NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन
हिमाचल प्रदेश

मानव सेवा
स्वास्थ्य एवं परिवार कल्याण विभाग, हिमाचल प्रदेश

STANDARD OPERATING PROCEDURE FOR REPORTING MECHANISM

NP-NCD

AUGUST 2026

STANDARD OPERATING PROCEDURE FOR REPORTING MECHANISM UNDER NP-NCD

1. Purpose

To ensure timely, complete, accurate and authentic reporting of screening, diagnosis, treatment, follow-up and control under NP-NCD, including newly introduced components.

2. Scope of Reporting

A. Data to be extracted from NP-NCD Portal

- Diabetes Mellitus
- Hypertension
- Oral, Breast and Cervical Cancer
- Screening, diagnosis/registered, treatment, follow-up and control.

B. Data to be reported manually in prescribed formats

- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- ST-Elevation Myocardial Infarction (STEMI)
- Stroke
- Non-Alcoholic Fatty Liver Disease (NAFLD)

The manually reported data shall be based on verified patient records, registers, investigation reports, referral records and treatment records. Unverified or duplicate cases shall not be included.

3.Reporting flow and timeline

Ser. No.	Reporting Level	Reporting Form	Data Source	Submitted By	Submitted To	Timeline
1	SC/HWC	**Form 1 – NCD Data**	NP-NCD Portal + facility records for new components	CHO/MPWs	MO, PHC	Monthly PHC meeting
2	PHC	**Form 2A – PHC NCD Report**	Portal data + verified CKD/STEMI/Stroke/ NAFLD data	MO	BMO	Monthly Block meeting
3	PHC	**Form 2B – PHC Compilation Report**	Compilation of Form 1 and facility records	MO	BMO	Monthly Block meeting
4	CHC/CH	**Form 3A – CHC NCD Cell Report**	Portal data + verified reporting formats	In-charge of CHC/CH	DPO-NCD	Monthly District meeting
5	BMO	**Form 3B – Block Compilation Report**	Compilation of Form 2B and other block-level reports	BMO	DPO-NCD	Monthly District meeting
6	DH/NCD Clinic/Nirog Clinic	**Form 4 – Facility Report**	Facility records and prescribed reporting formats	DEO/SN of Nirog Clinic	DPO-NCD	Monthly District meeting
7	District NCD Cell	**Form 5A – District NCD Cell Report**	Compilation of Forms 2A, 3A & 4	DPO-NCD	State NCD Cell	Within one week of District meeting
8	District NCD Cell	**Form 5B – District Screening Compilation Report**	Compilation of all Form 3B reports	DPO-NCD	State NCD Cell	Within one week of District meeting

4. Data Reporting and Validation

a. **Diabetes, Hypertension and Oral/Breast/Cervical Cancer:** Screening, diagnosis/registration, treatment, follow-up and control data shall be taken from the NP-NCD Portal.
b. **CKD, COPD, STEMI, Stroke and NAFLD:** Data shall be entered in the prescribed formats based on authentic and verifiable facility records.
c. Data shall be reconciled with source records/portal before submission and checked for completeness, consistency and duplication.
d. **Nil reporting shall be submitted** where applicable.
e. Any correction in submitted data shall be made only after verification from source records and communicated to the next reporting level.
f. The concerned reporting officer shall be responsible for the accuracy and authenticity of the submitted data.

5. Responsibilities

CHOs/MPWs: Maintain records and submit Form 1 to the MO, PHC.

MO, PHC: Verify portal/source data and submit Forms 2A & 2B.

MOIC CHC/CH: Validate PHC/CHC data and submit Forms 3A.

BMO: Validate CHC/CH data and submit Forms 3B.

DEO/SN of Nirog Clinic at DH: Submit Form 4.

DPO-NCD: Compile, validate and reconcile district data; submit Forms 5A & 5B and follow up on discrepancies/delays.

State NCD Cell: Review district reports, conduct data-quality checks and provide feedback/follow-up.

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