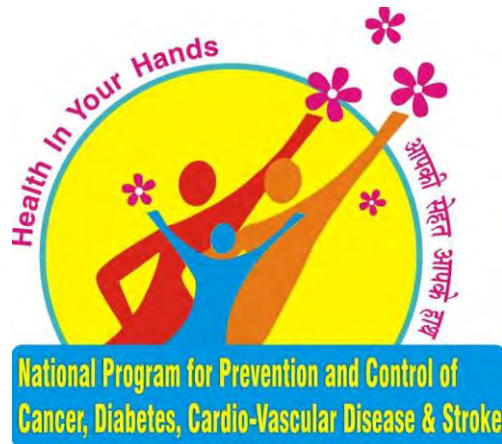


**NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF  
CANCER, DIABETES, CARDIOVASCULAR DISEASES & STROKE  
(NPCDCS)**



**OPERATIONAL GUIDELINES  
(REVISED: 2013-17)**



**Directorate General of Health Services  
Ministry of Health & Family welfare  
Government Of India  
2013**

# 1. POLICY & STRATEGIC FRAMEWORK FOR IMPLEMENTATION

## 1.1 Introduction

In 2008, out of the 57 million global deaths, 36 million deaths, or 63%, were due to NCDs, principally cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. Nearly 80% of NCD deaths occur in low-and middle-income countries. It is projected that globally NCDs will account for nearly 44 million deaths in 2020. The leading causes of NCD deaths in 2008 were: cardiovascular diseases (17 million deaths, or 48% of NCD deaths); cancers (7.6 million, or 21% of NCD deaths); respiratory diseases, including asthma and chronic obstructive pulmonary disease (COPD), (4.2 million) and diabetes (1.3 million deaths). NCDs kill at a younger age in low- and middle-income countries, where 29% of NCD deaths occur among people under the age of 60, compared to 13% in high-income countries. (*Global status report on non-communicable diseases 2010*)

In India, the estimated deaths due to NCDs in 2008 were 5.3 million (*World Health Organization - NCD Country Profiles, 2011*). The overall prevalence of diabetes, hypertension, Ischemic Heart Diseases (IHD) and stroke in India is 62.47, 159.46, 37.00 and 1.54 respectively per 1000 population. (*Indian council for Medical Research, 2006*).

Based on National Cancer Registry Programme (NCRP) of Indian Council of Medical Research (ICMR), it is estimated that there are about 28 lakh cases of different type of Cancers in the country with occurrence of about 11 lakh new cases and about 5 lakh deaths annually. The common cancers are breast, cervical and oral cancer.

## 1.2 Major risk factors to NCDs

Most NCDs are strongly associated and causally linked with following four major behaviour risk factors:

Tobacco use

Physical inactivity

Unhealthy diet including high intake of salt, Sugar & Transfats and low intake of fruits & vegetables

Harmful use of alcohol

The other risk factors include stress and household air pollution.

If the above behavioural risk factors are not being managed /modified then they may lead to following biological risk factors:

Over weight/obesity

High blood pressure

Raised blood sugar

Raised total cholesterol/lipids

The other non-modifiable risk factors such as age, sex and heredity are also associated with the occurrence of NCDs.

States implementing NPCDCS have already initiated some of the activities for prevention and control of non-communicable diseases (NCDs) especially cancer, diabetes, CVDs and stroke. The Central Government is supplementing their efforts by providing technical, financial and logistics support through National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS).

The Government of India launched a flagship programme called the NHM in 2005 with the objective of expanding access to quality health care to rural populations by undertaking architectural corrections in the institutional mechanism for health care delivery. The crucial strategies under NHM have been the integration of Family Welfare and National Disease Control Programmes under an umbrella approach for optimization of resources and manpower; strengthening of outreach services by incorporation of village health worker called ASHA; efforts for communitization of services through formation of Health and Sanitation Committees at village, block and district level; registering Rogi Kalyan Samities for improving hospital management; strengthening and upgrading the public health infrastructure to Indian Public Health Standards (IPHS); and consolidation of the District Level Programme Management Unit through the induction of professionals.

On 1st May 2013, National Urban Health Mission (NUHM) was launched as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NHM) being the other Sub-mission of National Health Mission.

The NPCDCS aims at integration of NCD interventions in the NHM framework for optimization of scarce resources and provision of seamless services to the end customer / patients as also for ensuring long term sustainability of interventions. Thus, the institutionalization of NPCDCS at district level within the District Health Society, sharing administrative and financial structure of NHM becomes a crucial programme strategy for NPCDCS. The NCD cell at various levels will ensure implementation and supervision of the programme activities related to health promotion, early diagnosis, treatment and referral, and further facilitates partnership with laboratories for early diagnosis in the private sector. Simultaneously, it will attempt to create a wider knowledge base in the community for effective prevention, detection, referrals and treatment strategies through convergence / linkage with the ongoing interventions of National Health Mission (NHM) including National Tobacco Control Programme (NTCP), National Mental health Programme and National Programme for Health Care of Elderly (NPHCE) for NCDs and convergence with other programmes dealing with (i) communicable diseases like TB, (ii) RCH, (iii) Adolescent /School Health etc. and build a strong

monitoring and evaluation system through the public health infrastructure.

### **1.3 Objectives of NPCDCS**

Health promotion through behavior change with involvement of community, civil society, community based organizations, media etc.

Opportunistic screening at all levels in the health care delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers. Outreach camps are also envisaged.

To prevent and control chronic Non-Communicable diseases, especially Cancer, Diabetes, CVDs and Stroke.

To build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation.

To support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.

To support for development of database of NCDs through Surveillance System and to monitor NCD morbidity and mortality and risk factors.

### **1.4 Strategy**

Health promotion, awareness generation and promotion of healthy lifestyle

Screening and early detection

Timely, affordable and accurate diagnosis

Access to affordable treatment,

Rehabilitation

During the 12<sup>th</sup> FYP, while the coverage is proposed to be pan India, the focus of the programme is on health promotion, prevention, detection, treatment and rehabilitative services at decentralized level up to district hospital under the overall umbrella of National Health Mission for primary and secondary level health care services.

The programme division at the national level will develop broad guidelines and strategy for implementation of different components of the programme. The States may adopt and modify these guidelines as per their need and circumstances for implementation of the programme. Involvement of community, civil society and private sector partnership would be vital, and suitable guidelines would be made for the same.

#### **1.4.1 Health Promotion**

Given that the major determinants to hypertension, obesity, high blood glucose and high blood lipid levels are unhealthy diet, physical inactivity, stress and

consumption of tobacco and alcohol, awareness will be generated in the community to promote healthy life style habits. For such awareness generation and community education, various strategies will be devised /formulated for behavior change and communication by inter personal communication (IPC), involvement of various categories of mass media, civil society, community based organization, panchayats/local bodies, other government departments and private sector. The focus of health promotion activities will be on:

- Increased intake of healthy foods
- Salt reduction
- Increased physical activity/regular exercise
- Avoidance of tobacco and alcohol
- Reduction of obesity
- Stress management
- Awareness about warning signs of cancer etc.
- Regular health check-up

#### **1.4.2 Screening, diagnosis and treatment**

Screening and early detection of non-communicable diseases especially diabetes, high blood pressure and common cancers would be an important component. The suspected cases will be referred to higher health facilities for further diagnosis and treatment

Common cancers (breast, cervical and oral ), diabetes and high blood pressure screening of target population (age 30 years and above,) will be conducted either through opportunistic and/or camp approach at different levels of health facilities and also in urban slums of large cities.

The screening of the urban slum population would be carried out by the local government/municipalities in cities with population of more than 1 million.

The ANMs will be trained for conducting screening so that the same can be also conducted at sub centre level. Each district will be linked to nearby tertiary cancer care (TCC) facilities to provide referral and outreach services. The suspected cases will be referred to District Hospital and tertiary cancer care (TCC) facilities.

For screening of diabetes, support for Glucometers, Glucostrips and lancets may be provided to the state or rate contract may be utilised for this purpose. Efforts are being made to have rate contract at central level failing which it may be done by states themselves.

The common infrastructure/manpower envisaged can be utilized for early detection of cases, diagnosis, treatment, training and monitoring of different program such as National Program for Prevention Control of Cancer, Diabetes, CVDs and Stroke (NPCDCS), National Program for Health Care of Elderly

(NPHCE), National Tobacco Control Program (NTCP), National Mental Health Program (NMHP) etc.

### **1.4.3 Establishment/Strengthening of Health infrastructure**

Community health centers and district hospitals would be supported for prevention, early detection and management of Cancer, Diabetes, Cardiovascular Diseases and Stroke. Support would be provided for establishing NCD clinics and strengthening laboratory at Community health centers and district hospitals.

In order to provide cardiac care and cancer care at district level, the districts not having Medical College hospitals and not covered under Scheme for Upgradation of District Hospitals to Medical College hospitals, would be provided financial assistance for establishing at least 4 bedded cardiac care unit. This includes provision for renovation and purchase of equipments such as ventilators, monitors, defibrillator, CCU beds, portable ECG machine and pulse oxymeter etc. for cardiac care and chemotherapy beds for . Financial support for the essential contractual staff such as doctors and nurses at these units would also be provided under the programme.

The contractual manpower at district level will be utilized for NCD Clinic and CCU as well as for day care Chemotherapy unit. The contractual manpower provided at CHC level will be utilized to run the NCD Clinic.

The details of establishment/strengthening of health infrastructure are given separately along with details of manpower on contract at Sub Centre, PHC, CHC, district NCD Clinic and district CCU/ICU and cancer care units.

### **1.4.4 Human Resource development**

Under NPCDCS, health professionals and health care providers at various levels of health care would be trained for health promotion, NCD prevention, early detection and management of Cancer, Diabetes, CVDs and Stroke. For imparting training both for the programme management and for specialized training for diagnosis, treatment of cancer, diabetes, CVDs and strokes, the nodal agency/agencies will be identified to develop the training material, organize training of health care providers at different levels and for monitoring the quality of the training. Structures Training programmes will be developed to provide quality training with appropriate curriculum to various category of staff.

### **1.4.5 Miscellaneous services:**

Financial support would be provided to district and CHC/FRU/PHC for procurement of screening devices , essential drugs, consumables, transport of referral cases as per the details annexed for treatment of Cancer, Diabetes, CVDs and Stroke.

#### **1.4.6 Outreach services:**

These services are proposed to be provided periodically in the programme districts in collaboration with tertiary care hospitals / institutes for early detection of common cancers, diabetes, CVDs and stroke.

#### **1.4.7 Integration with AYUSH:**

AYUSH doctors can play an important role in prevention and control of NCDs through primary health care network. They can be involved in health promotion activities through behavior change, counseling of patients and their relatives on healthy lifestyle (healthy diet, physical activity, salt reduction, avoidance of alcohol and tobacco) meditation, Yoga, opportunistic screening for early detection of non-communicable diseases and their risk factors, and treatment using Indigenous System of Medicines. The AYUSH practitioner can supplement the efforts to operationalizing these activities and thus need to be integrated with the National NCD prevention and control programs especially NPCDCS.

#### **1.4.8 Public private partnership:**

It is proposed to involve NGOs, civil society and private sector in health promotion, early diagnosis and treatment of common NCDs through appropriate guidelines as per the need at Central, State, District levels and below.

#### **1.4.9 Research and surveillance**

Support would be given to States and Institutes for surveillance & research on NCDs. Emphasis would be given on creating database, applied and operational research related to the programme. Survey for risk factors for NCDs would be conducted at frequency and by methods decided by experts.

Cancer registry programme of ICMR would be supported for having a data base for cancer cases in the country including rural areas. Registries for other NCDs can also be considered in due course of time.

#### **1.4.10 Monitoring & evaluation**

Monitoring and evaluation of the programme would be carried out at different levels through NCD cells, reports, regular visits to the field and periodic review meetings. National, State and District NCD Cell would be established/strengthened to monitor and supervise the programme by providing the support for contractual manpower, establishment of physical infrastructure and for field visits, contingencies etc. Management Information System (MIS) would be developed for capturing and analysis of data.

The strategies proposed will be implemented in all States /UTs covering all

### **Packages of services to be made at different levels under NPCDCS**

districts in the country and will be implemented at secondary and primary levels of health delivery system.

The guidelines on operational aspects and financial norms of the programme have been given in details to facilitate the effective implementation of the programme.

## **OPERATIONAL GUIDELINES**

### **2.1 Package of Services**

It is envisaged providing preventive, promotive, curative and supportive services (core and integrated services) in Cancer, Diabetes, Cardio-Vascular Diseases (CVD) & Stroke at various government health facilities.

The package of services would depend on the level of health facility and may vary from facility to facility. The range of services will include health promotion, psycho-social counselling, management (out-and-in-patient), day care services, home based care and palliative care as well as referral for specialized services as needed. Linkages of District Hospitals to private laboratories and NGOs will help to provide the additional components of continuum of care and support for outreach services. The district may be linked to tertiary cancer care health facilities for providing comprehensive and advanced secondary care.

The Non-Communicable Diseases are expensive to treat. National strategies have to focus on prevention and health promotion as key to reduce disease burden. Health education programme that promote exercise, weight reduction, early diagnosis, screening are some of the key interventions that need to be promoted at various levels of health facilities.

The services under the programme would be integrated below district level and will be integral part of existing primary health care delivery system, and vertical at district and above as more specialized health care are needed both for cancer component and diabetes, CVD, and stroke.



Health Facility	Packages of services
Sub centre	Health promotion for behavior change and counseling 'Opportunistic' Screening of Diabetes using glucometer kits and Blood Pressure measurement. Awareness generation of early warning signals of common cancer Referral of suspected cases to CHC/ nearby health facility
PHC	Health promotion for behavior change and counseling 'Opportunistic' Screening of Diabetes using glucometer kits and Blood Pressure measurement. Clinical diagnosis and treatment of common CVDs including Hypertension and Diabetes Identification of early warning signals of common cancer Referral of suspected cases to CHC
CHC/FRU	Prevention and health promotion including counseling Early diagnosis through clinical and laboratory investigations Management of common CVDs, diabetes and stroke cases Lab. investigations and Diagnostics: Blood sugar, Total Cholesterol ,Lipid Profile, Blood Urea, XR, ECG,USG (To be outsourced, if not available) 'Opportunistic' Screening of common cancers (Oral, Breast and Cervix) Referral of complicated cases to District Hospital/higher health care facility
District Hospital	Diagnosis and management of cases of CVDs, Diabetes, Stroke and Cancer (outpatient, inpatient and intensive Care ) including emergency services particularly for Myocardial Infarction & Stroke. Lab. investigations and Diagnostics: Blood sugar, Lipid Profile, KFT, XR, ECG,USG ECHO, CT Scan, MRI etc (To be outsourced, if not available) Referral of complicated cases to higher health care facility Health promotion for behavior change and counseling 'Opportunistic' Screening of NCDs including common cancers(Oral, Breast and Cervix) Follow up chemotherapy in cancer cases Rehabilitation and physiotherapy services
Medical College	Mentoring of District Hospitals Early diagnosis and management of Cancer, Diabetes, CVDs and other associated illnesses Training of health personnel Operational Research
Tertiary Cancer Centre	Mentoring of District Hospital and outreach activities Comprehensive cancer care including prevention, early detection, diagnosis, treatment, palliative care and rehabilitation Training of health personnel Operational Research

### Expected Outcomes:

The programmes and interventions would establish a comprehensive sustainable system for reducing rapid rise of NCDs, disability as well as deaths due to NCDs.

Broadly, following outcomes are expected at the end of the 12th Plan:

Early detection and timely treatment leading to increase in cure rate and survival  
Reduction in exposure to risk factors, life style changes leading to reduction in NCDs  
Improved quality of life  
Reduction in prevalence of physical disabilities including blindness and deafness  
Providing user friendly health services to the elderly population of the country  
Reduction in deaths and disability due to trauma, burns and disasters  
Reduction in out-of-pocket expenditure on management of NCDs and thereby preventing catastrophic implication on affected individual

### Key Monitoring Indicators and Targets (wherever applicable) for each Programme:

<b>Cancer</b>			
<b>S.No.</b>	<b>Monitoring Indicators</b>	<b>Status by March 2012</b>	<b>Target by March 2017</b>
	National Cancer Institutes established	0	2
	No. of State Cancer Institutes established	0	20
	No. of Tertiary Care Cancer Centres supported and functioning	0	50
	No. of districts providing day care facilities for chemotherapy in District Hospitals	-	Atleast 25% of Districts
	No. of institutes networking on Cancer Registry	27	70

<b>Prevention and Control of Diabetes, CVD &amp; Stroke</b>			
<b>S.No.</b>	<b>Monitoring Indicators A30</b>	<b>Status by March 2012</b>	<b>Target by March 2017</b>
	No. of NCD Clinics set up in District Hospitals	100	640
	No. of NCD Clinic at SDH/CHC/PHCs	800	2500
	No. of State NCD Cells established	21	35
	No. of District NCD Cells established and functioning	100	640
	No. of districts providing CCU facilities in District Hospitals	-	Atleast 25%

## **2.2 Institutional framework for the implementation of NPCDCS activities**

The Sixteenth meeting of the Empowered Programme Committee (EPC) of National Health Mission (NHM) was held on 3<sup>rd</sup> April 2013.

It has now been decided NCDs which were operating as separate vertical programmes are to be funded under a common NCD flexi-pool for interventions upto the district level (and below). The States/UTs while formulating their interventions for NCDs upto the District level, would specifically incorporate the same in the State NHM PIP. The flexi-pool allows state with sufficient flexibility in providing funds to various components within overall NCD allocation. The states are permitted to re-assigned funds among the various components to a curtailed extent after obtaining approval from Govt. of India.

Activities permissible under NCD flexi-pool:

1. NCD control at the primary and secondary levels upto the district hospitals.
2. Prevention and promotion activities for NCDs.
3. Proposal for screening, case detection and follow up.
4. Proposal which provide synergies between NCD control and already existing activities under the mission such as screening of pregnant women for diabetes and hypertension.
5. Innovations for NCD control.
6. IEC and BCC activities.
7. Any other NCD related initiatives proposed by the states as per their felt needs.

Tertiary health care activities would, however, is taken up separately outside the purview of NHM.

### **2.2.1 Program Structure-Integration with NHM:**

Financial management group (FMG) of Programme Management support units at state and district level, which is established under NHM, will be responsible for financial management (maintenance of accounts, release of funds, expenditure reports, utilization certificates and audit arrangements).

Funds from Government of India will be released to the State Health Society. State Health Society will retain funds for state level activity and release GIA to the District Health Societies. NPCDCS would operate through NCD cells under the programme constituted at State and District levels. Funds from Health Society will be transferred to the Bank accounts of the NCD cell after requisite approvals at appropriate stage. This system will ensure both convergence as well as independence in achieving programme goals through specific interventions.

It is envisaged to merge the programme at State and District into the SHS and

DHS respectively in order to ensure sustaining the current momentum and continued focus.

### **State Health Society (SHS):**

Under the NHM framework different Societies of national programmes such as Reproductive and Child Health Programme, Malaria, TB, Leprosy, National Blindness Control Programme have been merged into a common State Health Society is chaired by Chief Secretary/Development Commissioner. Principal/Secretary (Health & Family Welfare) is the vice chairperson and mission director is the Member -Secretary of the State Health Society.

### **District Health Society (DHS)**

At the district level all programme societies have been merged into the District Health Society (DHS). The Governing Body of the DHS is chaired by the Chairman of the Zila Parishad / District Collector. The Executive Body is chaired by the District Collector (subject to State specific variations). The CMHO is the Member -Secretary of the District Health Society.

District health society will pass on the funds to the Rogi Kalyan Samities of Block level for the activities under the programme. District Health society will monitor the utilization of funds and submit quarterly financial management report (FMR) of the programme to State Health Society.

### **Technical Resource Groups**

To provide technical guidance, advice and review the progress of the programme for enhancing the quality of implementation of NPCDCS, national level committee and various other committees would be set up to provide technical support for the programme. States may also devise their own mechanisms for State specific technical support for issues related to NPCDCS.

## **2.3 Establishment/Strengthening of Health infrastructure**

### **2.3.1 Primary Health Centers and Sub Centres(PHCs & SCs)**

Following activities are proposed to be conducted at SC with existing Health infrastructure:

1. Health promotion for behavior change and counseling
2. 'Opportunistic' Screening of Diabetes using glucometer kits and Blood Pressure measurement.
3. Follow up of common CVDs including Hypertension and Diabetes
4. Identification of early warning signals of common cancer
5. Referral of suspected cases to CHC Referral of suspected cases to CHC

In addition to above, PHC will also undertake following activity:

1. Clinical diagnosis, treatment and follow up of common CVDs including Hypertension and Diabetes.

### **2.3.2 Community Health Centers (CHCs)**

Under NPDCS, support will be provided to the CHC/FRU to establish a 'NCD clinic' (NCD here refers to Cancer, Diabetes, Hypertension, cardiovascular diseases and stroke and associated illnesses) where comprehensive examination of patients referred by the Health Worker as well as reporting directly will be conducted for early diagnosis and treatment.

Priority would be given to First Referral Units (FRUs) (approx. 2315) to be strengthened for screening of common cancers, (oral, breast and cervix), NCD clinic, laboratory investigations and referral services. CHCs which were undertaken during 11<sup>th</sup> plan will also continue as referral unit.

Each CHC will be supported with contractual staff provided under the programme. Funds would be provided for transport of referral cases and consumables etc.

### **2.3.3 District Hospital**

District hospital would be strengthened /upgraded for management of Cancer, Diabetes, Cardiovascular Disease and Stroke (DCS). Support would be provided for non-recurring and recurring costs, where non-recurring grants would be for equipments, renovation and laboratory strengthening while recurring grants would be towards the remuneration of staff, drugs and IEC etc.

### **2.3.4 NCD clinic:**

All districts will have regular NCD clinic for screening, management, and counseling and awareness generation etc. for non-communicable diseases. (NCD, here refers to Cancer, Diabetes, Hypertension, Cardiovascular diseases, COPD, CKD and Stroke and associated illnesses) where comprehensive examination of patients referred by lower health facility /Health Worker as well as of those reporting directly will be conducted for ruling out complications or advanced stages of common NCDs.

Specific intervention for Rheumatic fever / Rheumatic heart diseases for creation of public awareness, re-orientation of primary health care providers for early detection and referral will be an important part of NCD Clinic.

### **2.3.5 Cardiac Care unit:**

4 bedded Cardiac Care Unit (CCU) will be established / strengthened in identified district hospitals, wherever it is feasible, as per availability of space and

requirement. This unit will be supported by human resource recruited for NCD clinic on contract basis apart from the contractual manpower for CCU (remaining Human Resource would be provided by state). Special training will be given to health professionals and nurses in handling the patients in CCU. The districts will be supported with certain essential drug list including TPA (Tissue Plasminogen Activator) for stroke patients. All district hospitals will have support for diagnostic facilities, in case the facility is not available in the district hospital, these investigations may be outsourced in Public Private Partnership (PPP) model /pattern or as per state policy/practice.

### **2.3.6 Support for cancer:**

For diagnosis of common cancers, District hospitals will use existing diagnostic facilities. In case any of the facility is not available in the district hospital, the same may be outsourced, as per state policy/practice. The suspected cases / diagnosed cases may be referred to concerned TCCC for further management. Efforts should be made that subsequent treatment and follow up of cases should be undertaken at district hospital itself for minimum discomfort to patients. The support for chemotherapy drugs should be provided as per the policy of, and the mechanism laid down by respective State Governments. State shall ensure the availability of required human resource at district hospital for Cancer care (Gynecologist, Physician, General surgeon/ENT Surgeon and two nurses), which are even otherwise supposed to be placed in district hospital.

### **2.3.7 Laboratory strengthening:**

Laboratory services at district hospital will be supported to provide necessary investigations for cancer, diabetes, hypertension and cardiovascular diseases. District hospital may outsource certain laboratory investigations that are not part of IPHS standards and are not available at the facility. The District Hospital shall display the list of Laboratories in which these investigations would be outsourced.

## **2.4 Management Structure:**

### **Composition of National NCD Cell:**

National NCD Cell will be established in the Directorate General of Health Services. The National NCD Cell will be responsible for planning, providing overall guidance to States /UTs for implementation, monitoring and evaluation of the different activities, and achievement of physical and financial targets planned under the programme.

The Deputy Director General and Addl. Deputy Director Generals in DGHS will be assisted by following contractual staff in National NCD Cell:

1. National Programme Coordinator'
2. Epidemiologist
3. Consultant (Training)
4. Consultant (Monitoring & Evaluation)
5. Consultant (Public Health) – 2
6. Consultant (Health Promotion / IEC) – 2
7. Consultant (Management Information System)
8. Consultant Finance & Logistricks
9. Accountant
10. Logistic Manager
11. Data Analyst – 2
12. Data Entry Operators - 7
13. Public Health Consultant (state based) - 23

**Role and responsibilities of the National NCD Cell is as under:**

1. Nodal body to roll out NPCDCS in the country
2. Plan, Coordinate, and Monitor all the activities at National and State level.
3. Develop operational guidelines, Standard Operating Procedures (SOP), Training modules, Quality benchmarks, Monitoring and reporting systems and tools.
4. Monitoring and evaluation of the programme through HMIS, Review meetings, Field observations, surveillance, operational research and evaluation studies.
5. Prepare National Training Plan: Curriculum, Training resource centres, training modules and organize national level training programmes
6. Procurement of equipment and supplies for items to be provided as commodity assistance;
7. Release of funds and monitoring of expenditure

**2.4.2 State NCD cell**

State NCD Cell will be established preferably in the Directorate of Health Services or any other space provided by the State Government. The NCD Cell will be responsible for overall planning, implementation, monitoring and evaluation of the different activities, and achievement of physical and financial targets planned under the programme in the State.

A senior level officer from the Health services will be designated by State Government as State Nodal Officer. The State NCD Cell functions under the overall supervision of State Nodal Officer and will be supported by the identified officers from the State Directorate of Health Services and contractual staff hired under NPCDCS.

**Composition:** State NCD Cell will have following contractual staff under NPCDCS :



1. State Programme Officer – 1.
2. State Programme Coordinator – 1.
3. Finance cum Logistics Consultant – 1.
4. Data Entry Operator – 1.

The Terms of Reference of these posts are enclosed.

**Role and responsibilities of the State NCD Cell is as under:**

1. Preparation of State action plan for implementation of NPCDCS strategies.
2. Develop district wise information of NCD diseases including cancer, diabetes, cardiovascular disease and stroke through health facilities including sentinel sites.
3. Organize State & district level trainings for capacity building
4. Ensure appointment of contractual staff sanctioned for various facilities
5. Release of funds to districts for continuous flow of funds and submit Statement of Expenditure and Utilization Certificates
6. Maintaining State and District level data on physical, financial, epidemiological profile
7. Convergence with NHM activities and other related departments in the State / District
8. Ensure availability of palliative and rehabilitative services including oral morphine
9. Monitoring of the programme through HMIS, Review meetings, Field observations.
10. Public awareness regarding health promotion and prevention of NCDs through following approaches:
11. Development of communication messages for audio-visual and print media  
Distribution of pamphlets and hand-outs
12. Campaigns through mass media channels (electronic and print media)
13. Social mobilization through involvement of women's self-help groups, community leaders, NGOs etc.
14. Advocacy and public awareness through media (Street Plays, folk methods, wall paintings, hoardings etc.)
15. Flip charts to ground level workers for health education in the community.

**2.4.3 District NCD Cell**

The District NCD Cell will be established preferably in the vicinity of the District Hospital or any other space provided by District CMO.

The NCD Cell will be responsible for overall planning, implementation, monitoring and evaluation of the different activities and achievement of physical and financial targets planned under the programme in the District.

One officer will be designated by State Government as District Nodal Officer. The District NCD Cell functions under the overall supervision of District Nodal Officer and will be supported by the contractual staff hired under NPCDCS.

**Composition:** District NCD Cell will be supported by following contractual staff:

1. District Programme Officer – 1.
2. District Programme Coordinator – 1.
3. Finance cum Logistics Consultant – 1.
4. Data Entry Operator – 1.

Terms of Reference of these posts are enclosed.

### **Role and responsibilities of the District NCD Cell**

1. Preparation of District action plan for implementation of NPCDCS strategies.
2. Maintain and update district database of NCD diseases including cancer, diabetes, cardiovascular disease and stroke.
3. Conduct sub-district/ CHC level trainings for capacity building
4. Engage contractual personnel sanctioned for various facilities in the district
5. Maintain fund flow and submit financial reports to State NCD Cell.
6. Maintaining District level data on physical, financial, epidemiological progress
7. Convergence with NHM activities; and
8. convergence with the other related departments in the States/ District

## **2.5 Activities under NPCDCS at various levels**

### **2.5.1 Sub Centre**

Under the NPCDCS Sub Centers will perform following activities:

## **A. Health promotion:**

Behaviour and life style changes through health promotion is an important component of the programme at sub centre level and would be carried out by the front line health workers- ANM and (or) Male Health Worker. Various approaches can be used such as camp, interpersonal communication (IPC), posters, banners etc. to educate people at community/school/workplace settings. Camps may be organized for this activity in the village, on Village Health and Nutrition Days when the Health Worker goes to the village for immunization and other health services. During the camps/days these health workers will discuss the various aspects of healthy life style and its benefits with the target groups and motivate them to adopt healthy lifestyle and to practice regularly prevention of common NCDs. Key messages that need to be conveyed to the public include:

1. increased intake of healthy foods
2. increased physical activity through sports, exercise etc.;
3. avoidance of tobacco and alcohol;
4. stress management
5. warning signs of cancer etc.

## **B Opportunistic Screening**

During the camps/ designated day ANM and (or) Male Health Worker will record history of persons at and above the age of 30 years for alcohol and tobacco intake, physical activity, blood sugar and blood pressure. And will also record Body Mass Index (BMI) etc. For blood sugar measurement, glucometer , glucostrips and lancets will be provided to Health Worker. ANM and (or) Male Health Worker will be trained for such screening. Method for measurement of blood sugar by strip method and blood pressure is described in the following paragraph.

### **Method of Screening of Diabetes by Strip method**

Things Needed:

A glucometer

Test strips

A lancet

A notebook & pen

**Figure 4: Diabetic Check up**



### Step 1

Take out the glucometer and place on a flat surface

### Step 2

Remove a test strip from the container and place in the glucometer. One end will need to face the top of the glucometer; usually it has a darker colored line on it. This is where the blood will be placed for testing.

### Step 3

Turn on your glucometer.

### Step 4

Use a lancet to pierce the skin and obtain blood from the tip of a finger.

### Step 5

Place the blood sample on the test strip. The test strip package will have exact instructions, including blood sample size. Usually, this is accomplished by placing the blood drop against the edge or top of the strip.

### Step 6

Watch the glucometer screen. It should show a "waiting" or "processing" symbol, and will emit a beep when the sample has been tested. The results will be displayed as a number on the screen.

Record your test results in your notebook and pass this information to MO.

### Criteria for diagnosing Diabetes

Diagnosis	Fasting Glucose (mg/dl)	2-hour Post-Glucose Load (mg/dl)
Diabetes Mellitus	$\geq 126$	$\geq 200$
Impaired Glucose Tolerance	$< 110$	$>140$ to $<200$
Impaired Fasting Glucose	$\geq 110$ to $<126$	

*\*WHO Definition 1999*

**Criteria for suspected Diabetes case is reading of 140 mg/dl by glucostrip**

**The suspected case needs to undergo further tests to confirm the diabetes**

**Steps for measuring Blood pressure**

**Step 1.**

Rest the arm of the person on table so that the elbow of the person is parallel to heart. Wrap the blood pressure cuff around the arm slightly above the crease of forearm. Place the stethoscope on the crease of the forearm and pump the blood pressure cuff up to 160. The metal attachment on the side of the pump allows you to inflate and deflate the cuff.

**Step 2.**

Listen for two different sounds with the stethoscope as you slowly deflate the cuff. The first sound will be strong and the second sound lighter. At the start of each new sound, look at the reading on the cuff to see the numbers with the first and stronger sound representing the top systolic number and the second, softer sound is representing the diastolic number.

**Step 3.**

Repeat the blood pressure reading. Results will vary from arm to arm. Ideal blood pressure is 120/80. Take three or four readings and average the results.

**C. Referral**

ANM and (or) Male Health Worker will refer the suspected case of Diabetes and Hypertension to the CHC or higher Health Facility for further diagnosis and management.

**D. Data recording and reporting**

ANM and (or) Male Health Worker at Sub Centre will maintain in prescribed format (**Annexure I**):

Common Register of all the persons(>30 years) screened at sub centre / camps / VND / Health Melas or under any other activity.

Referral Card (**Annexure-II**) in duplicate one to be given to the patient (the suspected case >140 dl. /mg) and other to be retained at the subcentre for future reference and follow up.

Follow up Register of the confirmed patients for maintaining record of blood glucose at regular intervals, record of availability of basic medicines to the patient and record any complications of the patient related to Diabetes, Hypertension and Cancer

## **2.5.2 Activities at Community Health Centre**

Under NPCDCS , CHCs will taken up for implementation in 12th plan in phased manner. Each CHC shall establish a free 'NCD clinic' for comprehensive examination of patients referred from sub centre as well as reporting directly. The clinic shall run on all working days or at least thrice a week. Following activities will be performed by a CHC under the NPCDCS:

### **A. Screening**

Opportunistic screening of persons above the age of 30 years shall be carried out at CHC. Such screening will involve simple history(such as family history of Diabetes history of alcohol, tobacco consumption, dietary habits etc.) General Physical examination, calculation of BMI, blood pressure, blood sugar estimation etc.) to identify those individuals who are at a high risk of developing cancer, diabetes and CVD, warranting further investigation/ action.

### **B. Prevention and health promotion**

Apart from clinical services CHC shall be involved in promotion of healthy lifestyle through health education and counselling to the patients and their attendants at the time of their visit to health facility about the benefit in prevention of NCDs.

Key messages that need to be conveyed to the public include:

increased intake of healthy foods  
increased physical activity through sports, exercise, etc.; avoidance of tobacco and alcohol;  
stress management  
warning signs of cancer

Counsellor appointed under the programme shall counsel on the merits of Healthy diet and nutrition ,harmful effect tobacco, alcohol, warning signs of cancer etc.

### **Lab. investigations and Diagnostics**

Blood sugar, Total Cholesterol , Lipid Profile, Blood Urea, XR, ECG,USG (To be outsourced, if not available)

### **D. Diagnosis and Management**

Diagnosis, management , counselling and rehabilitation related to common CVDs, diabetes and stroke cases will be undertaken at OPD/IPD level.

## **E. Referral**

Complicated cases of diabetes, high blood pressure etc. shall be referred from CHC to the District Hospital for further investigations and management.

## **F. Data recording and reporting**

“NCD Clinic” at CHC shall maintain individual diagnosis, treatment and referral records on the patient chronic disease card, with verbal and pictorial advice for the patient. This record shall be send monthly to the District NCD Cell set up under National Cancer Control Programme.

## **G. Human Resources for CHC NCD services**

For providing effective comprehensive care at CHC, following staff shall be appointed on contract basis by the State Government:

### **2.5.3 Role of NCD Clinic at CHC**

1. Conduct opportunistic screening
2. Laboratory Investigations for Blood sugar, Blood cholesterol etc.
3. Diagnose and treat Diabetes and Hypertension
4. Provide Health education to the patients and general public.
5. Refer the complicated cases to district hospital

### **Role of Doctor**

1. To conduct comprehensive examination for diagnosis and management of the NCD cases .
2. To rule out complications or advanced stage.
3. To refer complicated cases to higher care facility
4. To provide follow up care to the patients
5. Overall supervision of NCD Unit.
6. Assist in training of health personnel .

### **Role of Nurse**

1. To conduct screening of Diabetes, Hypertension and common Cancers
2. To assist the Physician during the examination of patients
3. To explain the patient and family about risk factors of NCDs and promote Healthy Lifestyle.
4. To assist in follow up care

### **Role of Counselor**

1. To provide counseling on diet and life style management
2. To assist in follow up care and referral

### **2.5.3. Activities at District Level**

Following services will be provided by district hospital.

The identified district hospital will be strengthened under NPCDCS for providing NCD services.

The hospital will establish one CCU and provide the essential manpower and will provide basic laboratory facilities available attached to it. An 'NCD clinic' will be established at the identified district hospital to provide emergency, rehabilitative care and management of cancer, diabetes, hypertension and acute cardiovascular diseases. The clinic shall run on all working days or at least thrice a week.

Following activities will be performed by a District under the NPCDCS:

#### **A. Opportunistic screening**

NCD clinic at district hospital shall screen persons above the age of 30 years for diabetes, hypertension, cardiovascular diseases and common cancers (>30 years) and identify individuals who are at a high risk of developing NCDs warranting further investigation/ action. Such screening will involve simple history (such as family history of Diabetes history of alcohol, tobacco consumption, dietary habits etc.) General Physical examination, calculation of BMI, blood pressure, blood sugar estimation etc.) to identify those individuals who are at a high risk of developing cancer, diabetes and CVDs, warranting further investigation/ action.

#### **B. Detailed investigation**

Detailed investigation of persons those who are at high risk of developing NCDs after screening and those who are referred from CHCs will be done at district hospital. Laboratory services at district hospital will be strengthened/established to provide necessary Lab. investigations and Diagnostics such as Blood sugar, Lipid Profile, KFT,LFT, XR, ECG,USG ,ECHO, CT Scan, MRI etc.

#### **C. Outsourcing of certain laboratory investigations**

District hospital may outsource certain essential laboratory investigations and diagnostics that are not available at district hospitals. The District Hospital shall display the list of Laboratories in which these investigations would be outsourced.



#### **D. Out-patient and In-patient Care**

NCD Clinic at District Hospital shall provide regular management and annual assessment of persons suffering from cancer, diabetes and hypertension. People with established cardiovascular diseases shall also be managed at district hospital. Cardiac care unit established at hospital shall manage acute and emergent cases of cardiovascular diseases. The hospital shall ensure the availability of essential drugs.

#### **E. Day Care Chemotherapy Facility**

Identified district hospital shall provide a day care chemotherapy facility for patients on simple chemotherapy regimens. The day care facility shall have 2 beds along with necessary equipments such as IV stands, BP instruments, sterilizer etc. Necessary staff will be provided by hospital for smooth functioning of the centre.

#### **Palliative Care**

District hospital shall provide guidance to develop skills for Home based palliative care for chronic and debilitating patients. A team consisting of nurse and counsellor from the Health System shall be trained in identifying symptoms, pain management, communication, psychosocial & emotional care, nursing needs of the terminally ill and ethics of palliative care. The nurse shall be trained in wound dressing, mouth care, oral morphine use, diet, hygiene etc.

#### **G. Referral & Transport facility to serious patients**

To ensure timely and emergent care to the patient at distant CHC or below, district hospital shall make provision for transporting the serious patients to the hospital or at nearest tertiary level facility.

Complicated cases shall be referred to nearest tertiary health care facility with a referral card. Patients suffering from lymphoma and leukaemia shall be referred to tertiary care centres (TCC) for Chemotherapy as blood bank facilities and required human resources are available there.

#### **H. Health promotion**

Apart from clinical services district hospital shall be involved in promotion of healthy lifestyle through health education and counselling to the patients and their attendants regarding

increased intake of healthy foods

increased physical activity through sports, exercise, etc.; avoidance of tobacco and alcohol;

stress management  
warning signs of cancer etc

### **Training**

District Hospital assist and conduct training to the health personnel of Community Health Centre as per guidelines

### **J. Data recording and reporting**

Data shall be collected in prescribed formats and monthly report shall be sent to the District NCD Unit of the programme.

### **K. Human Resources at District Hospital**

Following staff will be recruited on contract basis under the programme to manage NCD clinic /CCU and to provide emergency and OPD services, counselling, rehabilitative services:

#### **I. NCD Clinic:**

General Physician	1
GNM	2
Technician	1
Physiotherapist	1
Counsellor	1
Data Entry Operator	1

#### **II. CCU:**

Specialist – Cardiology / General Physician	1
GNM	4

### **2.5.4 Activities at State level**

The state will be provided support for capacity building , manpower and logistics for overall supervision of preventive, supportive and curative services at various level of Health care facilities in the state

Following activities will be performed at the State level:

### **A. Community awareness**

Public awareness through various channels of communication will be organized by the State NCD cell to sensitize public about the risk factors, promotion of healthy life style and services made available under the programme. Key messages that need to be conveyed to the public include:

increased intake of healthy foods  
increased physical activity through sports, exercise, etc.; avoidance of tobacco and alcohol;  
stress management  
warning signs of cancer etc

Mass media through Radio, Television, Print media will be used for public awareness using the most effective channels that have reach to the community. Locally prevalent folk media may also be used to reach the targeted population, particularly in rural and urban deprived population.

### **B. Planning, Monitoring and Supervision:**

The State NCD cell will undertake situational analysis and prepare State Plan that spells out physical targets, means of coordination, supervision and monitoring related to various components of NPCDCS in the State. Formats prescribed for reporting to Central NCD Cell will be used to report physical and financial progress made under the programme.

### **C. Training of Human Resources**

Key areas of training will be health promotion, NCD prevention, early detection and management of Diabetes, CVD and Stroke.

NIHFW will be one of the nodal agencies for training of trainers.

Specialised clinical training of CCUs / chemotherapy unit personnel are proposed to be undertaken at AIIMS Trauma centre or any institute with facilities for training in emergency medicine.

The proposed action plan for trainings is given below

<b>Cadre of Health Personnel and levels</b>	<b>Batch Size</b>	<b>Duration of Training</b>	<b>Training Venue</b>
<b>MOs</b> [PHC/CHC]	25	One week	State/ District level

<b>Medical Specialists</b> [District NCD Clinic]	20	Two weeks	State level
<b>ANMs/Health Worker's</b> [Sub-Centre]	30	3 days	District/ Block level
<b>NCD LTs</b> [DH/ CHC]	20	5 days	District/ Block level

### **CCU:**

Specialized clinical training for Medical / Para medical personnel for the CCU will be conducted in coordination with Zonal (four) Medical Colleges or Trauma Centre AIIMS (Delhi, Patna etc....), JIPMER, with required infrastructure for training.

### **Cancer Care:**

Specialised trainings for Cancer Care e.g. VIA technique, Chemotherapy etc. will be conducted at designated centres in respective States.

Training plan for personnel at NCD Cell

S.No.	Category of Trainee	No. of Trainee per District	Duration	Venue of Training
1	Programme Officer (State / District)	1	5 days	To be decided at national level
2	Programme Coordinator (State / District)	1	5 days	-do-
3	Finance cum logistics officer	1	3 days	-do-
4	Data entry operator	1	3 days	NIC

### **D. Financial Management:**

State Govt. will monitor release of funds and expenditure incurred under various components of the programme in the State. State NCD Cell will submit monthly statement of expenditure in the prescribed format to the State Health Society and National NCD Cell

### **2.5.5. Activities at Central level**

The Government of India will facilitate implementation of the programme in selected districts and States for prevention and control of non-communicable diseases. Following will be key activities coordinated by the NCD cell in the

Directorate General of Health Services, Ministry of Health and Family Welfare.

### **A. Information, Education & Communication**

National NCD cell will prepare prototype IEC material on cancer, diabetes, hypertension and cardio vascular diseases including stroke to sensitize community about risk factors, to promote healthy life style and inform about services available through various electronic, print media, and other channels. These will be disseminated to States for translation, adoption and dissemination. Messages through mass media will also be organized centrally through Radio, Television, Internet and Print media.

### **B. Tertiary Level Care:**

The details are given in Part II of this guideline.

### **C. Training**

Central NCD cell will prepare a plan for central level training programmes. A pool of master-trainers will be generated with capacity to organize and impart training at State and district levels. Training will comprise of didactic sessions, e-education and hands-on training approaches at selected Institutions, Medical and Nursing Colleges fulfilling following criteria

Central/State Government Medical College/Institute or Autonomous institutes supported by State or Central Government. Institutions of repute in non-government and private sector will also be considered.

Adequate infrastructure for training which includes the seminar room with capacity of 30 to 50 trainees, projector/LCD, screen, laptop/computer and other audio visual aids.

Availability of subject specialists for clinical/laboratory training in the fields of Cancer, Diabetes, Hypertension, Cardiovascular diseases. Resource persons for training in programme management, monitoring and health promotion would be required.

Experience and good track record in providing training to Health Professionals.

Training of State and District Programme Officers, Finance Consultants, Specialists and Trainers will be organized centrally.

Till such time the training is operationalised, State Govt. may have their own arrangement for training in an ongoing manner and seek funding under PIPs.

## **D. Monitoring, Evaluation, Surveillance and Research**

Standard formats for recording and reporting will be prescribed by the Central NCD Cell and will be used by various facilities, District and State NCD Cell. A Management Information System will also be developed to computerize the information. Review meetings of State Programme Manager (NCD) will be organized on a quarterly basis to assess physical and financial progress and discuss constraints in implementation of the programme. Formats to be used by various facilities and cells are enclosed. Responsibility of reporting, flow of information and frequency of reporting is summarized below:

<b>Level</b>	<b>Reporting Form</b>	<b>Person responsible</b>	<b>Reporting to</b>	<b>Frequency of submission</b>	<b>Submission by</b>
<b>Sub-centre</b>	Form 1	ANM of SC	MO I/c PHC	Monthly	Last day of the month
<b>PHC</b>	Form 2	MO I/c PHC	District NCD cell	Monthly	5 <sup>th</sup> of every month
<b>CHC</b>	Form 3	MO I/C CHC NCD Clinic	Distt. NCD cell	Monthly	5 <sup>th</sup> of every month
<b>District Hosp</b>	Form 4	MO I/c District NCD Clinic	District NCD cell	Monthly	5 <sup>th</sup> of every month
<b>District NCD Cell</b>	Form 5A	Distt Nodal Officer(NCD)	State NCD Cell	Monthly	10 <sup>th</sup> of every month
	Form 5 B				
<b>State NCD Cell</b>	Form 6	SNO (NCD)	National NCD cell	Monthly	15 <sup>th</sup> of every month

Independent evaluation of various components of the programme and surveillance of NCD risk factors will also be planned and organized by the Central NCD cell. Key gaps identified during implementation of the programme and innovative interventions will be addressed through planned operational research.

## **FINANCIAL GUIDELINES**

### **3.1 Financial Provision for State & District under NPCDCS**

Financial management groups (FMG) of Programme Management support units at state and district level, which are established under National Health Mission, will be responsible of maintenance of accounts, release of funds, expenditure reports, utilization certificates and audit arrangements.

The funds will be released to States/UTs under NCD Flexi-Pool of National Health Mission (NHM), through the State Health Society to carry out the activities at different levels as envisaged in the operational guidelines. Funds released from

State to District Health Society would inter alia include funds for CHCs, PHCs and Sub- centres to cover the entire District. For seeking funds for programme activities, every State / UT will submit State Programme Implementation Plan (PIP) as per the NHM guidelines issued from time to time at the beginning of each year.

State shall have the flexibility for inter-usability of funds from one component to another as per NHM guidelines, under intimation to the GOI, limited to a ceiling of 10%, in order to impart operational flexibility in implementation of these programmes. NPCDCS would operate through NCD cells constituted under the programme at State and District levels. A separate bank account in a nationalized bank should be opened for appropriate utilization of funds.

The Statement of Expenditure (SOE) and Utilization Certificate (UC) as per GFR shall be submitted timely (**Annexure- V**).

### **3.2 Financial Assistance under NPCDCS**

The total funds to be released to each State under NPCDCS, would be based on number of units to be taken up at different levels and will be on Centre Share: State Share basis. The Centre : State share will be 75:25 except for North East & Hilly States where Share will be 90:10. The pattern of assistance under the programme will be as under:

#### **Pattern of Assistance under NPCDCS**

##### **I. State NCD Cell:**

<b>S.No</b>	<b>Heads</b>	<b>Unit Cost (Rs. in lakh)</b>
1	<b>Non –Recurring: (One time)</b> Renovation and furnishing, furniture, computers, office equipments (fax, phone, photocopier etc.)	<b>5.00</b>
2	<b>Recurring grant: (Annual)</b>	
a.	Human Resource (on contract) Epidemiologist/ Public Health specialist State Programme coordinator Finance cum logistics consultant iv)Data entry operator	25.00
b.	Miscellaneous (communication, monitoring, TA,DA, POL, contingency etc.)	5.00
c.	Awareness generation	10.00
	<b>Sub-total Recurring Grant per annum</b>	<b>40.00</b>
	<b>Total</b>	<b>45.00</b>

## II. District NCD Cell:

S.No.	Heads	Unit Cost (Rs. in lakh)
1	<b>Non –Recurring:</b> Renovation and furnishing, furniture, computers, office equipments (fax, phone, photocopier etc.)	<b>5.00</b>
2	<b>Recurring grant:</b> <b>Human Resource (on contract)</b>	
a.	Epidemiologist/ Public Health specialist District Programme coordinator Finance cum logistics consultant Data entry operator	21.00
b.	Miscellaneous cost for communication, monitoring, TA, DA, POL, contingency etc.	6.00
c.	IEC	3.0-5.0
	<b>Sub-total Recurring Grant per annum</b>	<b>32.00</b>
<b>Total</b>		<b>37.00</b>

## III. District NCD Clinic:

S. No.	Heads	Unit Cost (Rs. in lakh)
1	<b>Non –Recurring:</b> Strengthening of laboratory Furniture, Equipment, Computer etc	10.00 1.00
	<b>Sub-total Non-Recurring</b>	<b>11.00</b>
2	<b>Recurring grant:</b> <b>Human Resource (on contract) for NCD Clinic</b>	
a.	Doctor, 2 GNMs, 1 Technician, 1 Physiotherapist, Counsellor and 1 Data Entry Operator	21.50
b.	Drugs and consumables @Rs. 50000/month	6.00
c.	Transport of Referred/Serious patients	2.50
d.	Contingency	1.00
	<b>Sub-total Recurring Grant per annum</b>	<b>30.98</b>
<b>Total</b>		<b>42.00</b>



#### IV. District CCU/Day Care Facility:

S. No.	Heads	Unit Cost (Rs. in lakh)
1	<b>Non –Recurring:</b> Developing/strengthening and equipping Cardiac Care Unit (CCU)/ICU Cancer Care (for equipments)	150.00 5.00
	<b>Sub-total Non-Recurring</b>	<b>155.00</b>
2	<b>Recurring grant:</b> <b>Human resource on contract at CCU</b>	11.76
a.	1 - specialist (Cardiology/M.D. General Medicine), 4 GNMs	
b.	Consumables and other investigations outsourced	5.24
	<b>Sub-total Recurring Grant per annum</b>	<b>17.00</b>
	<b>Total</b>	<b>172.00</b>

#### V. CHC NCD Clinic:

S. No.	Heads	Unit Cost (Rs. in lakh)
1	<b>Non –Recurring:</b> NCD Clinic: Furniture, Equipment, Computer etc. Lab equipments	1.0 8.0
	<b>Sub-total non-recurring</b>	<b>9.0</b>
2	<b>Recurring grant:</b> <b>Human Resources (on contract)</b>	13.68
a.	1 Doctor, 1 Nurse, 1 Technician, 1 counsellor, Data Entry Operator	
b.	Laboratory tests, equipments & consumables	2.00
c.	Transport of referred cases including home based care	0.32
d.	Miscellaneous cost for communication, TA/DA, contingency	1.00
	<b>Sub-total Recurring Grant per year</b>	<b>17.00</b>
	<b>Total</b>	<b>26.00</b>

#### VI. Budget for NCD activities at PHC per year:

S. No.	Heads (recurring)	Unit Cost
1.	Glucostrips, Lancets, Swabs (for population above 30 years & pregnant women)@ Rs. 10/ person for 2500 persons	25,000
2.	Referral Card @ Rs.5 per patient for 500	2,500
3.	Contingency, travel etc.@ Rs. 2500/month	30,000
	<b>Total</b>	<b>57,500</b>

**VII. Budget for NCD activities at Sub Centre per year:**

S. No	Heads (recurring)	Unit cost (Rs.)	Average Patient load	Unit Cost
1	Glucostrips, Lancets, Swabs (for population above 20 years & pregnant women)	10.00	2500	25,000
2	Referral Card	5.00	500	2,500
<b>Total</b>				<b>27,500 (0.275 lakh)</b>

**3.3. Other Details:**

**3.3.1 Indicative list of equipments for CCU:**

S. No.	Name of the Equipment
1	ECG machine computerized
2	ECG machine ordinary
3	12 Channel stress ECG test equipments Tread Mill
4	Cardiac Monitor with Defibrillator
5	Cardiac Monitor
6	Defibrillator
7	Ventilators (Adult)
8	Ventilators (Paediatrics)
9	Pulse Oximeter
10	Pulse Oximeter with NIB.
11	Infusion pump
12	B.P.apparatus table model
13	B.P.apparatus stand model
14	Stethoscope
15	Portable X-Ray Machine
16	Central Patient Monitoring Station
17	Intubation Kit, Bronchoscope, Laryngoscope
18	Portable Ultrasound Machine
19	Medical Gas Pipeline

### 3.3.2 Indicative List of Drugs for Diabetes, CVD & Stroke

S.No	Drugs
1	Tab Aspirin
2	Tab .Atenolol
3	Tab.Metoprolol
4	Tab. Amlodipine 10mg
5	Tab Hydrochlorthiazide 12.5, 25 mg
6	Tab.Enalapril 2.5/5mg
7	Tab Captopril
8	Tab. Methyldopa
9	Tab Atorvastatin 10mg
10	Tab Clopidogrel
11	Tab.Frusemide 40mg
12	Inj.Streptokinase 7.5 lac vial
13	Inj.Streptokinase 15 lac vial
14	Inj.Heparin sod.1000 IU
15	Tab.Isosorbide Dinitrate (Sorbitrate)
16	Glyceryl Trinitrate Inj, Sub lingual tabs
17	Diazepam Inj & Tab
18	Inj.Adrenaline
19	Inj.Atropine sulphate
20	Inj.Digoxin
21	Tab.Digoxin
22	Tab.Verapamil(Isoptin)
23	Inj.Mephentine
24	Tab Potassium IP (Penicillin V)
25	Inj. Normal saline (Sod chloride) 500ml
26	Inj.Ringer lactate 500ml
27	Inj.Mannitol 20% 300ml
28	Inj.Insulin Regular
29	Insulin Intermediate
30	Tab. Metformin
31	Inj. Aminophylline
32	Tab Folic Acid
33	Inj Benzathine Benzyl penicillin
34	Carbamazepine tabs, syrup
35	Inj Lignocaine hydrochloride
36	Inj.Dexamethasone 2mg/ml vial
37	Tab Prednisolone
38	Promethazine Tab, Syrup , Caps, Inj

#### 4. District lab Facility

District hospital laboratory will be utilised for diagnostic procedures. The provision for consumables has been kept. An indicative list of required investigations is as under:

1. Hb, TLC, DLC, Platelet count
2. Bleeding Time, Clotting time
3. Fasting /PP blood sugar
4. Lipid profile
5. Liver Function Test
6. Kidney Function Test
7. Urine routine & Urine Sugar
8. X-ray
9. Ultrasound

#### 6. Contractual Staff supported under NPCDCS at different levels:

##### 6.1 State / District NCD CELL

S. No.	Name of Post	State NCD Cell		District NCD Cell	
		No. of Post	Pay Scale	No. of Post	Pay Scale
	Epidemiologist / Public Health Specialist as State / District Programme Officer	1	Rs.60,000-80,000/- p.m	1	Rs.60,000-80,000/- p.m
	State / District Programme Coordinator	1	Rs.50,00-60,000/- p.m	1	30,000-40,000/- p.m
	Finance Cum Logistics Consultant	1	Rs.40,000-50,000/- p.m	1	30,000-40,000/- p.m
	Data Entry Operator	1	Rs.10,000-12,000/- p.m	1	Rs.10,000-12,000/- p.m

##### 6.2 CCU / Cancer Care Facility

No	Name of Post	No. of Post	Pay Scale
1	Specialist- Cardiology/General Medicine OR General Physician	1	Rs.80,000-90,000/- p.m  Rs.60000 - 70000/- p.m
2	GNM	4	Rs.18000 - 20000/- p.m

Day care chemotherapy facility may be operationalized where CCU are being established/strengthened in at least 25% of the districts.

### 6.3 District NCD Clinic /CHC Clinic

No	Name of Post	District NCD Clinic		CHC Clinic	
		No. of Post	Pay Scale	No. of Post	Pay Scale
1	General Physician	1	Rs.60000 - 70000/- p.m	1	Rs.40000 - 50000/- p.m
2	GNM	2	Rs. 18000-20000/- p.m	1	Rs. 18000-20000/- p.m
3	Technician	1	Rs. 18000-20000/- p.m	1	Rs. 18000-20000/- p.m
4	Physiotherapist	1	Rs. 20000-25000/- p.m	Nil	Nil
5	Counsellor	1	Rs. 10000 – 12000/- p.m	1	Rs. 10000 – 12000/- p.m
6	Data Entry Operator	1	Rs. 10000 – 12000/- p.m	1	Rs. 10000 – 12000/- p.m

### 6.4 Terms of Reference of Contractual Staff:

#### A. State / District NCD Cell

#### Epidemiologist / Public Health Specialist (State / District)

#### Essential Qualifications:

MBBS degree from institution recognized by Medical Council of India.

#### Desirable:

Diploma / Masters in Public Health or MD/DNB in Preventive & Social Medicine/Community Medicine/ Community Health Administration/MBA (Health Care Administration).

#### Experience:

At least 3-4 year's experience in Health Management/ Public Health Programme/ Health Services after obtaining post graduate degree/Diploma.

**Desirable:**

Experience in Non Communicable Disease control program/projects

**Age Limit:** Up to 50 years. Retired Govt./Public Sector officers up to the age of 62 years are eligible to apply.

**Job requirements/responsibilities:**

1. Preparing Programme Implementation Plan.
2. Organizing review meetings and orientation workshops.
3. Organizing training program for Medical Officers
4. Visiting districts and peripheral units to monitor the NCD activities.
5. Reviewing program implementation at district and below district levels.
6. Collaborating with Centre, Medical colleges, Districts, NGOs and other sectors.
7. Preparing and submitting monthly, quarterly progress report for NPCDCS to SNO (NCD).
8. Any other job assigned by concerned officers.

**State Programme Coordinator / District Programme Coordinator****Essential Qualifications:**

M.B.B.S from institution recognized by Medical Council of India (MCI)

**Desirable:**

Diploma / Masters in Public Health / CHA

**Experience:**

At least one year experience of working in Health Services / Public Health Programme in Non Communicable Diseases.

Working Knowledge of operating computers and internet usage.

**Age Limit:**

Up to 35 years. Retired Govt./Public Sector officers up to the age of 62 years are eligible to apply.

**Job requirements/responsibilities:**

1. Preparing Program Implementation Plan.
2. Formulating operational and financial guidelines for program implementation including review of existing guidelines.
3. Organizing National & Regional level review meetings and orientation workshops.
4. Organizing training program for Medical Officers
5. Reviewing and integrating existing training material into the program.
6. Developing other training material and training strategy.
7. Visiting states & districts to monitor the NCD activities.
8. Reviewing program implementation at state, district and below district levels.
9. Collaborating with States, Medical colleges, NGOs and other sectors.
10. Preparing and submitting quarterly progress report for NPCDCS to DDG (NCD).
11. Parliament questions replies including preparation of supplementary.
12. Any other job assigned by concerned officers.

**Category/ Job title: One Finance cum Logistic Consultant****Qualifications:****Essential**

Inter CA/Inter ICWA/M.Com or MBA (Finance/ Material Management) with knowledge of computer.

**Desirable:**

At least 5 year's experience in State level and at least 3 years experience in District level in accounting including analysis, financial reporting, budgeting, financial software and reporting system.

Experience of working in Health Care Financing/ National Health Accounts

**Age Limit: Up to 40 years.****Job requirements/responsibilities:**

**General:-**

1. To support all matters relating to accounts, budgeting and financial matters and management of accounting procedure pertaining to NPCDCS in the Centre/ State.
2. To organize and maintain the fund flow mechanism from Centre to State and then from State to Districts.
3. Accurate and timely submission of quarterly report on expenditure to Centre, annual audited statement of accounts and intensively monitoring the financial management in each District NCD society.
4. Financial aspects of activities in Cancer, Diabetes, CVD & Stroke and Elderly
5. Any other job assigned by concerned officers.

**Specific:**

1. Preparing annual and quarterly budgets for the States & District.
2. Ensuring that adequate internal controls are in place to support the payments and receipts.
3. Ensuring timely consolidation of accounts/financial statements at the National/ State/ District.
4. Training of Finance cum Logistics Officer at State & District level in fund flow mechanism and filling up the reporting formats.
5. Supporting the audit of the accounts of the State and District in accordance with the financial guidelines.
6. Monitoring expenditure and receipt of Utilization Certificate (UC) & Statement of Expenditure (SOE) from the States and Districts.
7. Reviewing the accounts and records of the State and District on a periodic basis.
8. Preparing consolidated SOE of NPCDCS on a quarterly basis.
9. Coordinating with the State and District to address the audit objection/internal control weaknesses, issues of disallowances, if any.

**Data Entry Operator****Qualifications:**

Graduate in any discipline.  
One year diploma in computer application  
Typing speed of 40 wpm in English

**Experience**

Minimum 1 year of relevant working experience preferably in health sector

Age Limit: Up to 40 years.



**Job requirements/responsibilities:**

1. Ensure regular entry of all relevant data in the computer pertaining to various aspects of NPCDCS in a systematic manner to facilitate its analysis.
2. Analyse data and compile reports.
3. Maintenance and up keep of the computer and its accessories including virus defence .
4. Any other job assigned by concerned officers

**B. District CCU / Cancer Care Facility**

**Job title : Specialist – Cardiology / General Medicine - (NCD) - 1 (One)**

**Essential Qualifications:**

MD in Medicine or equivalent degree from institution recognized by Medical Council of India.

**Desirable :**

Specialised training in Endocrinology or Cardiology.

**Experience:**

At least 2 years experience of working as a specialist /super specialist in a hospital.

Age limit : 50 years.

**Job requirements/responsibilities:**

1. Overall Team Leader , Supervision and Monitoring of activities of CCU
2. To examine and manage including emergencies related to Diabetes, Hypertension, Cardiovascular diseases and Stroke patients.
3. To do periodic follow up of such patient.
4. To impart training to the health personnel of Community Health Centre as per guidelines issued by National NCD Cell.

**II. Job title : General Physician- 1 (One)****Essential Qualifications:**

MBBS or equivalent degree from institution recognized by Medical Council of India.

**Experience :**

At least 5 year experience of working in a Hospital Emergency Unit .

Age Limit : up to 40 years.

**Job requirements/responsibilities :**

1. To examine and manage emergencies.
2. To refer complicated case to higher care facility.
3. To provide follow up care to the patients.
4. Any other job assigned by concerned officers.

**Job title : GNM - 4 (Four)****Qualifications:**

GNM qualification as recognised by Nursing Council of India.

**Experience :**

At least 2 years experience of working in a hospital, preferably in ICU.

Age Limit : up to 40 years.

**Job requirements / responsibilities :**

1. To assist Medical Officers in Management and follow-up of patients attending the CCU.
2. Any other job assigned by concerned officers.

**C. District NCD Clinic****Job title : Doctor (General Physician) - 1 (One)****Essential Qualifications:**

MBBS or equivalent degree from institution recognized by Medical Council of India.

**Experience :**

At least 3 year experience of working in a Hospital.

Age Limit : up to 40 years.

**Job requirements/responsibilities :**

1. To examine and manage chronic diseases.
2. To refer complicated case to higher care facility.
3. To provide follow up care to the patients.
4. Any other job assigned by concerned officers.

**Job title : GNM - 2 (Two)**

**Qualifications:**

GNM qualification as recognised by Nursing Council of India.

**Experience :**

At least 2 years experience of working in a hospital.

Age Limit : 40 years.

**Job requirements / responsibilities :**

1. To assist Medical Officers in Management and follow-up of patients attending the NCD Clinic.
2. To counsel patients and their family members about risk factors of NCDs.
3. To provide home based care.
4. Any other job assigned by concerned officers.

**Job title : Counsellor (NCD) - 1 (One)**

**Essential Qualifications:**

Bachelor's degree in social sciences or Degree/Diploma in counselling /Health Education/ Mass Communication

**Experience :**

At least 2 years experience of working as a counselor in a health care facility.

Age Limit : 40 years.

**Job requirements / responsibilities :**

1. To provide counseling on life style diseases and their risk factors to patients and their family members.
2. To plan IEC activities vis-à-vis Non Communicable Diseases or life style diseases.
3. To make domiciliary visits for providing counselling to bed ridden cases and attendants.

#### **IV Job title: Laboratory Technician -1 (One)**

**Essential Qualifications :**

10 + 2  
DMLT

**Experience :**

Working experience in a large hospital with minimum two year's experience  
Basic knowledge of computer like Word processing and Data processing.

**Job requirements/responsibilities:**

1. To perform all haematology and bio-chemical investigations at the district hospital level
2. Any other job assigned

#### **Job title : Physiotherapist (NCD) - 1 (One)**

**Essential Qualifications:**

Bachelor's degree in Physiotherapy (B.P.T.)

**Experience :**

At least 2 years experience of working in a Hospital.

Age Limit : Up to 40 years.

**Job requirements / responsibilities :**

1. Manage and follow up patients requiring physiotherapy services.
2. To make domiciliary visits for providing physiotherapy services to bedridden patients.
3. To counsel patient and their family about risk factors of NCDs.
4. Any other job assigned by concerned officers.

#### **VI Job title: Data Entry Operator - 01 (One)**

**Qualifications:**

Graduate in any discipline.  
One year diploma in computer application  
Typing speed of 40 wpm in English

**Experience**

Minimum 1 year of relevant working experience preferably in health sector

Age Limit: Up to 40 years.

**Job requirements/responsibilities:**

1. Ensure regular entry of all relevant data in the computer pertaining to various aspects of NPCDCS in a systematic manner to facilitate its analysis.
2. Analyse data and compile reports.
3. Maintenance and up keep of the computer and its accessories including virus defence .
4. Any other job assigned by concerned officers

**D NCD Clinic at Community Health Centre (CHC)**

**Job title : Medical Officer (NCD) - 1 (One)**

**Essential Qualifications:**

MBBS or equivalent degree from institution recognized by Medical Council of India.

**Experience :**

At least 2 year experience of working in a Hospital.

Age Limit : 40 years.

**Job requirements/responsibilities :**

1. To examine and manage chronic diseases.
2. To refer complicated case to higher care facility.
3. To provide follow up care to the patients.
4. Any other job assigned by concerned officers.

**Job title : Nurse - 1 (One)**

**Essential Qualifications:**

Bachelor's degree/diploma in nursing.

**Experience :**

At least 2 years experience of working in a hospital.

Age Limit: up to 40 years.

**Job requirements / responsibilities :**

1. To assist Medical Officers in Management and follow-up of patients attending the NCD Clinic.
2. To counsel patients and their family members about risk factors of NCDs.
3. To provide home based palliative care.
4. Any other job assigned by concerned officers.

**Job title : Counsellor (NCD) - 1 (One)****Essential Qualifications:**

Bachelor's degree in social sciences or Degree/Diploma in counseling/Health Education/ Mass Communication

**Experience :**

At least 2 years experience of working as a counselor in a health care facility.

Age Limit : 40 years.

**Job requirements / responsibilities:**

1. To provide counselling on life style diseases and their risk factors to patients and their family members.
2. To plan IEC activities vis-à-vis Non Communicable Diseases or life style diseases.
3. To make domiciliary visits for providing counselling to bed ridden cases and attendants.

**Job title: Data Entry Operator - 01 (One)****Qualifications:**

Graduate in any discipline.  
One year diploma in computer application  
Typing speed of 40 wpm in English

**Experience**

Minimum 1 year of relevant working experience preferably in health sector

Age Limit: Up to 40 years.

**Job requirements/responsibilities:**

1. Ensure regular entry of all relevant data in the computer pertaining to various aspects of NPCDCS in a systematic manner to facilitate its analysis.
2. Analyse data and compile reports.
3. Maintenance and up keep of the computer and its accessories including virus defence .
4. Any other job assigned by concerned officers

**Job title: Laboratory Technician -1 (One)**

**Essential Qualifications :**

10 + 2

DMLT

**Experience :**

Working experience in a large hospital with minimum two year's experience  
Basic knowledge of computer like Word processing and Data processing.

**Job requirements/responsibilities:**

1. To perform all haematology and bio-chemical investigations at the district hospital level
2. Any other job assigned

To implement the proposed Schemes / Programmes, human resources are a critical component. The programmes must be able to attract and retain qualified and dedicated personnel. Certain flexibility in terms of designations, qualification and the remuneration offered for those posts, keeping in mind the availability of manpower and the specific felt needs of the States may also be desirable. Accordingly for each Programme / Scheme, against the manpower to be hired pursuant to the approval by EPC / Component Authority, the States may within the parameters of the Programme / Schemes, exercise flexibility as per their particular needs. These deviations will have to be, however, approved by the ministry.

.....

The States may modify these guidelines as per their respective needs and circumstances and adopt for implementation of the programme at district and below level, in consultation with the ministry.

**NPCDCS**

Sr. No.....

Date:.....

**PATIENT REFERRAL CARD\***

Demographic Information:			
State	District	Block	Sub centre:
a. Name/ Age / Sex:		b. Address :	
c. Ph. / Mobile / Neighborhood Mobile :		d. Total Family Income per month = Rs.	
<p>Brief History of illness (if any)</p> <p>Suspected for:</p> <p>1. Diabetes      Blood <input type="checkbox"/> Sugar Random above (&gt;140mg /dl)</p> <p>2. Hypertension      <input type="checkbox"/> above (140/90 mm.Hg)</p> <p>Referred to: (Name of CHC / District NCD Clinic / Any other: ).....</p> <p>Referred by (ANM / Health Worker):.....</p> <p>Mobile No.....</p> <p style="text-align: right;">Signature (ANM / Health Worker)</p>			

\* To be kept by the patient for referral and follow up



# NPCDCS Reporting Formats

**Form 1**

## National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

### Reporting Performa for Sub Centre

Name of the Sub-centre \_\_\_\_\_ Block \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Name of the village	No. of screening camps organized during the month	No. of people screened for Blood Sugar & Blood Pressure			No. of people suspected with						No. of persons referred to PHC/CHC		
					Diabetes			Hypertension					
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total													

Name of the village	No. of screening camps organized during the month	No. of people screened for Cancers			No. of people suspected with						No. of persons referred to PHC/CHC		
					Oral			Breast	Cervical				
		Male	Female	Total	Male	Female	Total			G.Total	Male	Female	Total
Total													

\*The Report should be sent to MO I/C PHC on last day of month.

Date of reporting:

Signature / Name & Designation

National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

Reporting Performa for Primary Health Centre

Name of the Block \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

No. of Sub-centres in the Block \_\_\_\_\_ No. of Sub-centres reported: \_\_\_\_\_

		During the month			Cumulative since April during current year		
		Male	Female	Total	Male	Female	Total
No. of screening camps organized during the month							
No. of people screened for Blood Sugar & Blood Pressure							
No. of people suspected with	Diabetes						
	Hypertension						
	Common Cancers						
	Oral						
	Breast						
	Cervical						
No. of persons referred to Community Health Centre							

Date of Reporting \_\_\_\_\_

\_\_\_\_\_  
Signature / Name and Designation

\*The Report should be sent to District NCD Cell by 5<sup>th</sup> of every month.

**Form 3**

**National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)  
Reporting Performa for NCD Clinic at Community Health Centre**

Name of the CHC \_\_\_\_\_ Block \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

Indicator	During the Reporting Month						Cumulative since April during current year					
	Male		Female		Total		Male		Female		Total	
	New	Old	New	old	New	Old	New	Old	New	Old	New	Old
No. of persons attended NCD Clinic												
No. of persons referred from PHC/SC												
<b>TOTAL Number of attendees</b>												
Patients diagnosed with/Suspected cases of CVDs& Cancer as confirmatory diagnosis may not be possible at CHC.	Diabetes											
	Hypertension											
	Cardiovascular diseases*											
	Cancer-- Oral											
	Breast											
	Cervical											
No. of persons referred to District Hospital												
No. of persons counselled for health promotion & prevention by NCDs.												

Date of Reporting \_\_\_\_\_

\_\_\_\_\_  
Signature/Name & Designation

\*CVDs is inclusive of Stroke cases

\*\*The Report should be sent to District NCD Cell by 5th of every month.

**National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)  
Reporting Performa for NCD Clinic at District Hospital**

State \_\_\_\_\_ District \_\_\_\_\_ District Hospital \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

Indicator		During the Reporting Month						Cumulative since April during current year					
		Male		Female		Total		Male		Female		Total	
		New	Old	New	Old	New	Old	New	Old	New	Old	New	Old
No. of persons attended NCD Clinic													
No. of persons referred from CHC/PHC													
TOTAL													
New patients diagnosed with	Diabetes												
	Hypertension												
	CVDs*												
	Cancer-- Oral												
	Breast												
	Cervical												
No. of persons put on Treatment (whatever is possible) including follow up	Diabetes												
	Hypertension												

	CVDs*													
	Cancer													
No. of person referred to Tertiary hospital/TCCC	Diabetes													
	Hypertension													
	CVD*													
	Cancer													
No. of Patients treated at CCU	CVDs*													
	Stroke													
Patients attended Day Care facility for Cancer care (Number of Chemotherapy sessions)														
No. of persons counselled for health promotion & prevention of NCDs														
No. of patients attended for physiotherapy														

Date of Reporting \_\_\_\_\_

\_\_\_\_\_  
Signature / Name & Designation

\*CVDs is inclusive of Stroke cases.

\*\* The report should be sent to District NCD Cell by 5th of every month.

## National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

### Reporting Performa for District NCD Cell

State \_\_\_\_\_ District \_\_\_\_\_

District Hospital \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_

Indicator	During the Reporting Month						Cumulative since April during current year						
	Male		Female		Total		Male		Female		Total		
	New	Old	New	Old	New	Old	New	Old	New	Old	New	Old	
<b>No. of persons attended NCD Clinics</b>													
<b>No. of persons reported in-referral</b>													
<b>TOTAL</b>													
<b>New patients diagnosed/ Suspected with CVDs &amp; Stroke (as confirmatory diagnosis may not be possible), with follow up.</b>	Diabetes												
	Hypertension												
	CVDs												
	Cancers												
	Oral												
	Breast												
	Cervical												
<b>No. of persons put on Treatment (whatever is possible) including follow up</b>	Diabetes												
	Hypertension												
	CVDs												
	Cancers												
	Oral												
	Breast												
	Cervical												
<b>No. of person</b>	Diabetes												

<b>referred to Tertiary hospital/TCCC</b>	Hypertension													
	CVDs													
	Cancers													
<b>No. of Patients treated at CCU</b>	CVDs													
	Stroke													
Patients attended Day Care facility for Cancer care (Number of Chemotherapy sessions)														
No. of persons counselled for health promotion & prevention of NCDs														
No. of patients attended for physiotherapy														

\_\_\_\_\_  
Signature / Name & Designation

Date of Reporting \_\_\_\_\_

—

**\* The report should be compiled for all NCD Clinics in the district incl. District NCD Clinic, CCU etc. and sent to State NCD Cell by 10th of every month.**



**National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke  
(NPCDCS)**

**Reporting Performa for District NCD Cell**

District\_\_\_\_\_ State\_\_\_\_\_

Month\_\_\_\_\_ Year\_\_\_\_\_

Indicator	During the month			Cumulative since April during current year		
	Male	Female	Total	Male	Female	Total
No. of screening camps organized during the month						
No. of people screened for Blood Sugar & Blood Pressure						
No. of persons suspected with						
Diabetes						
Hypertension						
Cancers						
Oral						
Breast						
Cervical						
No. of persons referred from Sub-Centres to CHCs						

\_\_\_\_\_  
Signature/ Name & Designation

Date of Reporting\_\_\_\_\_

\_\_\_\_\_

\* The report should be compiled of all PHCs & other institutions organising camps and sent to State NCD Cell by 10th of every month.

## National Programme on Prevention &amp; Control of Cancer, Diabetes, CVDs &amp; Stroke (NPCDCS)

## Reporting Performa for State NCD Cell

## NPCDCS: Monthly Fact Sheet : 2014-15 (April'14 – March'15) onwards

Name of the State: .....

Reporting Month: .....Year.....

No of reporting units.....

No. reported during the month.....

	Indicator	As on 31 <sup>st</sup> March 2014 (cumulative since beginning) (A)	Annual Target for the year 2014-15 (B)	Achievement during the reporting month (C)	Cumulative achievement since 1st Apr 2014 (D)	Cumulative achievement since beginning (E)=(A)+(D)	%
<b>I. Facilities</b>							
1	District NCD Cells						
2	District NCD Clinics						
3	District CCU facilities						
4	District Day Care Centres						
5	CHC NCD Clinics						
<b>II Programme Data</b>							
1	No. of patients attended NCD Clinics (In Lakh)						
2	No of In-referrals						
	<b>Total</b>						
4	Patients diagnosed with						
	Diabetes						
	Hypertension						
	CVDs*						
	Cancers						
	<b>Oral</b>						
	<b>Breast</b>						
	<b>Cervical</b>						
9	No of Patients put on Treatment						
	Diabetes						
	Hypertension						
	CVDs*						
	Cancers						

10	No of Patients Referred to Tertiary Care/TCCC						
	Diabetes						
	Hypertension						
	CVDs*						
	Cancers						
11	No of Patients treated at CCU						
	CVDs						
	Stroke						
12	No. of Chemotherapy sessions for Cancer Care						
13	No of Persons counselled for Health Promotion and Prevention of NCDs						
14	No. of Patients attended for Physiotherapy						
15	Utilisation of funds based on FMR reports (Rs. In Lakh)						
<b>III. Other Programme Markers</b>							
1	No. of Outreach Camps Organised						
2	No of Persons screened for Blood Sugar and Blood Pressure						
3	No of persons suspected with						
	Diabetes						
	Hypertension						
	Cancers						
	Oral						
	Breast						
	Cervical						
6	No. of Persons referred to higher facilities						

Date of Reporting\_\_\_\_\_

Signature (State NCD Nodal Officer)  
Name & Designation

\*CVDs is inclusive of Stroke cases

\*\*Note: Report must be dispatched to National NCD Cell by 15<sup>th</sup> of every month.

## **PART II**

File No.T.20015/3/2013-NCD (CR)  
Government of India  
Ministry of Health & Family welfare  
(Cancer Research Section)  
\*\*\*\*\*

Nirman Bhawan, New Delhi  
Dated, the January, 2014

To,

A

As per list attached.

**Subject: Guidelines for one time financial assistance under Tertiary Cancer Care Scheme for setting up / strengthening of State Cancer Institute (SCI) and Tertiary Care Cancer Centres (TCCC)**

Sir,

I am directed to forward herewith guidelines on Strengthening of Tertiary Care of Cancer under National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS) in the 12<sup>th</sup> Five Year Plan (2012-17).

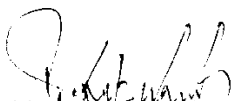
You are requested to send your proposal as per the guidelines to the address Under Secretary (Cancer Research) Department of Health & Family Welfare, Ministry of Health & Family Welfare, Room No. 434-C, Nirman Bhawan, New Delhi.

The Memorandum of Understanding (MoU) to be signed with the GOI will be communicated to you separately.

In case of any clarifications, you may contact to the undersigned at [cancerdesk@gmail.com](mailto:cancerdesk@gmail.com) or on telephone mentioned below.

Yours sincerely,

Encl : As above

  
(Prabhat Kumar Singh)  
Under Secretary to the Government of India  
Tel No. 23061209

# **Guidelines for Setting up/ Strengthening of Tertiary Care Cancer Centers under the National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS)**

## **1.0 Introduction**

**1.1** Cancer has emerged as a major public health challenge internationally and in India. It is one of the leading causes of deaths. Prevalence of cancer in India is estimated to be 28 lakh while the annual incidence and mortality is estimated to be 11 lakh and 5 lakh respectively. It is also estimated that facilities for radio-therapy vis-à-vis the population in India need to be substantially enhanced along with the increase in trained human resources.

These guidelines have been framed to provide financial assistance for strengthening of tertiary care cancer facilities under the National Program for Prevention and Control of Cancer, Diabetes, CVDs and Stroke (NPCDCS) during the 12<sup>th</sup> Five Year Plan (2012-17). Under the scheme, it is envisaged to support the establishment of 20 State Cancer Institutes (SCI) in 20 States and 50 Tertiary Care Cancer Centers (TCCC) in different parts of the country. The broad objective is to develop capacity for tertiary care for cancer in all States so as to provide universal access for comprehensive cancer care.

SCI will be the apex institution in the State for cancer related activities. It is expected to mentor and coordinate the activities of other Institutes in the State dealing with the tertiary care of cancer. SCI will provide outreach services, diagnosis and referral treatments, develop treatment protocols, undertake research and enhance the capacity of personnel in the State in this field. TCCC will undertake similar activities, though at a lower scale. A separate SCI may not be necessary for every state.

SCI will emerge as the main repository of knowledge, expertise and capacity vis-à-vis cancer within the State. Similar role will be performed by TCCC in the relevant parts of the State.

## **2. Provisions under the scheme**

### **2.1 Who is eligible?**

The Institution can be a Government Medical College/ Hospital or erstwhile Regional Cancer Centre (including existing NGO RCC).

Autonomous Institutions under Central or State Government, will also be eligible

Should have normally at least five years of experience in cancer treatment to be eligible for the SCI category.

TCCC should have well equipped and functional departments of Medicine, Surgery, Gynecology, ENT, Anesthesia, Pathology and Radiology with a 50 bedded cancer facility. These departments can be part of the Institute or part of a Government hospital in near vicinity in the same city which has entered into a formal understanding with TCCC. SCI should have atleast 100 dedicated beds for cancer care and functional departments of Medical Oncology, Radiation Oncology, Surgical Oncology and laboratories. SCI can be stand alone or attached to a Government Medical College/Hospital.

Scheme will be applicable to only existing Medical Colleges and Institutions.

## **2.2 Who is to recommend**

State/UT Governments would recommend the proposals which are fulfilling all the eligibility criteria, requirements and conditions along with furnishing of commitment to provide the State share of funds.

## **2.3 How to apply**

The Institution shall submit the proposal through the State Government as per the *prescribed format* [Annexure III (a)] including action plan for procurement of equipment, instruments etc. related to cancer treatment and research. Expenditure to be incurred on construction and/or renovation and other non-equipment related infrastructure would be shown separately. The application will provide, inter alia, all details of existing facilities, indoor and outdoor patient load (last 3 years), availability of trained personnel, availability of land and commitment to provide the land free of cost, financial capacity, recommendation of State Government along with commitment to provide the State share and for ensuring that recurring and manpower costs will be met by the Institution / State Government, undertaking that due permission will be taken form Atomic Energy Regulatory Board (AERB) etc.

## **2.4 Appraisal of proposal**

The proposal would be examined by the Ministry of Health & Family Welfare, Govt of India. Inspection as warranted would be conducted by a Central team. Thereafter, proposals found to be fit would be placed for appraisal before a Standing Committee constituted for this purpose. The assistance would be released after due approvals based on the recommendation of the Standing Committee.

## **2.5 Maximum quantum of assistance**

The maximum permissible assistance for SCI is ` 120 crores and for TCCC ` 45 crores. This is inclusive of State share of 25% (for North East and Hill States 10%). Upto a maximum of 30% of the sanctioned amount will be permitted to be used for civil/electrical work (including renovation), and improvement of infrastructure. Land will be provided by the State Government / Institution at their own cost. The cost of land will not be reckoned against the State share.

## **2.6 Purpose of assistance**

It is expected that assistance under this scheme will be utilized by the Institution for procurement of radio therapy equipment, diagnostic equipment, surgical equipment, enhancement of indoor patient facility for cancer and such other purposes relevant for diagnosis, treatment and care of cancer. Factoring in annual maintenance cost in the equipment cost at the time of placing the order for reasonable time period will be permitted.

## **2.7 Procurement process**

The State Government will ensure that expenditure under this scheme for purchase of equipment or any other purpose is incurred in a transparent manner after following all applicable rules and procedures including GF` For equipment estimated with per unit cost of more than ` 1.00 crore, (Rupees One Crore) the Central Government will be advising ceiling prices from time to time. The State Government/Institutions are expected not to exceed the same. Any excess expenditure above the ceiling cost will be borne by the Institution or the State Government. A commitment regarding the above will be included in the Application form.

## **2.8 Are NGOs eligible?**

Non-Government Institutions with experience and expertise in tertiary care for cancer, if recommended by the State Governments, will also be eligible for assistance as SCI/TCCC. This will be subject to the State Government underwriting the commitments made by the Institution at the time of application/sanction and also adherence to guidelines regarding free beds and user charges.

## **2.9 Memorandum of Understanding (MoU)**

A tripartite Memorandum of Understanding (MOU) will be signed by Institution, State Government and Government of India before the release of financial assistance.

## **2.10 Release of funds**

The financial assistance would be released through the State Government. Upto 75% of Government of India share may be released at the time of sanction while the remaining 25% would be released after the finalization of procurement/construction. However, modalities of release procedure can be altered by the Ministry with the approval of Health & Family Welfare Minister.

## **2.11 Free beds and User charges**

Below Poverty Line (BPL) patients are to receive treatment free of charge. A minimum number of beds (to be decided by the State Government) should be available for this category. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.

## **3. Expected Role of SCI and TCCC**

The SCI /TCCC will provide comprehensive cancer diagnosis, treatment and care services.

SCI will be a role model and leader in this field. It will serve as the nodal and apex Institution to mentor other Government Institutes (including TCCC and RCC). Similarly the TCCC should mentor cancer related activities including at the district level and below in their respective footprint area (the areas from where patients are accessing the TCCC).

SCI/TCCC will promote prevention of cancer; participate in outreach and other activities under NPCDCS and other related public health programmes.

SCI/TCCC will help in training of doctors/health personnel for cancer.

SCI/TCCC will participate in the cancer registry programme.

SCI/TCCC will promote research activities for cancer.

Patients screened for cancer under NPCDCS and other Government programmes will get Tertiary care diagnosis and treatment in TCCC and SCI.



#### **4. Indicative details of State Cancer Institutes**

Support will be given to 20 institutions in the country, one each in 20 States/UTs to function as apex Institutes in the State/region to provide comprehensive care for cancer. The States will be selected on the basis of factors such as the estimated cancer prevalence, cancer treatment facilities already available in the State, availability of trained human resources, capacity of the State to run such an Institute, availability of land, willingness of the State to contribute the State share and to meet the recurring expenditure for human resources, maintenance of equipment and other facilities, drugs for BPL etc.

SCI will strive to be a state-of-the-art treatment centre for management of different cancer. SCI will generate and enhance the availability of trained human resources for cancer treatment at all levels, undertake applied/translational research and will be linked to districts to mentor cancer related activities. SCI will provide outreach services, referral treatment services, help in development of human resources, development of treatment protocols and training material related to cancer care. SCI will also mentor the TCCC in the States.

It is envisaged that SCI will have a provision of at least 100 dedicated beds for a cancer care. The SCI will have well equipped and functional departments of Medical Oncology, Radiation Oncology, Surgical Oncology and Laboratories. The Institute can either be stand alone or attached to a Govt. Medical College/Hospital. SCI will also be encouraged to provide palliative care. Tertiary Cancer Centers earlier supported under Government of India schemes, Government Medical Colleges/Hospitals/ Institutes, erstwhile RCCs (including RCCs run by Non-Government Organizations) can be considered for SCI. One time support upto ` 120 crores (including State share) will be provided including up to 30% for construction/renovation.

Flexibility will be given to the SCI to purchase the equipment as per guidelines in para 2.7 and the requirement assessed subject to approvals by the Ministry of Health & Family Welfare, Government of India.

#### **5. Indicative details of Tertiary Care Cancer Centers (TCCC)**

Support will be given for 50 Govt. Medical Colleges/Hospitals/Institutes/ erstwhile RCCs/ District Hospitals to be strengthened as TCCC across the country. Existing Tertiary Care Cancer Institutions earlier supported by Government will also be eligible for assistance. In addition to the recommendations of the State Government, factors such as existing availability of cancer care facilities in the State, capacity of the Institute/State to take up the proposed activity etc. will be relevant while selecting the Institutions to be supported.

TCCC will be linked to nearby districts to mentor and provide outreach services, referral services, development of human resources, development of treatment protocols and training material related to cancer care.

The TCCC will have at least 50 bedded cancer hospital. There could be relaxation made for hill / difficult /remote areas/ NE States and in States where there are no Government cancer treatment facilities. The TCCC is expected to have well equipped and functional departments of Medicine, Surgery, Gynecology & Obstetrics, ENT, Pathology and Radiology. These departments can be part of the TCCC or a part of the hospital/Government Medical College in near vicinity, to which the TCCC is attached.

One time support of upto ` 45 crore (including State share) will be provided including up to 30% for construction/renovation. Flexibility will be given to TCCC to purchase the equipment as per the assessed requirement subject to approvals by Ministry of Health & Family Welfare, Government of India.

## **6. Activities of SCI/TCCC:**

The SCI & TCCC is expected to provide comprehensive cancer care. The following is an illustrative list of activities:

To provide comprehensive care, training and research in all types of cancers. The comprehensive care includes cancer prevention, early detection, diagnosis, treatment, after care, palliative care and rehabilitation.

To act as a regional referral center for the comprehensive management (treatment) of difficult cancer cases.

To provide pain and palliative care and ensure availability of opioids drugs for cancer patients.

To function as a centre for creating/ imparting training of different health professionals (Doctors, Nurse, technologists, technicians) where possible.

To facilitate in organizing workshops/training programmes for human resource development

To facilitate in developing modules/standard treatment protocols for the common cancer`

To coordinate with other institutions, NGOs, medical colleges and the general health care delivery infrastructure in conduction of cancer related activities including peripheral outreach services in their respective geographical areas/ region.

## **7. Procedure of application**

Based on the gaps identified by the grantee institute, the institute shall submit the Proposal as per the format (**Annexure III – Part (I) & (II)**) and include action plan for

Procurement of equipment/instruments related to cancer treatment and research  
Construction of the building related to cancer care (if required)

The application should indicate separately the amount of grant required for equipment and construction work.

The State Government shall forward the proposal with necessary undertaking to the Government of India and recommendation as per format (**Annexure III – Part III**) duly approved by the competent authority.

If the institute requires Radiotherapy equipment, a letter of 'in principle' approval, with layout map of the institution, from AERB will be submitted along with the Proposal. The sanction of the central share may be released subject to AERB approval or undertaking from the State Govt. in this regard.

The detail of previous grant(s) received under the erstwhile National Cancer Control Programme and TCCC scheme of NPCDCS, if any and Utilization Certificate(s) thereof should be annexed with the Proposal

The proposal should be addressed to Under Secretary (Cancer Desk), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi- 110108.

#### **8. Procedure for approval:**

An expert team, consisting of at least one expert (at least two in case of SCI) and one senior officer of the central government including the Regional Directors (H&FW), shall be nominated to make an assessment of the Applicant Institution. The expert/team shall assess the eligibility criteria and evaluate the gaps in the availability of the cancer treatment facilities in various disciplines. The assessment shall be carried out as per **Annexure-III – Part IV** with details in the inspection format as prescribed from time to time.

The proposals shall be considered by the Standing Committee constituted for this purpose, which will give its recommendation to the Ministry of Health & Family Welfare for financial assistance.

The grant amount shall be released to the institute through the State Govt. by the Ministry of Health & Family Welfare after the signing of a tripartite Memorandum of Understanding (MOU). (**Annexure – III (b)**)

The three parties signing the MoU shall be the authorized signatories of (i) Grantee institute; (ii) State Government; and (iii) Ministry of Health & Family Welfare, Government of India.

#### **9. Financial Provisions:**

For both SCI/TCCC, the Central Government's share shall be 75% of the grant approved and remaining assistance shall be the States's contribution. In case of

NE & hilly region the same would be in ratio of 90:10. The central share is non-recurring.

State Government shall ensure that all the institutions being supported shall provide certain percentage free treatment to cancer patients below poverty line (BPL). BPL criteria would be as per state Govt. policies. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.

The selected institute shall be permitted to procure one or more equipment related to cancer care. The indicative list of equipment is at **Annexure – III (c)**. The ceiling price for costly equipment would be fixed from time to time. Any amount over and above would be provided by state/institution.

A portion of the grant not exceeding 30% of the sanctioned amount can be utilized for civil works and electrical works related to cancer care.

The Utilization Certificate of the grant sanctioned should be settled by the grantee institute within one year's time. **(Annexure- V)**

The grant shall be deposited in a Bank Account and the interest accrued thereon will be refunded/utilized as per provisions of the General Financial Rules and instructions of the Govt. of India from time to time.

There would be no claim for any recurrent grant to the grantee institutions.

All recurring cost will be met by the Institution/State Government.

The State share in proportion (25% and in case of NE & hilly region 10%) will be released as per rules and guidelines issued by the Government from time to time.

The grantee institution would undertake cancer registry and be part of network of the National cancer Registry Program of ICMR with its own resources.

**PROFORMA FOR STATE CANCER INSTITUTE & TERTIARY CANCER  
CENTRE**

This Proforma is in four parts:

Detailed information about the Institution,

Application for grant-in-aid (Action Plan)

State Govt. Recommendation

Inspection report (to be completed by the central inspection team)

**PART- I**  
**(Information about existing infrastructure and facilities)**

1. **Name and address of Institute:**

1.1. Nature of the Institute: Government Institution/ NGO

(Details of the administrative structure and ownership to be attached)

2 **Details of infrastructure:**

2.1 Existing Indoor-beds: Total \_\_\_\_\_ For Cancer Patients \_\_\_\_\_

2.2 Additional Beds proposed for Cancer Patients: \_\_\_\_\_

2.3 Day Care Facilities: Chemotherapy/Palliative Care/Others

3. **Facilities for management of cancer patients\***

Department	Details
1.	Pathology - Histopathology - Cytology - Haematology - Blood Bank
2.	Microbiology
3.	Biochemistry
4.	Radio-diagnosis - X Ray/ Ultrasound/ CT scan
5.	Surgical Oncology
6.	Gynae- Oncology
7.	Medical Oncology
8.	Paediatric Oncology
9.	Palliative & Rehabilitative Care
10.	Radiotherapy -Radiation Physics
11.	Anaesthesiology
12.	Cancer Registry
13.	Medical Records
14.	Any other (specify)

*\* The TCCC should strive to provide the services of histopathology, cytology, haematology, biochemistry and radio-diagnosis. The comprehensive TCCC consists of surgical oncology, radiotherapy, medical oncology, Palliative care specialities with medical record section.*

#### 4. Patient population Data

Districts and region covered/proposed to be covered by the institute (give details):

Population in the above mentioned districts

Expected number of new cases of cancer per year:

Registered new cancer cases/year in the last 3 years

User charges levied or not : Yes/No

(if yes give details)

#### 5. Radiotherapy Facilities

Equipments

Existing Number\* & details

- Cobalt
- Linear Accelerator
- Manual Brachytherapy
- Remote A/L Brachytherapy
- Simulator
- Treatment Planning System
- Radiation Physics

Survey meter

Other instrument

*\*Existing Equipments : mention number, make, source, source strength, Xray/electron energies, accessories, year of purchase etc. in separate page.*

*# Proposed Equipments : mention proposed number of equipment (s) and the year by which it will be acquired in Part II of the form*

#### 6. Surgical Oncology

No. of Operation Theatres

General Surgery

Cancer Surgery

Details of major surgical equipments

No. of beds in Surgical Oncology

No. of Cancer Surgeries done in the last three years

## 7. **Medical Oncology**

No. of beds in Medical Oncology

No. of new patients treated with Chemotherapy during the last 3 years

## 8. **Teaching Programme**

<u>Speciality</u>	<u>Course</u>	<u>Duration</u>	<u>Seats/Year</u>	<u>Affiliation</u>
	<u>Existing/ Proposed</u>			

---

- Radiotherapy

- Surgical Oncology

- Medical Oncology

- Palliative Care

- Cancer Epidemiology

- Radiation Physics

- Technologist

(specify)

- Nursing

- Other (specify)

## 9. **Research and Training Activities**

9.1 Mention in Brief Continuing/proposed research works in cancer epidemiology, basic sciences, clinical sciences etc.

9.2 Mention in brief training activities and community oriented programmes (within and outside the institution).

9.3 Research Publications already carried out (attach separate list, if any)

9.4 Palliative care activities carried out by the institution.

9.5 Cancer Registry activities carried out by institution.



## PART-II

### **PROPOSAL FOR OBTAINING FINANCIAL ASSISTANCE (ACTION PLAN)**

Equipments can be procured for Radiotherapy/Surgical Oncology/Medical Oncology/ Pathology/Radio-diagnosis/Nuclear Medicine etc. (refer annexed indicative list) related to cancer care

#### **10. Radiotherapy (Teletherapy/Brachytherapy) Equipment**

- 10.1 Equipment with estimated cost : Details to be annexed
- 10.2. Building for Equipment : Ready / under construction
- 10.3 Approval by AERB/BARC : Obtained / not obtained
- 10.4 Building Plan for proposed SCI/TCCC : Attached / not attached

#### **11. Medical Oncology/Palliative care**

- 11.1 Equipment proposed with estimated cost : Details to be annexed
- 11.2 Medical Oncologist/dedicated physician or surgeon : Available/Not available
- 11.2 Palliative Care Physician/Surgeon or PMR specialist: - do -
- 11.3 Dedicated day care ward/facility for chemotherapy : Details to be annexed
- 11.4 Dedicated palliative Care ward or Rehabilitation ward: - do -

#### **12. Surgical Oncology**

- 12.1 Equipment proposed with estimated cost : Details to be annexed
- 12.2 Surgical Oncologist/Trained Surgeon : Available/Not available
- 12.2 Dedicated Operation Theatre/OT table : - do -

#### **13. Diagnostic/pathology/other equipment**

- 13.1 Equipment proposed with estimated cost : Details to be annexed
- 13.2 Other details

**14. Timelines (Gantt Chart)** for different stages of completion of action plan  
**Mention details of any previous grants taken earlier and the status of its Utilization Certificate.**

Date: \_\_\_\_\_

Name and Seal of Head of

TCCC/Institution

P.S. The proforma should be forwarded by the competent authority. Attach separate sheets to provide information wherever necessary.

**Check list for Financial Assistance to SCI/TCCCs**

Filled up proposal as per format containing availability of infrastructure, manpower and action plan including construction plan.

Availability of Radiotherapist & Medical Physicist in case of request for Radiotherapy Equipment.

Details of the previous grants received & Utilization certificate/s

Copies of AERB/BARC lay out plan and letter in case of radiotherapy equipment.

State Government Recommendation as per the format.

**PART – III**

**CERTIFICATE & RECOMMENDATIONS OF THE STATE GOVT./U.T. ADMINISTRATION**

No..... Station ..... Government of ..... Department of .....

The Institution is a Govt. Medical College/Hospital/registered leading NGO /other and is involved in cancer treatment activities since last 5 years.

The State Government is satisfied about the soundness of the project and that the institution is of proven capability for undertaking the project.

The State Government has examined the audited accounts of the Institution and is satisfied that their financial position is sound

The information furnished by the Institution is correct.

The State-Government recommends the proposal for a total grant of `..... (Maximum grant amount ` 120 crores (for SCI) with 75% share (90% for NE & hilly states) by Central Govt. or ` 45 crores (for TCCC) with 75% share (90% for NE) by Central Govt. ) to be utilized in \_\_\_\_\_(name of the institution) for the purpose given in application.

State Govt. agrees to make contribution to the development of SCI/TCCC (delete whichever is not applicable) in the institution through grant-in-aid and/or any other assistance required.

State Govt. share of 25% of the grant (10% in case of NE & hilly region) would be released to as per guidelines of Government of India.

The State Govt. will ensure that the institution (including erstwhile NGO RCCs) shall provide free treatment to BPL cancer patients as per the state policy. For poor patients who may not be BPL, the user charges are expected to be reasonable and not market determined, since the purpose of enhancing these facilities is to provide affordable treatment for cancer. Beds/treatment facilities for well to do patients who can afford to be pay can cross subsidize the poor patients. User charges will be fixed with the approval of the State Government.

State Govt. undertakes the responsibility of monitoring free treatment and beds for cancer care.

State Government will be monitor progress of the utilisation of the grant & ensure that GOI guidelines and conditions of grant are not contravened or violated.

The recurring costs will be borne by Institution/State Government concerned.

The State Govt. and the institution (name.....) undertake to enter into an MOU with the Govt. of India prior to release of the central Govt. grant amount.

**Signature, Name & Designation**

(To be signed by an officer of the State Govt. not below the rank of Jt. Secretary to the State Govt.)

Date.....

**STAMP**

**PART IV**

**INSPECTION REPORT**

15.1. Name & Address of the Institution Inspected :

15.2 Date/s of Inspection

15.3. Inspection Team

<u>Member's Name</u>	<u>Designation</u>	<u>Address</u>	<u>Phone/Fax</u>
1.			
2.			
3.			

15.4 Inspection Report: (As per check-list & Inspection Performa;

Brief outline summary to be given below here)

15.5 Recommendation: Recommended/Not Recommended

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Annexure – III (c)**

## Indicative List of equipment for Cancer Care Services at SCI/TCCC

### 1. Teletherapy:

Cobalt Radiotherapy Machine

Low Energy Linear Accelerator with MLC and 3DCRT

High end Dual energy Linear Accelerator *with/without* MLC and electrons, Image Guided Radiotherapy (IGRT), Intensity Modulated Radiotherapy (IMRT), SRS/SRT/SBRT etc.

Mould room facility

Gamma Knife

Tomotherapy machine /Cyberknife

### 2. Brachytherapy

High-dose rate (HDR) Brachytherapy system or LDR

### 3. Planning

Simulator or CT Simulator with Virtual Simulation facility

Treatment Planning System

### 4. Verification (Physics accessories for comprehensive QA)

Secondary Standard Dosimeter

Gamma Zone monitor

Survey Meter (Ion chamber based)

Radiation Frequency Analyzer

Other Physics lab equipment

### 5. Surgical Oncology

Fibre-optic endoscopes, Operation Theatres, Anaesthesia equipment etc.

### 6. Medical Oncology

Bone marrow transplant unit, Haematology/Pathology/Biochemistry/  
Microbiology/ Molecular Oncology setup and other equipment

### 7. Other equipment

X- ray Machines/ Mammography Machine

Ultrasound Equipment

CT Scan Machine

MRI

PET scan

Gamma camera and other Nuclear Medicine Equipment

Pathology and Cytology microscope and other related equipment

### Note:

List is indicative only (Institution can procure any equipment related to cancer care)

There would be ceiling rates for the common costly equipment for financial assistance from Govt. of India. Any amount more than the ceiling price of any equipment would be borne by Institution/State Government concerned.

## GFR 19-A

## Form of Utilization Certificate

Sl. No.	Letter No. and Date	Amount
	Total	

Certified that out of ` \_\_\_\_\_ of grants-in-aid sanctioned during the year \_\_\_\_\_ in favour of \_\_\_\_\_ under this Ministry / Department Letter No. given in the margin and ` \_\_\_\_\_ on account of unspent balance of ` \_\_\_\_\_ on account of unspent balance of the previous year, a sum of ` \_\_\_\_\_ has been utilized for the purpose of \_\_\_\_\_ for which it was sanctioned and that the balance of ` \_\_\_\_\_ remaining unutilized at the end of the year has been surrendered to Government (vide No. \_\_\_\_\_, dated \_\_\_\_\_)/will be adjusted towards the grants-in-aid payable during the next year \_\_\_\_\_.

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

- 1.
- 2.
- 3.
- 4.
- 5.

Signature \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Date \_\_\_\_\_