

Figure 1 Noncommunicable disease primary care facility-based patient and programme monitoring framework

□ CORE ■ OPTIONAL

	Programme determinants	Service delivery			Programme objectives
	Inputs/Processes	Outputs			Outcomes
	SYSTEM CAPACITY AND MANAGEMENT	EARLY DETECTION AND DIAGNOSIS	TREATMENT	COMPLICATION ASSESSMENT	DISEASE CONTROL
HYPERTENSION AND CARDIOVASCULAR DISEASES	<ul style="list-style-type: none"> □ Availability of hypertension core medicines □ Availability of cardiovascular disease core medicines □ Availability of a functional blood pressure measuring device 	<ul style="list-style-type: none"> ■ Assessment of CVD risk (aged ≥40) ■ Screening for hypertension among adults as part of routine service ■ Hypertension detection from opportunistic screening 		<ul style="list-style-type: none"> ■ Assessment for chronic kidney disease among people newly diagnosed with hypertension ■ Assessment of cardiovascular disease risk among people with hypertension 	<ul style="list-style-type: none"> □ Blood pressure control among people with hypertension ■ Blood pressure control among people with hypertension (follow-up)
DIABETES	<ul style="list-style-type: none"> □ Availability of diabetes core medicines □ Availability of plasma glucose testing □ Availability of Hemoglobin A1c (HbA1C) testing 		<ul style="list-style-type: none"> ■ Pharmacological treatment among people with diabetes ■ Statin therapy among people with diabetes ■ Pharmacological treatment for chronic kidney disease among people with diabetes ■ Pharmacological treatment for hypertension among people with diabetes 	<ul style="list-style-type: none"> ■ Assessment for diabetic chronic kidney disease among people with diabetes ■ Assessment for diabetic foot among people with diabetes ■ Referral for retinopathy screening among people with diabetes 	<ul style="list-style-type: none"> □ Glycaemic control among people with diabetes ■ Glycaemic control among people with diabetes (follow-up) ■ Chronic kidney disease among people with diabetes ■ Lower-limb amputation among people with diabetes
ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	<ul style="list-style-type: none"> □ Availability of asthma core medicines □ Availability of chronic obstructive pulmonary disease core medicines ■ Availability of peak flow meter and mouthpiece 	<ul style="list-style-type: none"> ■ Asthma diagnosis using peak flow measurement ■ Chronic obstructive pulmonary disease diagnosis using peak flow measurement 	<ul style="list-style-type: none"> ■ Treatment among people with asthma ■ Treatment among people with chronic obstructive pulmonary disease 		<ul style="list-style-type: none"> □ Asthma control □ Chronic obstructive pulmonary disease control ■ Emergency visit among people with asthma ■ Emergency visit among people with chronic obstructive pulmonary disease (COPD)
BREAST CANCER		<ul style="list-style-type: none"> □ Clinical breast evaluation for early diagnosis of breast cancer among women aged 30–49 years with signs and/or symptoms associated with breast cancer at the facility □ Timeliness of referral for breast cancer diagnosis among women aged 30–49 years with associated signs and/or symptoms of breast cancer who had suspicious findings from clinical breast evaluation ■ Referral for mammography screening among women aged 50–69 years ■ Timeliness of breast cancer confirmatory diagnosis among women aged 30–49 years with suspicious findings from clinical breast evaluation 	<ul style="list-style-type: none"> ■ Timeliness of breast cancer treatment among women aged 30–49 years with suspicious findings from clinical breast evaluation 		
CERVICAL CANCER	<ul style="list-style-type: none"> □ Availability of Human papillomavirus testing ■ Availability of Pap smear testing ■ Availability of visual inspection with acetic acid testing 	<ul style="list-style-type: none"> □ Cervical cancer screening with high performance test among women aged 30–49 years □ Cervical cancer screening among women aged 30–49 years □ Cervical cancer screening test positivity among women aged 30–49 years ■ Cervical cancer rescreening among women aged 30–49 years 	<ul style="list-style-type: none"> ■ Timeliness of referral for cervical cancer diagnosis among women aged 30–49 years with suspicious findings from cervical cancer screening 		
CANCER/CHILD HOOD		<ul style="list-style-type: none"> □ Clinical evaluation for early diagnosis of childhood cancer among children with signs and/or symptoms associated with cancer □ Timeliness of referral for childhood cancer diagnosis among children with associated signs and/or symptoms of childhood cancer who had suspicious findings from clinical evaluation 			
GENERAL CANCERS		<ul style="list-style-type: none"> □ Clinical evaluation for early diagnosis of cancer among people with signs and/or symptoms associated with cancer □ Timeliness of referral for cancer diagnosis among people with associated signs and/or symptoms of cancer who had suspicious findings from clinical evaluation 			
CROSS-CUTTING	<ul style="list-style-type: none"> ■ Availability of trained staff ■ Completeness and timeliness of reporting of health facilities ■ Facilities receiving supervision visit 	<div> <div></div> <div>■ Loss to follow-up</div> <div></div> </div>			

Data sources: routine facility reporting systems; patient information systems/electronic medical records; logistic management information systems; health workforce information systems; health facility assessments/surveys