |                   |
|--|--------------------------------|---------------------|-------------------|
|  |                                | Actions             | by whom & by when |
|  |                                |                     |                   |
|  |                                |                     |                   |
|  |                                |                     |                   |
|  |                                |                     |                   |
|  |                                |                     |                   |

Other comments/remarks:

**MS/DMO/MOIC:**

Signature:

Date:

**MO/NCD:**

Signature:

Date:

**RDHS:**

Signature:

Date: