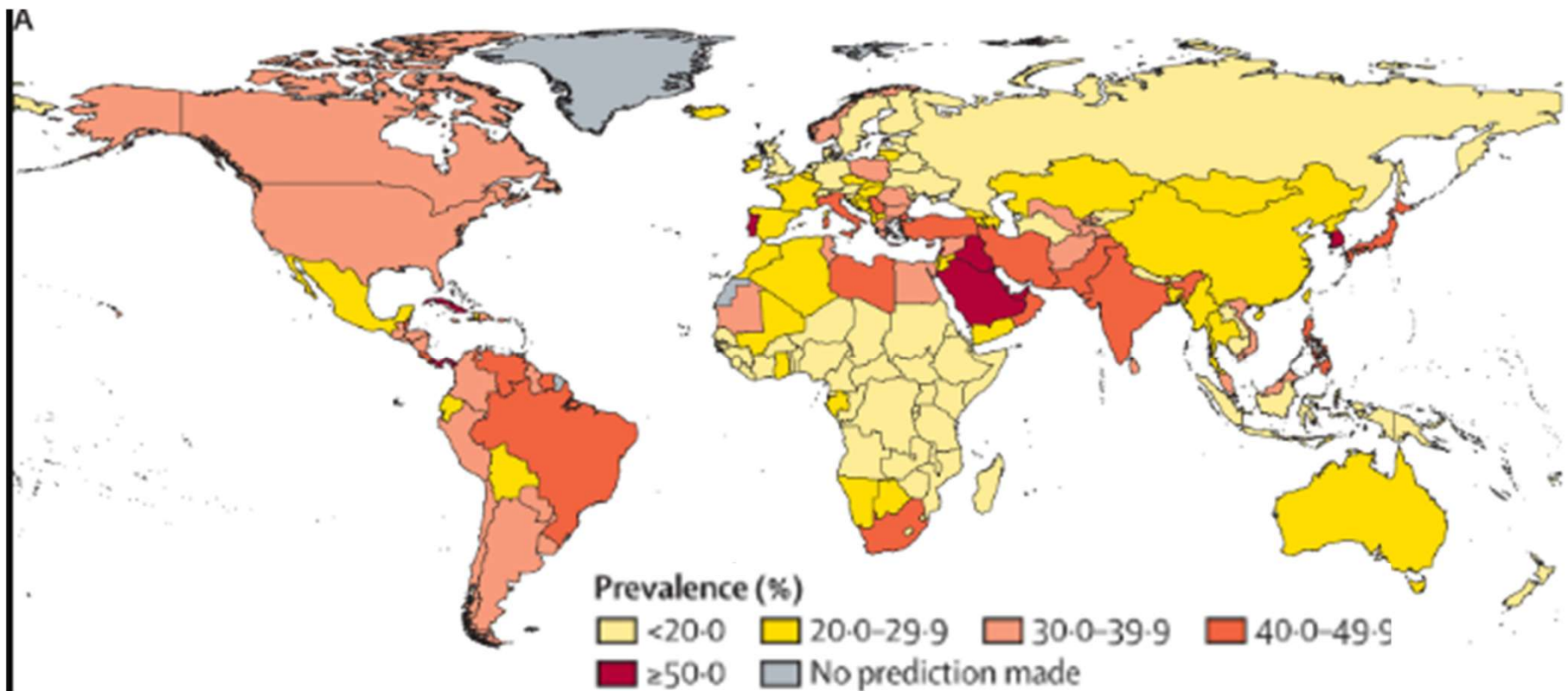





# NATIONAL PROGRAM FOR NON-COMMUNICABLE DISEASES

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# PREVALENCE OF PHYSICAL INACTIVITY IN THE WORLD





What will Happen if this trend of physical inactivity  
continues in the world?

Yes. Increased prevalence of Non Communicable diseases.

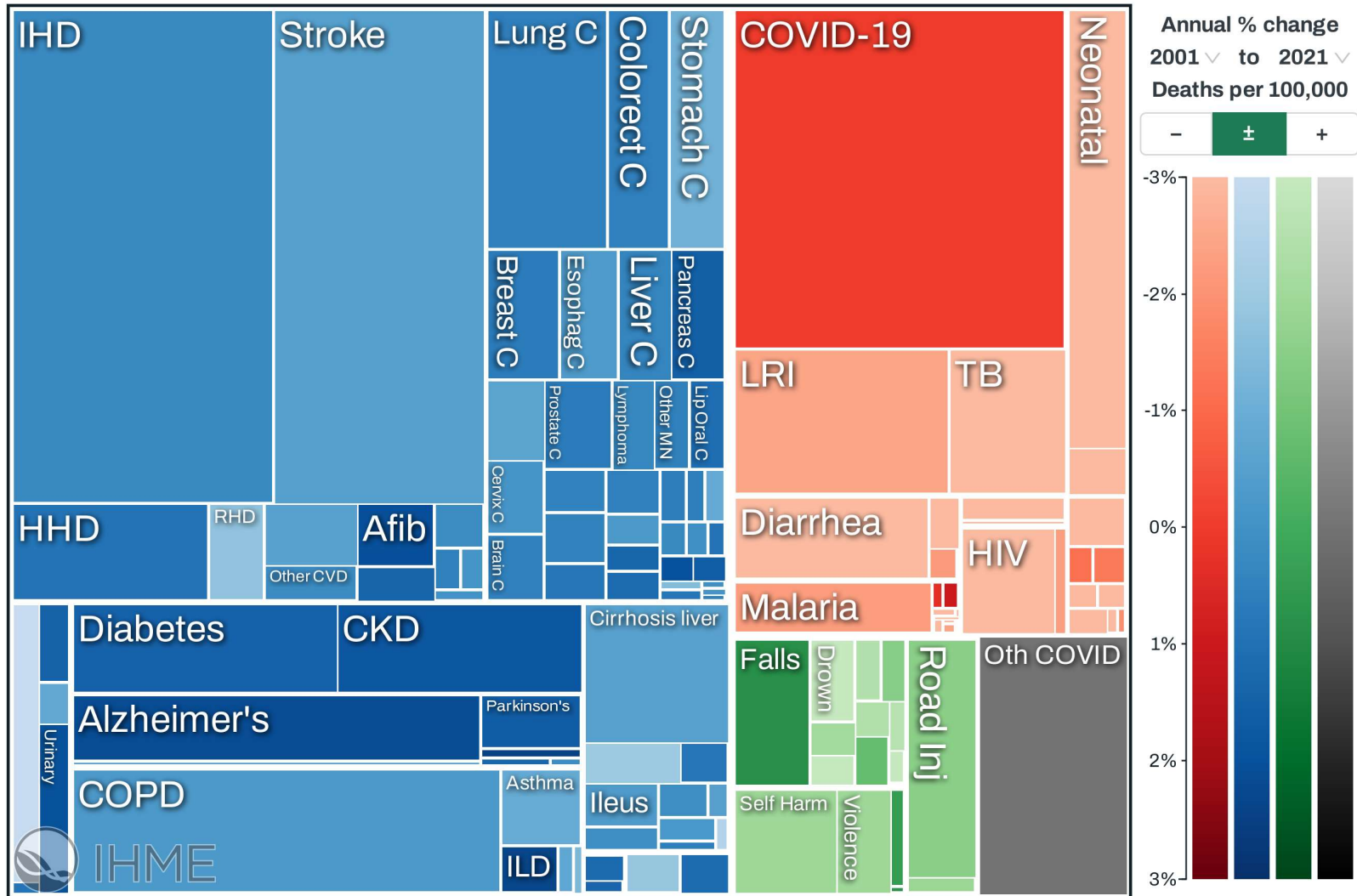
# CONTENTS

- Introduction
- History
- Aim& Objectives
- Resources – Human, Money
- Strategies

# INTRODUCTION

- Health profile transition/ Epidemiological transition in the world and in India
- India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases
- 60% of deaths in India are because of Non Communicable Diseases only
- NCDs cause considerable loss in potentially productive years of life.
- Losses due to premature deaths related to heart diseases, stroke and diabetes are also projected to increase over the years.

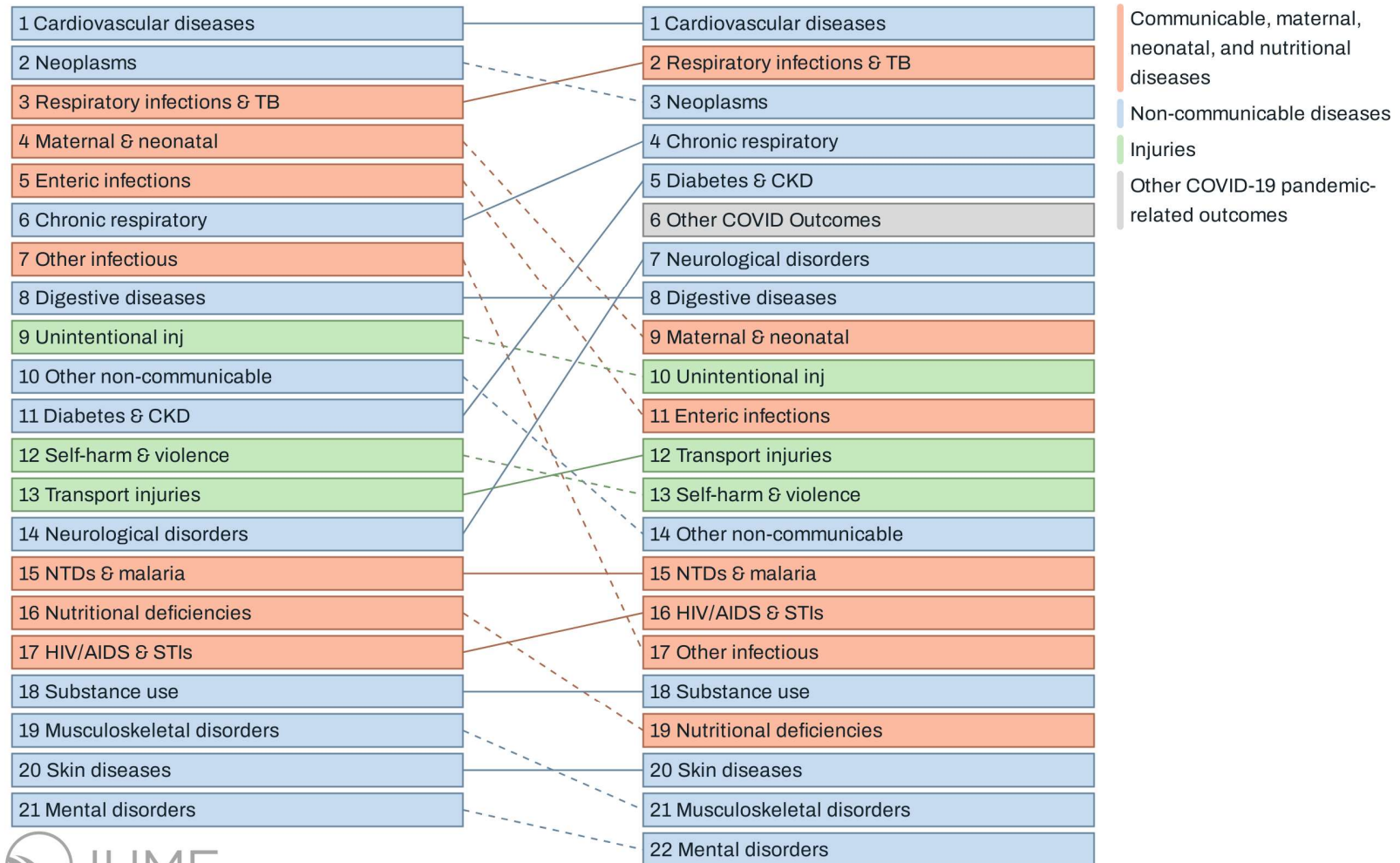
Global  
Both sexes, All ages, 2021, Deaths



**Global**  
**Both sexes, All ages, Deaths per 100,000**

**1990 rank**

**2021 rank**



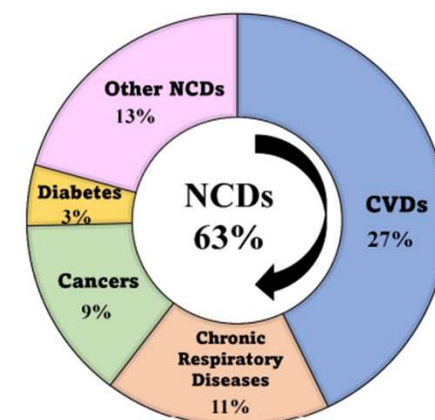
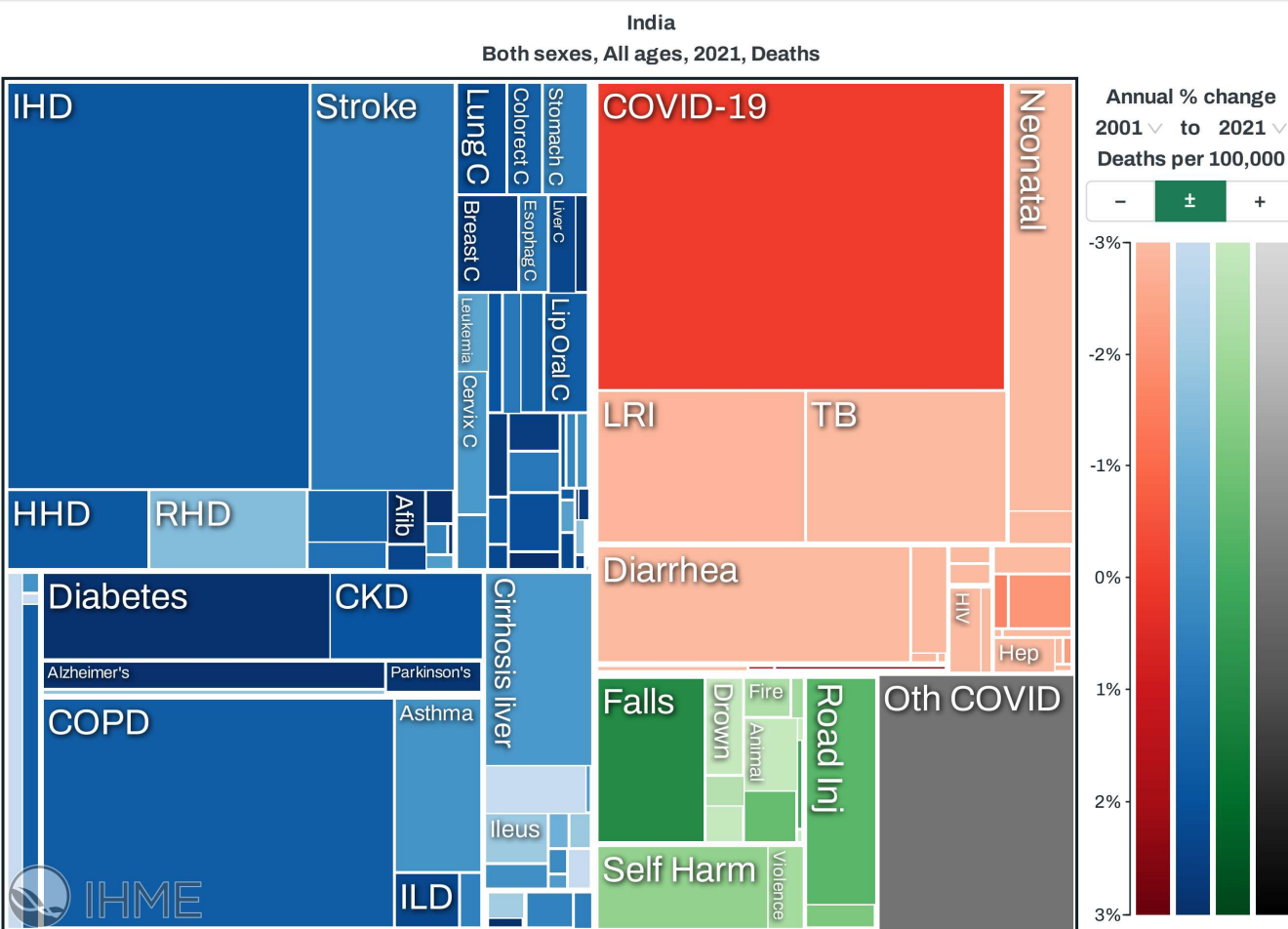
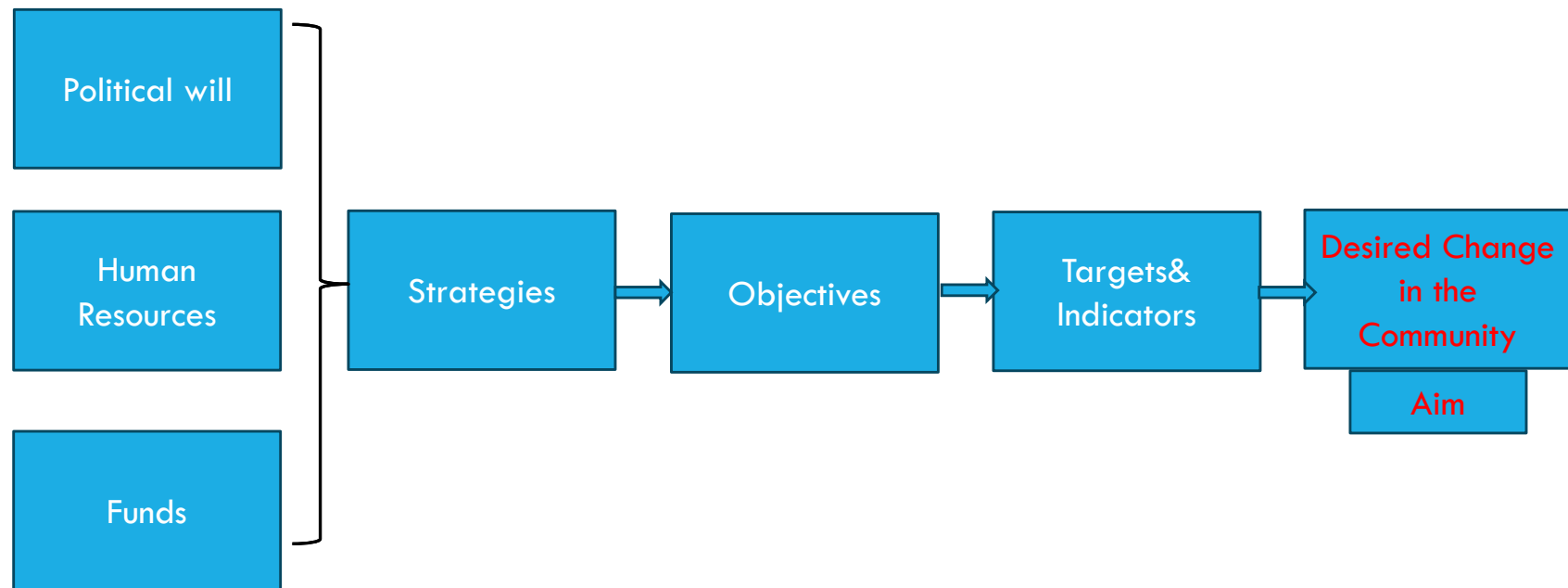


Figure 1: Mortality due to Non Communicable Diseases in India<sup>1</sup>



# PROGRAM OUTLINE



# HISTORY OF NP-NCD

First Started  
as  
National Program for  
Prevention and Control of  
Cancer, Diabetes,  
Cardiovascular diseases and  
Stroke NPCDCS  
in the year 2010



Renamed  
as  
National Program for Non  
Communicable diseases  
NPNCDS  
in the year 2023

# HISTORY OF NP-NCD

- **NPCDCS was launched in 2010** in 100 districts across 21 states with an objective to prevent and control major NCDs.
- In order to expand the services and bring them closer to the community, **Population Based Screening (PBS)** for common NCDs was launched in year 2016.

# HISTORY OF NP-NCD

- The PBS includes screening of individuals of 30 years and above age group for five common NCDs i.e., Hypertension, Diabetes, Cancers of the oral cavity, cervix and breast.
- Inclusion of guidelines for prevention and management of **Chronic Obstructive Pulmonary Disease (COPD)** and **Chronic Kidney Disease (CKD)** under NPCDCS, to prevent and manage the chronic respiratory and kidney diseases respectively, which are also major causes of death due to NCDs.

# AIM OF NP-NCD

The aim of NP-NCD, formerly known as NPCDCS, is

to prevent and control major NCDs like  
cancer, diabetes, cardiovascular  
diseases, and stroke

through

- infrastructure strengthening,
- human resource development,
- health promotion,
- early diagnosis, and management.

# TARGETS AND INDICATORS

- SDG target 3.4 is to reduce premature mortality (30 to 70 years) from NCDs by one-third.
- The National Health Policy, 2017 also emphasizes the need to halt and reverse the incidence of NCDs and seeks to focus on common NCDs.
- 30 to 70 years people are target population

# OBJECTIVES

1. Health promotion through behaviour change
2. Screening, Early diagnosis, Management, Referral and Follow-up
3. Build Capacity of Health care providers
4. Strengthen supply chain management
5. Monitoring, Supervision and evaluation of program
6. Co-ordination and collaboration with others

# STRATEGIES

- Health promotion for prevention of NCDs and reduction of risk factors.
- Screening, early diagnosis, management, referral and follow up of common NCDs.
- Capacity building of health care providers.
- Evidence based standard treatment protocols.
- Uninterrupted drug and logistics supply.
- Task sharing and people-centered care.
- Information system for data entry, longitudinal patient records.



# STRATEGIES

- Monitoring, supervision, evaluation and surveillance including technology enabled interventions
- Multi-sectoral coordination and linkages with other National Programmes.
- Implementation research and generation of evidences.

# ACTIVITIES UNDER NPNCDS

1. Diabetes, cardio vascular Disease and Stroke Component
2. Cancer Component

# DIABETES, CARDIO VASCULAR DISEASE AND STROKE COMPONENT ACTIVITIES

- ❖ **Activities at Sub Centre** – Health promotion, Screening and Referral
- ❖ **Activities at CHC** – Lab test, Early diagnosis and management, Referral of Complicated cases
- ❖ **Activities at District Hospital** – Detailed investigation, Treatment of complicated cases, Counselling
- ❖ **Urban Health Checkup scheme** – Screening Diabetes and Hypertension in Urban slums
- ❖ Integration with other schemes like Rashtriya Bala Swasthya Karyakram, AYUSH, RNTCP, Rheumatic Heart disease prevention and control

# CANCER COMPONENT ACTIVITIES

- Establishment of Regional Cancer Centres
- Oncology wing development
- **Establishment of preventive oncology clinics**
- Decentralized NGO Scheme
- IEC activities
- Research and Training

# RESOURCES

## **Human Resources**

- Program managing personnel
- Program implementation personnel

## **Financial Resources**

- Central funds
- State funds

# HUMAN RESOURCES AT CENTRAL LEVEL

## Human resources at National NCD Division:

At National level, Joint Secretary (NCD) will head the NP-NCD, who will be technically supported by Deputy Director General (NCD). Under DDG (NCD), the following officers will lead the program:

Sl. No.	Name of Post	No. of Posts
1.	Central NCD Division- Head (DDG Level)	1
2.	Deputy Program Manager (Diabetes, Hypertension, COPD and asthma, Stroke, STEMI, CKD, NAFLD, CVD) Addl. DDG/ADG Level	8
3.	Program Manager (Joint-Director Level)	16
4.	Assistant Program Manager (Deputy/Assistant Director Level)	16

# HUMAN RESOURCES AT CENTRAL LEVEL

Sl. No.	Name of Position/Post	No. of Posts
1.	National Programme Coordinator	1
2.	Epidemiologist	1
3.	Consultant (Training)	1
4.	Consultant (Monitoring and Evaluation)	1
5.	Consultant (Public Health)	2
6.	Consultant (Health Promotion/IEC)	2
7.	Consultant (Management Information System/e-Health)	1

## HUMAN RESOURCES AT CENTRAL LEVEL

8.	Consultant (Finance and Logistics)	1
9.	Accountant	1
10.	Logistics Manager	1
11.	Data Analyst	2
12.	Data Entry Operators	7
13.	Public Health Consultants (Regional/State based)	25



# HUMAN RESOURCES AT STATE LEVEL

## Human resources at State NCD Division

The staff positions supported at State NCD Division:

Sl. No.	Name of Post	No. of Posts
1.	State Programme Officer	1
2.	State Programme Coordinator/NCD Consultant	1
3.	Finance and Logistics Consultant	1
4.	Data Entry Officer	1

# HUMAN RESOURCES AT DISTRICT LEVEL

## Human Resources at District NCD Division:

Contractual staff positions supported at District NCD Division:

Sl. No.	Name of Post	No. of Posts
1.	District Programme Officer	1
2.	District Programme Coordinator/Senior Treatment Supervisor	1
3.	Finance and Logistics Consultant	1
4.	Data Entry Officer	1

# HUMAN RESOURCES AT DISTRICT/ CHC NCD CLINIC

## Human resources at District NCD Clinic:

Contractual staff positions supported at District NCD Clinic:

Sl. No.	Name of Post	No. of Posts
1.	Consultant (MD Medicine)	1
2.	GNM/Staff Nurse	1
3.	Physiotherapist	1
4.	Counsellor	1
5.	Data Entry Operator	1

## Human resources at CHC NCD Clinic:

Contractual staff positions supported at CHC NCD Clinic

Sl. No.	Name of Post	No. of Posts
1.	MD Medicine/ Medical Officer (NCD)	1
2.	GNM / Staff Nurse (NCD)	1
3.	Counsellor	1
4.	Data Entry Operator	1

# FUNDING

NP-NCD is funded under the common **NCD flexi-pool of NHM.**

The States/UTs, while formulating their interventions for NCDs, incorporate the budget for the same within the State NHM Programme Implementation Plan (PIP).

The '**flexi-pool**' allows States sufficient flexibility in providing funds to various components within the overall NCD allocation.

The **States are permitted to reassign funds among the various components** to a certain extent after obtaining approval from the Government of India, but within the broad framework of NP-NCD.

# HEALTH PROMOTION

Ayushman Bharath Wellness centres started at subcentre level/ Village level

Training Health care providers at Village level about NCDs and their risk factors

Conducting rallies to create awareness

**Example: November 14<sup>th</sup> World Diabetes Day**

Installing out door Gyms in Parks

Establishing walking tracks in urban areas

Telemedicine for consultation and clearing the doubts

# EARLY DIAGNOSIS AND TREATMENT

Conducting Population based surveys

Screening target population (30 years and above age group population)

Referral from subcentre to PHCs to CHCs and higher centres

Example: Preventive Oncology clinics

# BUILD CAPACITY & STRENGTHEN SUPPLY CHAIN

Creating Training modules for each level Health care providers

Training all Health care providers in village level to detect the cases in early

**One of the big problem in NCDs is to take treatment throughout life**

**Thus uninterrupted drug supply is very crucial in managing NCDs**

**Thus treatment should be given for at least 30 days**

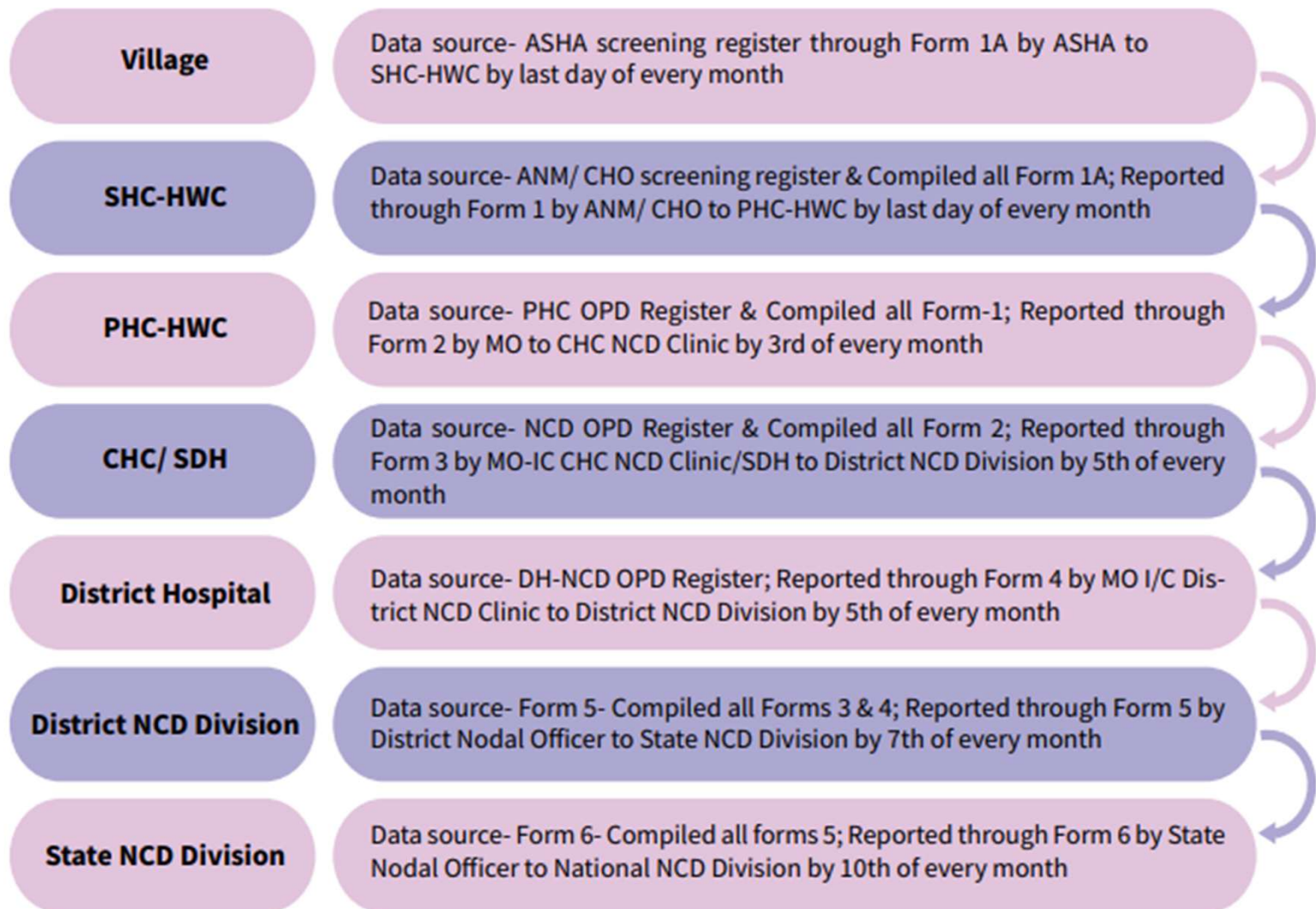
**For that supply chain should be strengthened**

# MONITORING AND EVALUATION

1. Regular analysis of programme data reports
2. Supervision
3. Programme review
4. Data quality assurance
5. Monitoring indicators
6. Surveillance



Data flow



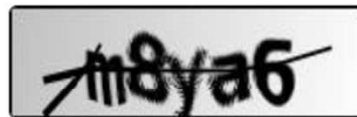


# National Programme for prevention and control of NCDs (NP-NCD)

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Password \*



Enter code shown on the picture

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NCD Portal

# DATA FLOW FOR MONITORING

The National NCD Portal is a suite of 6 applications:

- 1) **ASHA Mobile App** - To capture Population enumeration and CBAC Assessment
- 2) **HWC App** - To screen the population for five common NCDs and enable referrals to PHC by ANM/CHO at the SHC, HWCs
- 3) **PHC Web Portal and App** - To validate patient screening, complete diagnosis/ manage/ refer to higher centres by MO in PHC and backward referrals for follow-ups. Mobile app version is about to be launched for the same.
- 4) **CHC/DH Portal and App** - To confirm diagnosis of patients referred from PHCs and initiate treatment and backward referrals.
- 5) **Admin Portal** - To manage the master data for facility and users at district and state levels.
- 6) **Health Officials Dashboard** - Dashboard for district, State and National NCD officials to monitor the status of programme implementation and NCD indicators.

## NON COMMUNICABLE DISEASE CONTROL PROGRAMMES

### Non Communicable Disease Control Programmes

National Programme for prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & stroke (NPCDCS)

National Programme For Control Of Blindness & Visual Impairment(NPCBVI)

National Mental Health Programme (NMHP)

National Programme for healthcare of Elderly(NPHCE)

National Programme for the Prevention & Control of Deafness (NPPCD)

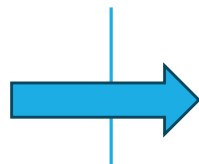
National Tobacco Control Programme (NTCP)

National Oral Health Programme(NOHP)

National Programme for Palliative care (NPPC)

National Programme for Prevention & Management of Burn Injuries (NPPMBI)

Other Non Communicable disease Control Programmes



**Coordination  
with other  
National  
Programmes**

# CONCLUSION

- As Life expectancy increasing, new challenges are arising
- NP-NCD is working to address these challenges and improve life expectancy and quality of life with the aim to further by preventing and controlling major NCDs like cancer, diabetes, cardiovascular diseases, and stroke

Thank you

