



मनोज झालानी
Manoj Jhalani

अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Additional Secretary & Mission Director (NHM)



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NIRMAN BHAVAN, NEW DELHI - 110011

D.O. No.: T-18012/03/2018-TB
Dated the 27th of June 2018

Dear Mission Director,

As you are aware, the Operational Guidelines for Screening, Prevention, Management and Control of common Non-Communicable Diseases were launched in 2016. The first step to the screening was the completion of a Community Based Assessment Check list (CBAC) by ASHA who is expected to administer it to all individuals over thirty years of age in her population.

2. The use of the CBAC was expected to increase community awareness on the benefits of regular screening, serve as memory trigger and job aid for the ASHA to enable her to undertake counselling and health education on risk factors for common NCDs, to enable her to motivate those who had one or more risk factors to undergo screening.

3. Efforts are underway to convert the CBAC into a digital format so that as and when ASHA begin to receive IT devices, (in the first phase this would be in areas where Health and Wellness Centres are being made operational) the results of the CBAC can be easily collated, and allow for improved continuum of care.

4. As you know Tuberculosis and Leprosy have both been targeted for elimination. It is necessary to undertake community-based screening from the point of view of co-morbidity and to reach last mile populations for active case finding. Also, since ASHA is entitled to incentives for TB and leprosy, inclusion of these questions will aid her in identification and referral of cases. The revised CBAC form is attached herewith.

5. You are requested to ensure communication of revised CBAC form to all concerned stakeholders. The ASHA, ASHA facilitator and MPWs can be re-oriented to this version during the monthly PHC meetings.

With regards,

Encl.: As Above

Yours sincerely,

(Manoj Jhalani)

Mission Directors – NHM of All States/UTs

1. Joint Secretary (Policy), Joint Secretary (VS), MoHFW
2. Additional Chief Secretary / Principle Secretary / Secretary (Health and FW) – All States/UTs
3. ED, NHSRC
4. Directors – Public Health of all States / UTs



(ManojJhalani)

Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs and Tuberculosis (TB)

General Information	
Name of ASHA	Village
Name of MPW/ANM	Sub Centre
PHC	Date
Personal Details	
Name	Any Identifier (Aadhar Card, UID, Voter ID)
Age	State Health Insurance Schemes: (Y/N) _____
Sex	Telephone No.
Address	

Part A: Risk Assessment				
<i>Question</i>	<i>Range</i>	<i>Circle Any</i>	<i>Write Score</i>	
1. What is your age? (in complete years)	30-39 years	0		
	40-49 years	1		
	≥ 50 years	2		
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never	0		
	Used to consume in the past/ Sometimes now	1		
	Daily	2		
3. Do you consume alcohol daily	No	0		
	Yes	1		
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less		0
	81-90 cm	91-100 cm		1
	More than 90 cm	More than 100 cm		2
5. Do you undertake any physical activities for minimum of 150 minutes in a week?	At least 150 minutes in a week	0		
	Less than 150 minutes in a week	1		
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0		
	Yes	2		
Total Score				
A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritized for attending the weekly NCD day				

Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	Yes/No		Yes/No
Shortness of breath		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Ulcers/patch/growth in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any change in the tone of your voice	
Loss of weight*		Any patch or discoloration on skin	
Night Sweats*		Difficulty in holding objects with fingers	
Are you currently taking anti-TB drugs**		Loss of sensation for Cold/Hot objects in in palm or sole	
Anyone in family currently suffering from TB**			
History of TB *			
B2: Women only	Yes/No		Yes/No
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
<i>In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available</i>			
<i>*If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing center</i>			
<i>** If the answer is yes, tracing of all family members to be done by ANM/MPW</i>			

Part C: Circle all that Apply
Type of Fuel used for cooking – Firewood/Crop Residue/ Cow dung cake/Coal/Kerosene
Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.