

**National Programme for Control
of Cancer, Diabetes,
Cardiovascular disorders and
Stroke (NPCDCS)**

Evolution of NPCDCS Programme

- 1975 :India responding to NCD challenge with vertical national
- 2008: Pilot in 10 districts
- 2010 : NPCDCS in 100 districts of 21 States
- 2013-14 : Integrated with NHM , Rolled out in 36 States/UTs Tertiary Care Cancer Centres & SCI Opportunistic Outreach screening.
- 2015-16 : Integrated with NHM , Rolled out in 36 States/UTs Tertiary Care
- 2017: National Health Policy population-based screening
- 2018: Comprehensive Primary Health Care through Health and Wellness centres PBS and NCD services
- 2021: Integration of Non-Alcoholic Fatty Liver Disease (NAFLD) into NPCDCS.

Objectives of NPCDCS

- Health promotion through behavioural change
- Population based & opportunistic screening at all healthcare levels
- Prevention & control of chronic NCDs
- Capacity building for prevention, early diagnosis, treatment, rehabilitation, IEC/BCC & Operational Research
- Support diagnosis & cost-effective treatment at all levels
- Develop Database of NCDs to monitor mortality, morbidity & risk factors

Population Based Screening

- Launched as a package under Comprehensive Primary Health Care in 2018
- Screening targeted of all persons >30yrs age in community for common NCDs
- Prevention, control & screening services through trained frontline workers (ASHA & ANM), linked with referral support and continuity of care
- Being implemented in 697 districts and Health & Wellness Centres as a part of comprehensive primary health care
- PBS helps in better management of diseases by the way of early stage of detection, follow up, treatment adherence
- Also generates awareness on the risk factors of NCDs

Tertiary Cancer Care Centre Schemes

- State Cancer Institute (SCI) and Tertiary Cancer Care Centre (TCCC),
- 39 institutions (19 SCIs & 20 TCCCs) funded so far ,
- GOI: State Share 60:40% & NE region 90:10%
- Maximum support of Rs. 120 Crores for SCI, 45 Crores for TCCCs

Activities at SCI/TCCC:

- Tertiary care diagnosis and treatment
- Coordination of cancer related activities in their respective geographical areas
- Training of doctors/health personnel
- Outreach and Screening activities
- Research activities, Participate in cancer registry programme
- Palliative Care

Pradhan Mantri National Dialysis Program

(Chronic Kidney Disease)

- Hemodialysis services launched in PPP mode
 - Service Provider : Human Resources , dialysis machine , R.O. plant, dialyzer & consumables
 - Government : space in District Hospitals , Drugs, Power , water supply and cost of dialysis for poor patients
- Guidelines developed and released
- Implemented in 35 States/UTs in 550 Districts at 999 centres by deploying 6713 hemo-dialysis machines
- Total 11.22 lakh patient availed dialysis services and 113.70 Lakhs Hemo-dialysis sessions held- as on 30th June 2021

Newer Initiatives

- National Multi-sectoral Action Plan (NMAP) for prevention and control of NCDs has been developed through series of consultations with various stakeholders including other Ministries / Departments.
- Non-Alcoholic Fatty Liver Disease operational guideline launched
- Chronic Obstructive Pulmonary Diseases guidelines have been finalized
- “National Joint Framework for Tuberculosis-Diabetes collaborative activities” has been developed to articulate a national strategy for ‘bi-directional screening’, early detection and better management of Tuberculosis and Diabetes co-morbidities.
- India Hypertension Control Initiative (IHCI), a collaborative project of ICMR, MoHFW, State Governments and WHO has been rolled out to leverage and strengthen the ongoing efforts of hypertensive control interventions.
- A convergent plan has been developed with NUHM to promote comprehensive primary health care to reduce NCDs burden in urban areas
- Other initiatives such as Stroke and STEMI interventions rolled out as per the proposal submitted in PIP (innovation) by States

**National Program for Health Care of Elderly
(NPHCE)**

Ministry of Health & Family Welfare

National Programme for Health Care of Elderly (NPHCE)

The Ministry of Health & Family Welfare had launched the “National Programme for the Health Care of Elderly” (NPHCE) during 2010-11 in compliance with NPOP 1999, to address various health related problems of elderly people.

Objective

- To provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population;
- Creating a new "architecture" for Ageing;
- To build a framework to create an enabling environment for "a Society for all Ages";
- To promote the concept of *Active and Healthy Ageing*;
- Convergence with National Health Mission, AYUSH and other line departments like Ministry of Social Justice and Empowerment.

Programme Strategies

- Community based primary health care approach including domiciliary visits by trained health care workers.
- Dedicated services at PHC/CHC level including provision of machinery, equipment, training, additional human resources (CHC), IEC, etc.
- Dedicated facilities at District Hospital with 10 bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and IEC.
- Information, Education & Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community.
- Continuous monitoring and independent evaluation of the Programme and research in Geriatrics and implementation of NPHCE.

Expected Outcome

- District Geriatric Units with dedicated Geriatric OPD and 10-bedded Geriatric ward Rehabilitation/Physiotherapy Services in 718 District Hospitals.
- OPD Clinics/Rehabilitation units including domiciliary visits at CHC, PHC & HWC.
- Health & Wellness Centres/Sub-centres provided with equipment for community outreach services for Elderly.
- Training of Human Resources of Public Health Care System for provision of quality Geriatric Care.

Package of services : at DH and below

- Sub Centre:
 - **Health Education** related to healthy ageing, environmental modifications, nutritional requirements, life styles and behavioral changes.
 - **Special attention to home bound / bedridden** elderly persons and provide training to the family health care providers in looking after the disabled elderly persons.
- Primary Health Centre:
 - A **weekly geriatric clinic** at PHC level by trained Medical Officer, Conducting **Health assessment** of the elderly persons and simple investigation including blood sugar, etc.
- Community Health Centre
 - **Biweekly geriatric Clinic and Rehabilitation services** to be arranged by trained staff and rehabilitation worker at CHCs.
 - **Domiciliary visits** by the rehabilitation worker will be undertaken for bed-ridden elderly and counseling to family members for care such patients.
- District Hospitals:
 - **Dedicated Geriatric OPD services, In-door admissions through 10 bedded geriatric ward, laboratory investigations and rehabilitation services.**
 - Provide services for the elderly patients referred by the CHCs/PHCs etc and refer severe cases to tertiary level hospitals

Programme Strategies- Tertiary

- Strengthening of Regional Geriatric Centers to provide dedicated tertiary level medical facilities for the Elderly, introducing PG courses in Geriatric Medicine, and in-service training of health personnel at all levels.
- Establishment of Two national centres of aging at AIIMS delhi & MMC chennai
- Department of Geriatric Medicine in selected 19 Medical Colleges Sanctioned as Regional Geriatric Centres (RGC) with a dedicated Geriatric OPD and 30-bedded Geriatric ward for management of specific diseases of the elderly, conducting trainings of health personnel in geriatric health care and pursuing research.
- Post-graduation in Geriatric Medicine (two seats) in each of the 19 Regional Geriatric Centres.

National Centres for Ageing- Progress

Two National Centre for Ageing (NCA) has also been developed as centre of Excellence for Geriatric Care services.

MMC, Chennai

- The Physical Progress achievement is 98%.
- The Process of obtaining EB connection and Metrowater connection initiated. Liquid Oxygen plant installation done.
- Equipment procurement under process. Now put on hold as the premises is temporarily converted as Covid hospital.
Human Resources: HR posts not yet sanctioned.

AIIMS, New Delhi

- Physical Progress achievement is 92%.
- OPD services expected to start from September 2021 subject to M/s HSCC obtaining all necessary approvals and occupancy certificate for the building.
- In-patient services expected to start from December 2021 subject to completion and commissioning of the project by M/s HSCC in all respects
- Sanction of additional manpower awaited. Proposal is currently under consideration in the Department of Expenditure, Ministry of Finance

A Geriatric Care and Rehabilitation Centre is sanctioned at PGI Chandigarh. A revised proposal has been received for Rs.233.04 cr to be placed before the DIB for appraisal and approval.

List of 19 RGCs

Sl. No	Name of the Institution/Medical College
RGCs identified during 11th Five Year Plan	
1	Govt. Medical College, Tiruvananthapuram, Kerala
2	Intt. Of Medical Sciences, BHU, UP
3	Guwahati Medical College, Guwahati, Assam
4	S.N Medical College Jodhpur, Rajasthan (Institute)
5	Madras Medical College , Chennai, Tamil Nadu
6	Grants Medical College & JJ Hospital, Mumbai, Maharashtra
7	Sher-e-Kashmir Institute of Medical Science, Srinagar, J &K
8	All India Institute of Medical Science, New Delhi
RGCs identified during 12th Five Year Plan	
9	Gandhi Medical College, Bhopal
10	Kolkata Medical College, Kolkata
11	Nizam's Institute of Medical Sciences, Hyderabad
12	S.C.B. Medical College, Cuttack
13	King George's Medical University, Lucknow
14	Rajendra Institute of Medical Sciences, Ranchi
15	Bangalore Medical College & Research Institute, Bengaluru
16	B.J. Medical College, Ahmadabad
17	Agartala Medical College, Agartala
18	Patna Medical College, Patna
19	Rajendra Prasad Government Medical College, Himachal Pradesh

Issues: Specific Tertiary Level

- To operationalise all the services in the 19 Regional Geriatric Centers.
 - OPD services yet to start at RGC Ahmedabad
 - Indoor wards (30 bedded) to be set up at RGC: Ahmedabad, Patna and Kolkata. (Srinagar, Bhopal, & Himachal Pradesh have less than 30 beds).
 - Physiotherapy unit and laboratory services to be set up at RGC: Bhopal, Ahmedabad, Patna, Kolkata, Hyderabad (Nizam), Cuttack and Bangalore
- Development of Manpower in RGCs through 2 PG seats of MD Geriatric Medicine is in operation at only 3 RGCs i.e. AIIMS, New Delhi, MMC, Chennai and BHU, Varanasi (U.P.).

LASI- Longitudinal Aging Study Of India

- IIPS in collaboration with MOHFW, MOSJE, NIH/NIA(USA) has conducted a nationally representative survey of elderly to develop comprehensive evidence base on health & well being of Indian elderly.
- LASI is the worlds largest study, which covered a baseline sample of 72,250 individuals age 45 and above and their spouses including 31,464 elderly person(s) aged 60 and above and 6,749 oldest-old persons aged 75 years and above.
- LASI is a full–scale national survey of scientific investigation of the health, economic, and social determinants and consequences of population ageing in India.
- The report for Wave-1, has been Launched with executive summary & 35 States/UTs Fact Sheets on 6th January 2021 by Hon’ble HFM and is available on the website of MoHFW.

National Programme for Control of Blindness & Visual Impairment

Evolution of National Programme for Control of Blindness and Visual Impairment (NPCBVI)

- India was the first country in the world to launch a National Program for Control of Blindness (NPCB) in 1976.
- The Trachoma Control Programme that was started in 1963 was merged under NPCB in 1976.
- Nomenclature of the programme was changed from National Program for Control of Blindness to National Program for Control of Blindness & Visual Impairment (NPCBVI) in 2017.

Objectives

- To reduce the prevalence of blindness from 1.4% to 0.3% by the year 2020 (Initial)
- To reduce the prevalence of blindness to 0.25% by 2025 and disease burden by one third from current levels.
- Reduce the backlog of blindness through identification and treatment of blind.
- Develop comprehensive eye-care facilities at each level i.e. PHCs, CHCs, Dist. Hospitals, Medical Colleges and Regional Institutes of Ophthalmology.
- Develop human resources for providing Eye Care Services.
- Improve quality of service delivery.
- Secure participation of Voluntary Organizations/Private Practitioners in eye care services.
- Enhance community awareness on eye care.

Future Road Map and Initiatives

- Award/incentives to States/Districts to clear backlog of Cataract blind cases in a phased manner with emphasis on quality of surgery
- Increased focus on other causes of Visual impairment besides Cataract like Diabetic retinopathy, ROP, Corneal Blindness.
- Strategy for focus on visual impairment of 0-18 years of children including newborns in synergy with RBSK
- Collaboration with (a) RBSK and education department for school eye screening (b) NCD clinics for diabetic retinopathy screening and (c) M/O Social Justice and Empowerment for low vision aids.
- Dr. R.P. Centre, AIIMS, has been mandated to conduct a National Trachomatous Trichiasis (TT) Survey in previously trachoma endemic district to find the prevalence of TT as per WHO action plan for elimination of trachoma.
- Training of various level of health workers for provision of comprehensive eye care services at Health & Wellness centres.

Innovations

- Introduction of tele-ophthalmology in eye care. Linkage of lower units (PHC/vision centres) with nearby higher units (district hospitals/Medical Colleges) for coverage of hilly and hard to reach areas (**Tripura, Andhra Pradesh, Tamil Nadu**).
- Introduction of mobile units for screening and transportation of identified patients at far flung areas.
- Initiating Diabetic Retinopathy screening of all diabetics attending the NCD clinics.
- “Kanti Velugu” initiative in Andhra Pradesh and Telangana
- Use of digital media in IEC and digitizing old IEC material.

National Oral Health Programme (NOHP)

Objectives

- Improvement in the determinants of oral health e.g. healthy diet, oral hygiene improvement etc and to reduce disparity in oral health accessibility in rural & urban population.
- Reduce morbidity from oral diseases by strengthening oral health services at Sub district/district hospital to start with.
- Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral health; namely various National Health Programs.
- Promotion of Public Private Partnerships (PPP) for achieving public health goals


NHM Component

Support is provided to States to set up Dental Care Units at District Hospitals or below. Support is provided for the following components:


- Manpower support [Dentist, Dental Hygienist, Dental Assistant]
- Equipments including dental Chair
- Consumables for dental procedures
- Training and IEC

Approx. 3650 dental care units have been supported by NOHP till date across 35 states and UTs.

Training & Capacity Building



Training Manual on Oral Health Promotion for
HEALTH WORKERS




National Oral Health Programme
Ministry of Health and Family Welfare
Government of India

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Conceptualised and Developed by:
Centre for Dental Education and Research
WHO-Collaborating Centre for Oral Health Promotion
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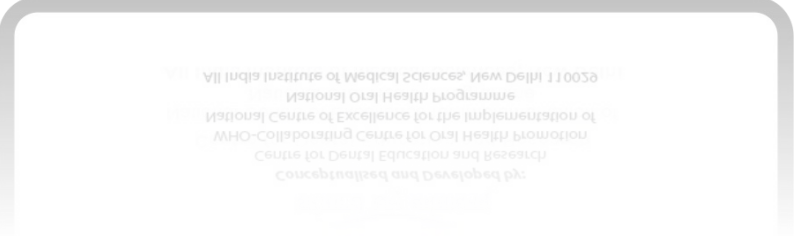
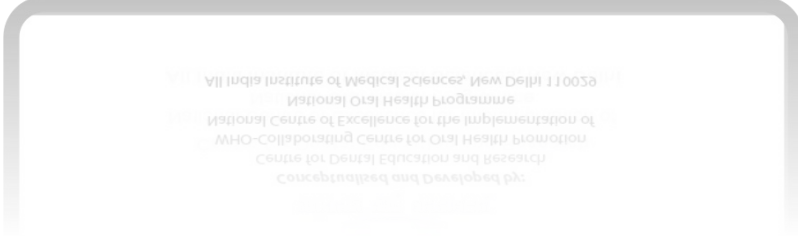
Training manual on Oral Health Promotion for
SCHOOL TEACHERS



National Oral Health Programme
Ministry of Health and Family Welfare
Government of India

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**National Programme for Prevention
and Control of Deafness (NPPCD)**

Evolution of NPPCD

- The Programme was launched in Aug 2006 as a 100% Centrally Sponsored Scheme during 11th Five year Plan.
- Initiated on pilot mode in 25 districts of 11 State/UTs.
- In 2015-16 the programme has been included in health system strengthening component of NHM.
- Total 595 districts in 35 States/Uts are covered under the program

Objectives of NPPCD

- Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness
- Preventing avoidable hearing loss on account of disease or injury
- Rehabilitation of persons of all age groups suffering with Hearing Impairment
- Developing institutional capacity for ear care services by providing support for equipment, material and trained manpower
- Strengthening inter-sectoral linkages for rehabilitation

Components of the programme

- Capacity Building / Manpower training and development
 - Prevention, early identification and Management
 - DH, CHC & PHC for ENT & Audiology Infrastructure
- Service provision
 - Early detection, Management & Rehabilitation
- Awareness generation through IEC/BCC activities
- Early Identification & Remove Stigma

Strategies

- To strengthen the service delivery for ear care.
- To develop human resource for ear care services.
- To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.
- To develop institutional capacity of the district hospitals, community health centres and primary health centres selected under the Programme.

Primary level activities

CHCs/PHCs/SCs/Primary School teachers/ Health Workers/ Panchayat

- Early identification of cases of hearing impairment and their management in collaboration with Rashtriya Bal Swasthya Karyakram.
- Primary ear care.
- Public awareness for prevention.
- Training of health workers.
- Support to School Ear care.

Secondary level activities

- Management of cases.
- Organization of Ear care screening.
- Organization of School Ear Care Programme.
- Training of PHC doctors, nurses, Audiometric assistants, health workers, school teachers.

National Mental Health Programme (NMHP)

National Mental Health Programme

Interventions by the Government in the field of mental health are as under

District Mental Health Programme:

- Under DMHP, support is provided to States/UTs for making provision of basic mental health services for early detection & treatment of mental illness up to District Hospital with a support of up-to Rs. 83.20 lakhs per district per year.
- The activities covered under the DMHP also include targeted interventions like work place stress management, suicide prevention activities, life skills training, counseling in schools and colleges, community awareness generation activities and imparting short term training to various categories of healthcare workers.

Manpower Development Schemes: With the objective to address the shortage of qualified mental health professionals in the country, the Government is implementing Manpower Development Schemes for establishment of Centres of Excellence and strengthening/ establishment of Post Graduate (PG) Departments in mental health specialties.

Digital Academy: Through Digital Academies established at the three Central Mental Health Institutes, Government of India provides online training courses to various healthcare service providers like medical officers, psychologists, social workers and nurses to deliver quality mental healthcare services throughout the country.

Mental Healthcare Act, 2017: The Government has also enacted the Mental Healthcare Act, 2017 which came into force w.e.f. 29/05/2018. Objective of the Act is to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services.

National Mental Health Policy: The Government had launched the National Mental Health Policy on 10th October, 2014. The objectives of the National Mental Health Policy, inter-alia, include improving access to and utilization of comprehensive mental health services by persons with mental health problems, including those belonging to vulnerable groups, reduction in prevalence and impact of risk factors associated with mental health problems and to provide appropriate interventions.

Achievements in the field of Mental Health

District Mental Health Program (DMHP) under NCD Flexible pool (NHM)

The Government has supported implementation of the District Mental Health Programme (DMHP) in 692 districts of the country for early detection & treatment of mental illness with a support of up-to Rs. 83.20 lakhs per district per year.

Tertiary level component of National Mental Health Program (NMHP)

The Government has provided support for establishment of 25 Centres of Excellence and strengthening/ establishment of 47 Post Graduate (PG) Departments in mental health specialties in the country.

Helpline for providing psycho-social support during COVID-19

Anticipating the impact that COVID-19 may have on the mental health of the people, the Government, through National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, has set up a 24/7 helpline (080-4611 0007). The helpline, which is managed by mental health professionals, is providing mental health and psychosocial support to the entire affected population, divided into different target groups viz children, adult, elderly, women and healthcare workers. The helpline was launched within a week of the National lockdown (29/03/2020).

Rare Diseases

□ **National Policy for Rare Diseases, 2021**

- Ministry of Health and Family Welfare has notified the National Policy for Rare Diseases, 2021 on 30.03.2021 and put in public domain. The Policy can be accessed at website: <https://main.mohfw.gov.in/documents/policy>

□ **Digital Portal for Crowd-funding & Voluntary donations for Patients of Rare Diseases**

- Ministry of Health and Family Welfare has launched the Digital Portal for Crowd-funding & Voluntary donations for Patients of Rare Diseases. The portal may be accessed through: <https://rarediseases.nhp.gov.in/>.
- This has enabled individuals and corporate donors to contribute voluntary donations to the treatment cost of patients of rare diseases.
- Donors have a choice to make donations to different Centres of Excellence (CoEs) and for the patients being treated by these CoEs.

Thank You