

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



OPERATIONAL GUIDELINES



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

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1. POLICY & STRATEGIC FRAMEWORK FOR IMPLEMENTATION

1.1 Introduction

India is experiencing a rapid health transition with a rising burden of Non Communicable Diseases (NCDs). According to a WHO report (2002), cardiovascular diseases (CVDs) will be the largest cause of death and disability in India by 2020. Overall, NCDs are emerging as the leading cause of deaths in India accounting for over 42% of all deaths (Registrar General of India). NCDs cause significant morbidity and mortality both in urban and rural population, with considerable loss in potentially productive years (aged 35–64 years) of life.

It is estimated that the overall prevalence of diabetes, hypertension, Ischemic Heart Diseases (IHD) and Stroke is 62.47, 159.46, 37.00 and 1.54 respectively per 1000 population of India. There are an estimated 25 Lakh cancer cases in India. According to the National Commission on Macroeconomics & Health (NCMH) Report (2005), the Crude Incidence Rate (CIR) for Cervix cancer, Breast cancer and Oral cancer is 21.3, 17.1 and 11.8 (among both men and women) per 100,000 populations respectively.

The main preventable risk factors for NCDs are tobacco consumption; poor dietary habits, sedentary life style, stress etc. National Family Health Survey III (2005-06), reported that the prevalence of current tobacco use was 57.0 % among men and 10.8% among women. Over 8 lakh deaths occur every year due to diseases associated with tobacco use. The cancer registry data reveals that 48% of cancers in males and 20% in females are tobacco related and are totally avoidable. Common cancers caused by smoking tobacco are lung, larynx, pharynx and oesophagus, while cancers of the mouth, tongue and lip are due to chewing and smoking tobacco.

States have already initiated some of the activities for prevention and control of non communicable diseases (NCDs) especially cancer, diabetes, CVDs and stroke. The Central Govt. proposes to supplement their efforts by providing technical and financial support through National Program for Prevention and Control of Cancer, Diabetes, CVD and Stroke (NPCDCS). The NPCDCS program has two components viz. (i) Cancer & (ii) Diabetes, CVDs & Stroke. These two components have been integrated at different levels as far as possible for optimal utilization of the resources. The activities at State, Districts, CHC and Sub Centre level

have been planned under the programme and will be closely monitored through NCD cell at different levels.

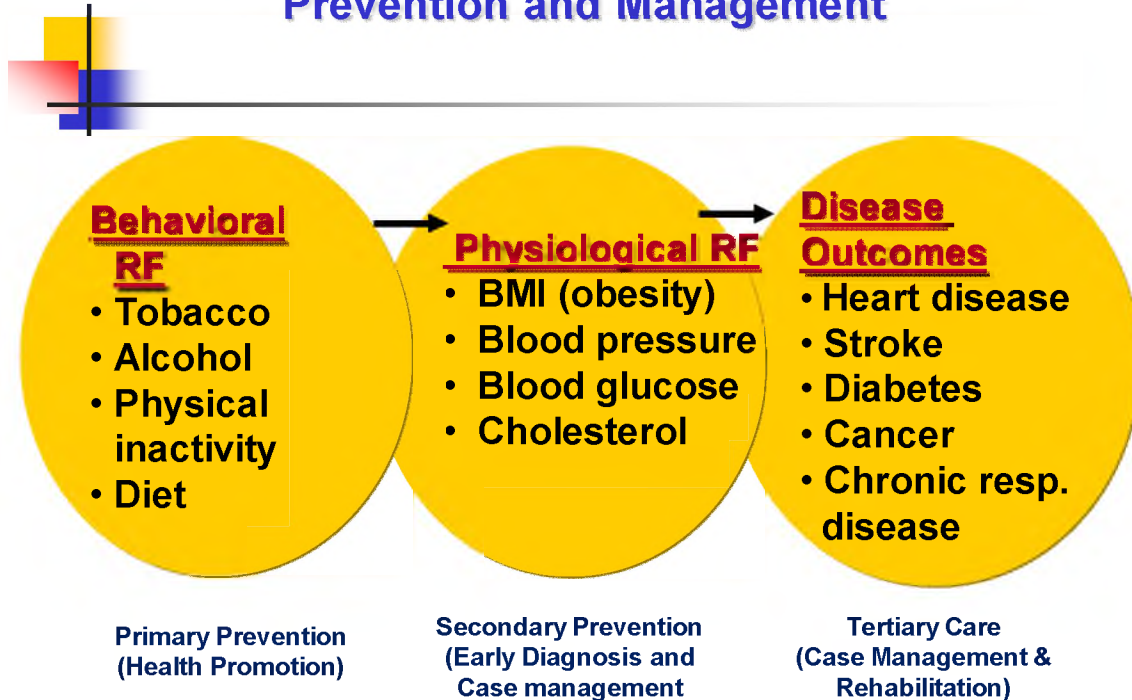
The Government of India launched a flagship programme called the NRHM in 2005 with the objective of expanding access to quality health care to rural populations by undertaking architectural corrections in the institutional mechanism for health care delivery. The crucial strategies under NRHM have been 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.

The NPCDCS aims at integration of NCD interventions in the NRHM 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 NRHM 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 with the ongoing interventions of National Rural Health Mission (NRHM), National Tobacco Control Programme (NTCP), and National Programme for Health Care of Elderly (NPHCE) etc and build a strong monitoring and evaluation system through the public health infrastructure.

1.2 Objectives of NPCDCS

- 1) Prevent and control common NCDs through behaviour and life style changes,
- 2) Provide early diagnosis and management of common NCDs,
- 3) Build capacity at various levels of health care for prevention, diagnosis and treatment of common NCDs,
- 4) Train human resource within the public health setup viz doctors, paramedics and nursing staff to cope with the increasing burden of NCDs, and
- 5) Establish and develop capacity for palliative & rehabilitative care.

Fig. 1 Risk factors (RF) and level of NCD Prevention and Management



1.3 Strategies

The Strategies to achieve above objectives are as follows:

- 1) Prevention through behaviour change
- 2) Early Diagnosis
- 3) Treatment
- 4) Capacity building of human resource
- 5) Surveillance, Monitoring & Evaluation

1.3.1 Prevention through behavior change

The major risk factors to cancer, hypertension, obesity, diabetes and cardiovascular diseases are unhealthy diet, physical inactivity, stress and consumption of tobacco & alcohol. Attempts will be made to prevent these risk factors by creating general awareness about the Non Communicable Diseases (NCD) and promotion of healthy life style habits among the community. Such interventions will be done through the peripheral health functionaries and NGOs.

The various approaches such as mass media, community education and interpersonal communication will be used for behavior change focusing on the following five messages:

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

Interpersonal communication will be carried out through ASHAs/ AWWs/ SHGs/ Youth clubs, Panchayat members etc. for which education material will be developed at central / State level to facilitate IEC/ BCC activities. These workers / groups will also help in Social mobilization for diagnostic camps. Targeted intervention programmes will be designed to bring awareness in schools and workplaces.

1.3.2. Early diagnosis

Strategy for early diagnosis of chronic non-communicable diseases will consist of opportunistic screening of persons above the age of 30 years at the point of primary contact with any health care facility, be it the village, CHC, District hospital, tertiary care hospital etc. Opportunistic screening will have in built components of mass awareness creation, self screening and trained health care providers.

Such screening involves simple clinical examination comprising of relevant questions and easily conducted physical measurements (such as history of tobacco consumption and measurement of blood pressure etc.) to identify those individuals who are at a high risk of

developing diabetes and CVD, warranting further investigation/ action. The investigations which may not be carried out in the health facilities can be outsourced.

1.3.3. Treatment

“NCD clinic” will be established at CHC and District Hospital (NCD here refers to Cancer Diabetes, Hypertension, Cardiovascular diseases and Stroke) 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. Screening, diagnosis and management (including diet counseling, Lifestyle management) and home based care will be the key functions.

1.3.4 Capacity building of human resource

Health personnel at various levels will be trained for health promotion, prevention, early detection and management by a team of trainers at identified Training Institutes/Centres. These Training Institutes/Centres will be identified by the State in consultation with the Centre.

1.3.5 Supervision, monitoring and evaluation

Regular monitoring and review of the scheme will be conducted at the District, State and Central level through monitoring formats and periodic visits and review meetings. For the purpose, NCD cell at different levels is envisaged to supervise and monitor the programme and also other NCD programmes. The evaluation is the integral part of the programme and will be carried out concurrently and periodically, as & when required.

The strategies proposed will be implemented in 20,000 Sub Centres and 700 Community Health Centre in 100 Districts across 21 States during 2010-12.

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

Figure 2: India Map showing the States to implement NPCDCS



2. OPERATIONAL GUIDELINES

2.1 Package of Services

In the programme, 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 counseling, 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 will be linked to tertiary cancer care health facilities for providing comprehensive care.

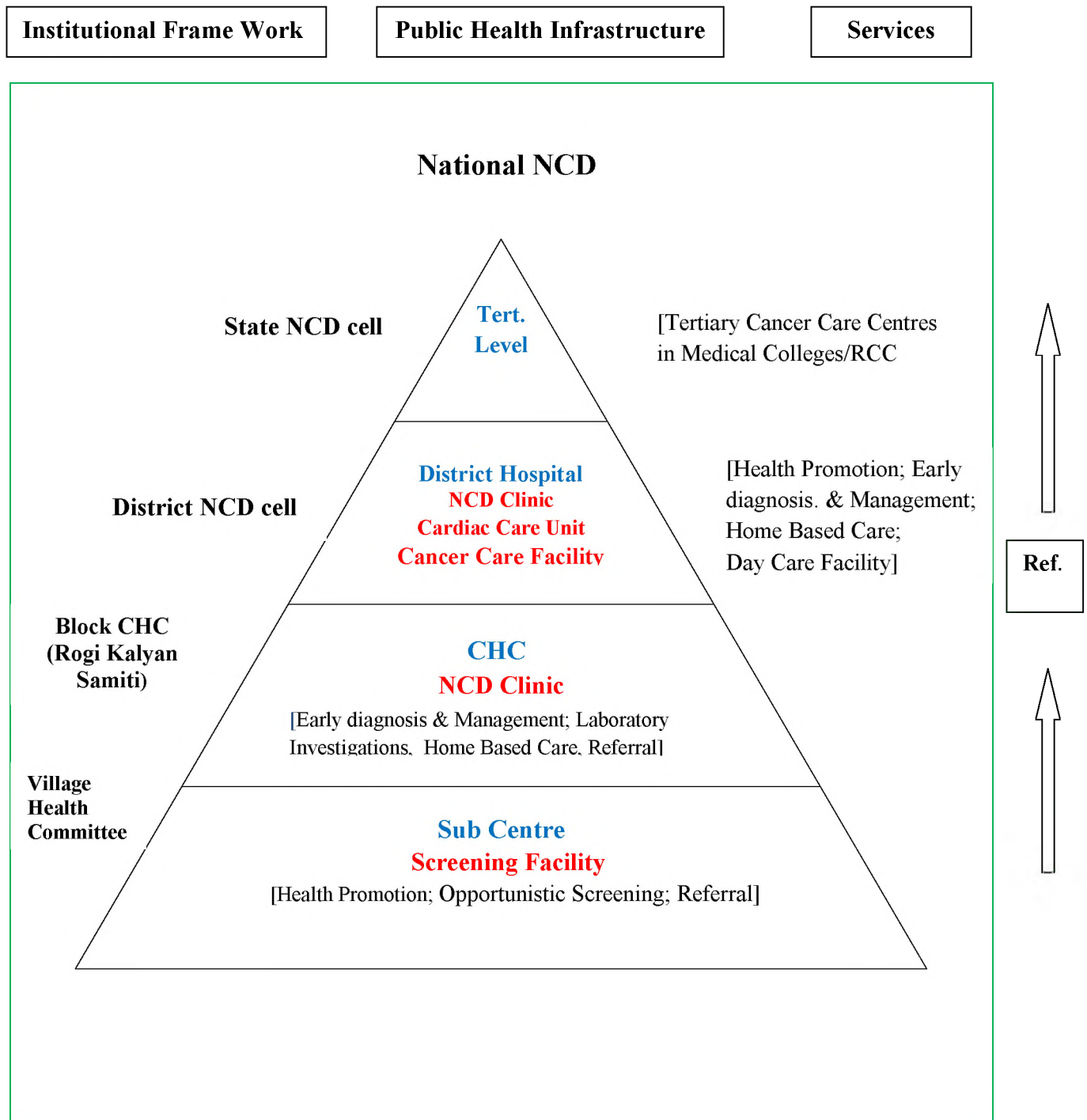
The Non Communicable Diseases are expensive to treat. National strategies have to focus on prevention and health promotion as key to reduce disease burden. Health education programme that promote exercise, weight reduction, early diagnosis, screening are some of the key interventions that need to be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

Packages of services to be made available at different levels under NPCDCS

Health Facility	Packages of services
Sub centre	1. Health promotion for behavior change 2. ‘Opportunistic’ Screening using B.P measurement and blood glucose by strip method 3. Referral of suspected cases to CHC
CHC	1. Prevention and health promotion including counseling 2. Early diagnosis through clinical and laboratory investigations (Common lab investigations: Blood Sugar, lipid profile, ECG, Ultrasound, X ray etc.) 3. Management of common CVD, diabetes and stroke cases (out patient and in patients.) 4. Home based care for bed ridden chronic cases 5. Referral of difficult cases to District Hospital/higher health care facility
District Hospital	1. Early diagnosis of diabetes, CVDs, Stroke and Cancer 2. Investigations: Blood Sugar, lipid profile, Kidney Function Test (KFT), Liver Function Test (LFT), ECG, Ultrasound, X ray, colposcopy, mammography etc. (if not available, will be outsourced) 3. Medical management of cases (out patient, inpatient and intensive Care) 4. Follow up and care of bed ridden cases 5. Day care facility 6. Referral of difficult cases to higher health care facility 7. Health promotion for behavior change
Tertiary Cancer Centre	Comprehensive cancer care including prevention, early detection, diagnosis, treatment, minimal access surgery after care, palliative care and rehabilitation

Figure 3: Services available under NPCDCS at different levels



2.2 Institutional framework for the implementation of NPCDCS activities

2.2.1 Program Structure-Integration with NRHM:

Financial management group (FMG) of Programme Management support units at state and district level, which is established under NRHM, will be responsible for financial management (maintenance of accounts, release of funds, expenditure reports, utilization certificates and audit arrangements). Financial monitoring format for the programme developed by the programme division will be communicated to the FMG for this purpose.

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 and also maintain separate bank accounts at each level. 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.

2.2.2 State Health Society (SHS):

Under the NRHM 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 chair person and mission director is the Member -Secretary of the State Health Society.

2.2.3 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 the financial management report (FMR) of the programme to State Health Society.

2.2.4 Technical Resource Groups

To provide technical guidance, advice and review the progress of the programme for enhancing the quality of implementation of NPCDCS, two Technical Resource Groups (TRG) have been constituted, one for cancer component and other for Diabetes, Cardiovascular Diseases and Stroke with following term of references (TORs).

2.2.4.1 Terms of references for TRG on cancer

- i. To provide technical inputs for enhancing the quality of implementation of NPCDCS related to cancer.
- ii. To review the operational guidelines from time to time.
- iii. To identify resource centres for providing training to various health professionals.
- iv. To advice about training material, strategy and preparation of training plan.
- v. To advice in preparation of health education material and review the existing material.
- vi. To advice in formulation of protocols and tools for monitoring and evaluation.
- vii. To assess the human resource requirement and advice on fill up the deficiencies.
- viii. To develop strategy for integration with NRHM and other NCDs.
- ix. To review the functioning and operational problems regarding radiotherapy units already installed including the trained manpower, infrastructure and radiation safety.
- x. To act as technical advisory body to assess and project the present and the future demand for indigenous manufactured units and their acceptable standards or specifications.
- xi. Any other issue related to Cancer.

2.2.4.2 Terms of references for TRG on Diabetes, CVD & Stroke

- i. To provide technical inputs for enhancing the quality of implementation of NPCDCS.
- ii. To review the operational guidelines from time to time.
- iii. To identify resource centres for providing training to various health professionals.

- iv. To advice about training material, strategy and preparation of training plan.
- v. To advice in preparation of health education material and review the existing material.
- vi. To advice in formulation of protocols and tools for monitoring and evaluation of NPCDCS.
- vii. To assess the human resource requirement and advice on filling up the deficiencies.
- viii. To develop strategy for integration with NRHM and other NCDs.
- ix. To recommend the proposals for financial assistance under various schemes.
- x. Any other issue related to NCDs.

Analogous to the presence of dedicated structure for all National programmes under the NRHM framework, NCD Cells will be constituted at various levels for effective ownership, implementation, supervision, monitoring and mainstreaming of the NPCDCS activities.

2.2.5 Management Structure:

2.2.5.1 National NCD Cell

A. Organization Structure

National 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. The National NCD cell shall function under the guidance of Programme in-charge from the Ministry of Health & Family Welfare and will be supported by the identified officers/officials from the Directorate General of Health Services.

Organization Structure of National NCD Cell

Technical Wing

Deputy Director General
CMO (Cancer)
CMO (Diabetes & CVD)
CMO (Geriatric care)
Consultants

Administrative Wing

Additional Secretary /Joint Secretary
Director (NCD)
Under Secretary (NCD)
Under Secretary (NCD)
Section officer

The National NCD Cell will be supported by following contractual staff.

S. No.	Name of post	No. of posts
1.	National Program Officer (NCD)	1
2.	National Program Officer (Training & Coordination)	1
3.	National Program Officer (M& E and Surveillance)	1
4.	Epidemiologist	1
5.	Financial Consultant	1
6.	Technical Officer (Health Management)	1
7.	Technical Officer (Nutrition, Care & Counseling)	1
8.	Technical Officer (Physiotherapy)	1
9.	Technical Officer (IEC)	1
10.	Logistic Coordinator	1
11.	M&E Officer	1
12.	Data Manager	1
13.	Computer Assistant	2
14.	Technical Assistant	2
	TOTAL	16

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

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

2.2.5.2 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. The Cell shall function under the guidance of State programme Officer (SPO NCD) and will be supported by the identified officers/officials from the Directorate /Director General of Health Services. SPO (NCD) will be a State level health official identified by the State government.

A. **Composition:** State NCD Cell will be supported by following contractual staff

1. State Programme Officer
2. Programme Assistant
3. Finance cum Logistics Officer
4. Data Entry Operators (2)

Terms of Reference of these posts are given at Annexure 1.

B. **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 NRHM 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:
 - Development of communication messages for audio-visual and print media
 - Distribution of pamphlets and handouts
 - Campaigns through mass media channels (electronic and print media)
 - Social mobilization through involvement of women's self help groups, community leaders, NGOs etc.

- Advocacy and public awareness through mid-media (Street Plays, folk methods, wall paintings, hoardings etc.)
- Flip charts to ground level workers for health education in the community.

2.2.5.3 District NCD Cell

District NCD Cell will be established preferably in the Directorate of Health services or any other space provided by District head quarter. 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. The Cell shall function under the guidance of District programme Officer (DPO NCD) and will be supported by the identified officers/officials from the District health system. DPO NCD shall be a district level health official and be identified by the State government.

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

1. District Programme Officer
2. Programme Assistant
3. Finance cum Logistics Officer
4. Data Entry Operator

Terms of Reference of these posts are given at Annexure 1.

B. 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 Utilization Certificates
6. Maintaining District level data on physical, financial, epidemiological progress
7. Convergence with NRHM activities; and
8. convergence with the other related departments in the States/ District
9. Ensure availability of palliative and rehabilitative services including oral morphine

2.3 Activities under NPCDCS at various levels

2.3.1 Sub Centre

Under the NPCDCS Sub Centers shall 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 approaches 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:

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

B Opportunistic Screening

During the camps/ designated day ANM and (or) Male Health Worker shall also examine persons at and above the age of 30 years for alcohol and tobacco intake, physical activity, blood sugar and blood pressure. During the examination, health worker shall also carry out the measurement of weight, height, and Body Mass Index (BMI) etc. For blood sugar measurement, blood glucose strip 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 Medical officer.

Criteria for diagnosing Diabetes

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

**WHO Definition 1999*

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 to related CHC under the programme and will submit the report monthly to CHC.

2.3.2 Activities at Community Health Centre

Under NPCDCS 7000 CHCs shall be selected in total for programme implementation in two years. Each selected CHC shall establish a 'NCD clinic' for comprehensive examination of patients referred by the Health Worker as well as reporting directly to rule out complications or advanced stages of common NCDs. The clinic shall run on all working days of the 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 by the appointed doctor under the programme which will be assisted by a nurse. Such screening will involve simple clinical examination comprising of relevant questions and easily conducted physical measurements (such as history of tobacco consumption and measurement of 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 counseling 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

Medical officer and a nurse shall impart the health education during the OPD as well as to the inpatients if any. Counsellor appointed under the programme shall counsel on diet, nutrition and tobacco, alcohol, warning signs of cancer etc.

C. Laboratory investigations

CHC shall do the required investigations/tests for comprehensive examination for NCDs like Blood Sugar measurement, lipid profile, Ultrasound, X- ray and ECG etc. In case there is no facility for particular investigations/tests it may be referred to District Hospital. Provision of out sourcing of required investigations to some extent can be done where investigations are not available at the hospital.

D. Diagnosis and Management

The unit of NCD clinic at CHC which involves doctor and paramedical personnel will do the diagnosis, management and stabilization of common CVD, diabetes and stroke cases (out patient as well as in patients.)

E. Home based care

One of the Nurses appointed under the programme shall undertake home visits for bedridden cases, supervise the work of Health workers and attend monthly clinics being held in the villages on a random basis. She shall visit one village/week for home visits and advise the bed ridden patient with diabetes, stroke etc. about the care and will refer the case to the CHC/District hospital if required. In total she shall visit 4 times in a month.

F. Referral

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

G. 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.

2.3.2.1 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:

- a. Doctor (1)
- b. Nurses (2)
- c. Counselor (1)
- d. Data Entry Operator (1)

2.3.2.2. Role of NCD Clinic at CHC

- a. Provide opportunistic screening
- b. Investigate for Blood sugar, ECG, Blood cholesterol etc.
- c. Diagnose and treat Diabetes and Hypertension
- d. Provide education to the patients
- e. Refer the difficult or complicated cases to district hospital

A. Role of Doctor

- To conduct comprehensive examination to diagnose, investigate and manage the cases appropriately.
- To rule out complications or advanced stage.
- To refer complicated cases to higher care facility
- To provide follow up care to the patients

B. Role of Nurse

- To assist in examination and investigation
- To teach the patient and family about risk factors of NCDs and promote patients well being
- To assist in follow up and care

C. Role of Counselor

- To provide counseling on diet and life style management
- To assist in follow up care and referral

2.3.3. Activities at District Level

The selected district shall provide the full complement of preventive, supportive and curative services for cancer diabetes, hypertension and cardio vascular diseases including stroke through the selected District Hospital. Following services will be provided by district hospital

District shall identify a district hospital to be strengthened under NPCDCS for providing NCD services. The hospital shall have an ICU and basic laboratory facilities available attached to it. A 'NCD clinic' will be established at the identified district hospital to provide emergency care and management of cancer, diabetes, hypertension and acute cardiovascular diseases. The clinic shall run on all working days of the week. ICU of the district hospital will be upgraded/ strengthened with a cardiac care unit (2-4 beds) with ventilator and other necessary equipments. 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 etc. to identify individuals who are at a high risk of developing diabetes, hypertension and CVDs warranting further investigation/ action. Such screening shall involve simple clinical examination comprising of relevant questions and easily conducted physical measurements (such as history of tobacco consumption and measurement of blood pressure, blood sugar estimation etc.)

District NCD clinic shall also screen women of the age group 30-69 years approaching to the hospital for early detection of cervix cancer and breast cancer. District hospital would be assisted to purchase the required equipments like colposcope and mammography etc.

B. Detailed investigation

Detailed investigation of persons those who are at high risk of developing NCDs on 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 investigations for cancer, diabetes, hypertension and cardiovascular diseases like Cardiac Enzymes, Lipid Profile Coagulation parameters, ECG, ECHO, CT Scan, MRI and other laboratory investigations.

C. Outsourcing of certain laboratory investigations

District hospital may outsource certain laboratory investigations that are not available at district hospitals including mammography.

Financial assistance will be provided (details are in financial guidelines) under Public Private Partnership (PPP) mode will be granted for the purpose. It is expected that district hospital shall have X-ray and ultrasound facilities; however, in places where it is not available these shall be outsourced. 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. In case of Cancer support shall be provided for common chemotherapy drugs to treat about 100 cases, from the poor category only.

E. Day Care Chemotherapy Facility

Identified district hospital shall provide a day care chemotherapy facility for patients on chemotherapy regimens. The day care facility shall have 4 beds along with necessary equipments such as IV stands, BP instruments, sterilizer etc. A medical oncologist and two 2 Nurses shall be appointed on contractual basis for smooth functioning of the centre.

F. Home Based Palliative Care

District hospital shall provide Home based palliative care for chronic, debilitating and progressive patients. A team consisting of nurse and counsellor 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. Home care kit containing stethoscope, BP apparatus, torch, thermometer, tongue depressor, forceps, and common medicines etc. shall be provided to this team.

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 lymphomas and leukaemias 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 counseling 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

I. Training

District Hospital shall impart training to the health personnel of Community Health Centre as per guidelines issued by National NCD Cell.

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 additional staff will be recruited on contract basis by the State Government to manage NCD clinic and to provide acute and chronic care services.

- a. Doctor (specialist in Diabetology/Cardiology/M.D Physician)
- b. Medical Oncologist
- c. Cyto-pathologist

- d. Cytopathology Technician
- e. Nurses (4): 2 for Day Care, one for Cardiac Care Unit, one for O.P.D
- f. Physiotherapist
- g. Counselor
- h. Data Entry Operator
- i. Care coordinator

2.3.4. Activities at State level

The selected state will be provided support to develop capacity for providing the full complement of preventive, supportive and curative services for cancer, diabetes, hypertension and cardiovascular diseases including stroke through various facilities strengthened under the programme. 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. Mid media and 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

Under NPCDCS approximately 32 thousand personnel need to be under the programme in 100 districts at various levels. Key areas of training will be health promotion, NCD prevention, early detection and management of Diabetes, CVD and Stroke. Prototype of training kits for each category of trainee will be prepared by Central NCD Cell. Following categories of personnel will be trained under the programme for this component:

- a. Doctors
- b. AYUSH Practitioners
- c. Nurses
- d. Physiotherapist
- e. Counselor/Care coordinator
- f. Laboratory Technician
- g. Data Entry Operator/Assistant
- h. ANM, and Male Health Worker

Detailed training plan of staff is to be prepared based on following norms:

Facility	Doctor	Nurse	AYUSH Practitioner	Physio-therapist	Counselor/ Care Coord.	Lab. Tech.	DEO/ Assistant	ANM/ MHW
Sub-Centres								2
NCD Clinic CHC	1	2			1	1	1	
NCD Clinic Distt. Hosp.	1	2		1	3	2	1	
Duration (Days)	15	21	15	15	15	5	5	3
Training Institute	Medical Colleges	Nursing Colleges	Medical Colleges	Medical Colleges	Selected Training Institutes	Med. Coll.	Selected Training Institutes	CHC/ DH

Training plan for various personnel on Cancer related services need to be prepared based on following norms:

S.No.	Category of Trainee	No. of Trainee per District	Duration	Venue of Training
1.	Medical Oncologist	1	1 Day	Medical Colleges
2.	Cytopathologist	1	2 weeks	Medical Colleges
3.	Cytopathology technician	1	4 weeks	Medical Colleges
4.	Nurses for Day care	2	2 weeks	Nursing Colleges
5.	District Surgeons	1	2 weeks	Medical Colleges
6.	District Physicians	1	2 weeks	Medical Colleges
7.	District Gynecologists	1	2 weeks	Medical Colleges
8.	District Radiotherapist	1	3 weeks	Medical Colleges
9.	District Medical Physicist	1	2 weeks	Medical Colleges
10.	District Programme Coordinator	1	2 weeks	NIHFW
11.	Programme Assistant	1	2 weeks	NIHFW
12.	Finance cum logistics officer	1	2 weeks	NIHFW
13.	Data entry operator	1	2 weeks	NIC

D. Financial Management:

State 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

2.3.5. 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. Selection of States and Districts

The programme would be implemented in the country in phased manner. During the remaining period of 11th Five Year Plan, 100 districts in 21 states will be selected. Further expansion will be undertaken during the 12th Five Year Plan. Districts and States that will be covered during 2010-12 are given at Annexure V.

B. Information, Education & Communication

Central 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.

C. Tertiary Level Care

Central NCD cell will seek proposals from all the States/UTs and not restricted to only 21 States selected during 2010-12 though preference would be given to these 21 states. State Govt. shall identify the Government Medical Colleges/ District Hospital/ Govt. Institution for financial assistance under Tertiary Cancer Centre (TCC) scheme. Sixty five (65) TCCs shall be identified throughout the country. The funds will be released after examining the proposals from the States/UTs, followed by scrutiny by an inspection team from the Dte.GHS and recommendation by the Standing Committee. Detailed guidelines for TCC are given at Annexure IV.

D. 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 audiovisual 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. Plan for their training will be based on following norms:

Facility	Programme Officers	Finance Consultant	Specialists	Trainers	DEO
Each District NCD Cell	1	1			2
Each District NCD Clinic			1		
Training Institutes (10)				40	
Each State NCD Cell	1	1			1
Central NCD Cell	9	1			4
Duration (days)	2	3	15	3	3
Place of Training	NIHFW/ SIHFW	NIHFW/ SIHFW	Medical Colleges	Medical Colleges	NIHFW/ SIHFW

E. 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 Officers (NCD) will be organized on a quarterly progress to assess physical and financial progress and discuss constraints in implementation of the programme. Formats to be used by various facilities and cells are given at Annexure VI. Responsibility of reporting, flow of information and frequency of reporting is summarized below:

Level	Reporting Form	Person in charge	Reporting to:	Frequency of submission
Sub-centre	Form 1	ANM/MHW	MO I/c NCD Clinic CHC	Monthly
CHC	Form 2 A	MO I/c NCD Clinic	District NCD cell	Monthly
	Form 2 B	MO I/c NCD Clinic	District NCD cell	Monthly
District	Form 3 A	DPO (NCD)	State NCD cell	Monthly
	Form 3 B	MO I/c NCD Clinic	District/ State NCD cell	Monthly
	Form 3 C	DPO (NCD)	State NCD cell	Monthly
State	Form 4 A	SPO (NCD)	National NCD cell	Quarterly
	Form 4 B	SPO (NCD)	National NCD cell	Quarterly

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.

3. 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 NRHM, 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 two separate components of the NPCDCS i.e. (i) Cancer and (ii) Diabetes, Cardiovascular Diseases & Stroke (DCS) through the State Health Society to carry out the activities at different levels as envisaged in the operational guidelines. Funds release from State to District Health Society would inter alia include funds for CHCs and Sub- centres to cover the entire District.

State shall have the flexibility for inter-usability of funds from one component to another within the same group of diseases i.e. (i) Cancer and (ii) DCS, 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 opned for each components of programme i.e. (i) Cancer and (ii) DCS for appropriate utilization of funds.

The Statement of Expenditure (SOE) and Utilization Certificate (UC) as per GFR shall be submitted separately for both the components; (i) Cancer and (ii) Diabetes, Cardiovascular Diseases & Stroke. Formats for SOE and UC are given at Annexure VII & VIII.

3.2 Financial Assistance under NPCDCS

The funds will be released to Sub-Centre (SC), Community Health Centre (CHC), District and State facilities through NRHM structure. The details are given in these guideline as per unit cost at various levels. The total funds to be released to each State would be based

on number of units to be taken up at different levels. Assistance to various facilities/units is summarized below:

3.2.1 Assistance for Sub Centre (Under DCS Component)

Heads	No./Grant
Commodity Assistance	
Glucometer	1
Glucostrips and Lancets (for population above 30 years & pregnant women)	As per requirement
Recurring grant: Health promotional activities, Patient Referral Cards, Spirit swabs	Rs. 2000 p.a

80% of grant will be Central share and 20% State share

3.2.2 Assistance for Community Health Centre (Under DCS Component)

Heads	Amount Rs. lakh
Non-recurring grant NCD Clinic: Furniture, Equipment, Computer etc.	1.00
Recurring grant	
Human Resources (on contract) a) 1 Doctor @ Rs. 40000/month [Rs. 4.80 lakh/ year] b) 2 Nurses @ Rs. 18000/month/nurse [Rs. 4.32 lakh/ year] c) 1 Counselor @ Rs. 12000/month [Rs.1.44 lakh/ year] d) 1Data Entry operator @Rs.10000/month [Rs.1.20 lakh/year]	11.76
Laboratory tests & consumables	10.00
Home based care @ Rs. 250/visit	0.12
Local IEC material	0.05
Transport of referred cases	0.10
Miscellaneous cost for communication, TA/DA, contingency	1.00
Sub-total Recurring Grant per year	23.03
Total Grant in Year 1	24.03

80% of grant will be Central share and 20% State share

3.2.3 Assistance for District Hospital (under DCS Component)

Heads	Amount Rs. lakhs
Non-Recurring Grant	
a) Developing/Strengthening and equipping Cardiac Care Unit (CCU)	150.00
b) Strengthening of laboratory	10.00
c) NCD Clinic: Furniture, Equipment, Computer etc.	1.00
d) Cell (Renovation/office equipments/photocopier/internet etc.- Rs.1 lakh	
Sub-total Non-recurring	161.00
Recurring Grant per annum	
Human Resources on contract	18.12
a) Doctor (specialist in Endocrinology/Cardiology/M.D General Medicine) @ Rs. 55000/month [Rs.6.6 lakh/year]	
b) Nurses (2) @ Rs. 18000/month/Nurse [Rs.4.32 lakh/year]	
c) Physiotherapist @ Rs. 20000/month [Rs. 2.40 lakh/year]	
d) Counselors (2) @ Rs. 12000/month [Rs. 2.88 lakh/year]	
e) Data entry operators @ Rs.10000/month [Rs. 1.20 lakh/year]	
f) Care Coordinator @ 6000/month [Rs. 0.72 lakh/year]	
Miscellaneous cost for communication, TA/DA, POL, contingency etc.	3.00
Drugs and consumables @ Rs. 50000/month (As per Annexure II)	6.00
IEC material	0.10
Transport of Referred/Serious patients	2.50
Sub-total Recurring Grant per annum	29.72
Total Grant in year 1	190.72

Districts covered under NPCDCS will be provided assistance to create and maintain facilities and services for patients suffering from cancer, diabetes, cardiovascular diseases and Stroke.

A. NCD Clinic & CCU:

80% of grant will be Central share and 20% State share

Equipments for strengthening CCU are as under:

1. ECG machine computerized
2. ECG machine ordinary
3. 12 Channel stress ECG test equipments Tread Mill *
4. Cardiac Monitor
5. Cardiac Monitor with defibrillator
6. Ventilators (Adult)
7. Pulse Oximeter

Ventilator shall be Portable cum bedside fixed with turbine /jet-mixing technology for supplying air- oxygen mixture. It should have battery backup for minimum 1 hour and should fix on rails of transport trolley and on stand with wheels. It shall meet IEC-60601-1-2:200 (or Equivalent BIS) General Requirement of Safety for Electromagnetic Compatibility. Manufacturer should have ISO certificate for quality standards. Comprehensive warranty for 5 years and 5 years CMC/AMC after warranty should be stipulated.

Specification for Computer: Microsoft Windows XP, SP 3, Intel ®, Pentium 5 with 1 GB RAM with multimedia key board, optical mouse, DVD writer, TFT Monitor 18.5”; Pen Drive 4 GB; Laser printer.

B. District Cancer Care Facility

Heads	Amount Rs. lakhs
Non-Recurring Grant	
Day Care Chemotherapy facility	1.00
Colposcope	4.00
Sub-total Non-recurring	5.00
Recurring Grant per annum	
Human Resources on contract	19.92
a) Medical Oncologist @ Rs.55000/month (Rs.6.6 lakh/year)	
b) Cytopathologist @ Rs.55000/month (Rs. 6.6 lakh/year)	
c) Cytopathology technician @ Rs.20000/month (Rs.2.4 lakh/year)	
d) Nurses (2) for Day care @ Rs.18,000/month (Rs.4.32 lakh/year)	
Chemotherapy drugs for 100 pts@ Rs.1 lakh/year (As per Annexure III)	100.00
Education materials	1.00
Misc. incl. Office/administrative expenses @ Rs. 25,000 p.m. including TA/DA, home based palliative care @ Rs. 10,000 p.m incl. honorarium, if any	3.00
Consumables &/ or other investigations outsourced (2000 cases @ Rs.1500)*	30.0
Mammography @ Rs.1500 for 500 cases	7.50
Sub-total Recurring	161.42
Total Grant in year 1	166.42

80% of grant will be Central share and 20% State share

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. Blood Urea
6. Liver Function Test

7. Kidney Function Test
8. Urine routine & Urine Sugar
9. X-ray
10. Ultrasound

3.2.4 Tertiary Cancer Centres (TCCs) – (Under Cancer Component)

State Govt. shall identify the Government Medical Colleges/ District Hospital/ Govt. Institution for financial assistance under Tertiary Cancer Centre (TCC) scheme. The funds will be released after examining the proposals from the States/UTs, followed by scrutiny by an inspection team from the Dte.GHS and recommendation by the Standing Committee.

Each Centre will be eligible for the financial support of a one-time financial assistance of maximum Rs. 6 crore with the Central and the State share of 80:20. The selected institute will submit the proposal based on gaps in cancer care services at their institute duly recommended by the State Government. The selected institute is permitted to procure one or more equipments related to cancer care e.g. Radiotherapy, Surgical Oncology, Medical Oncology, pain and palliative care services, cancer diagnostics equipments, CT scan, other related departments etc including Cobalt Source. Detailed guideline for TCC at Annexure-IV.

3.2.5 District NCD Cell (*Funded under Cancer Component*)

A District NCD Cell will be constituted in each district covered under NPCDCS. Assistance for this cell will be 100% by Government of India as per following norms:

Heads	Amount Rs. lakhs
Non-Recurring Grant	
District NCD Cell Renovation and furnishing, furniture, computers, office equipments (fax, phone, photocopier etc.)	5.00
Recurring Grant per annum	
Human Resources on contract	
a) District Programme Officer @ Rs. 40,000/month (Rs. 4.8 lakh/year)	12.24
b) Programme Assistant @ Rs. 20,000/month (Rs. 2.4 lakh/year)	
c) Finance cum logistics officer @ Rs.30,000/month (Rs. 3.6 lakh/ year)	
d) Data entry operators @ Rs.12000/month (Rs.1.44 lakh/year)	
Training of district teams, DA for attending state meetings, travel to CHCs	3.00
Miscellaneous Expenses including admn. Expenses, communication, internet etc. @ Rs. 10,000 p.m.	1.20
Sub-total Recurring	16.44
Total Grant in year 1	21.44

Specification for Computer: Microsoft Windows XP, SP 3, Intel ®, Pentium 5 with 1 GB RAM with multimedia key board, optical mouse, DVD writer, TFT Monitor 18.5”; Pen Drive

3.2.6 State NCD Cell (*Funded under Cancer Component*):

The State will monitor the programme activities through a State NCD cell. The State NCD cell will be supported through the funding of cancer component. Assistance for this cell will be 100% by Government of India as per following norms:

Heads	Amount Rs.lakh
Non-Recurring Grant	
State NCD Cell (Renovation and furnishing, computer, office equipments, fax, phone, photocopier etc)	5.00
Recurring Grant per annum	
Human Resources on Contract	15.48
a) State Programme Officer @ Rs. 55,000/month (Rs. 6.lakh/year)	
b) Programme Assistant @ Rs. 20,000/month (Rs. 2.4 lakh/year)	
c) Finance cum logistics officer @ Rs.30,000/month (Rs. 3.6 lakh/year)	
d) Data Entry Operators (2) @ Rs.12000/month (Rs. 2.88 lakh/year)	
Misc. incl. Office/admn. expenses. including TA/ DA, communication, internet etc. @ Rs. 25,000 p.m	3.0
Sub-total Recurring	18.48
Total Grant in year 1	23.48

Specification for Computer: Microsoft Windows XP, SP 3, Intel ®, Pentium 5 with 1 GB RAM with multimedia key board, optical mouse, DVD writer, TFT Monitor 18.5”; Pen Drive 4 GB; Laser printer.

3.2.7 Financial Guidelines for Training

Training of personnel involved under NPCDCS at various levels is to be organized as per curriculum, training methods and guidelines prescribed for each training activity. Funding and expenditure incurred on training will be governed by the approved guidelines under NRHM. Based on existing financial guidelines, estimated costs of various training programmes are given below:

A. Training Programme at District/State level

Details of Training	Doctors	Nurse	AYUSH Practitioner	Physio-therapist	Counselor/ Care Coord.	Lab. Tech.	DEO/ Assistant	ANM/ MHW
Average No. of Trainees/batch	20	20	20	10	20	15	20	25
Duration (days)	15	21	15	15	15	5	5	3
Trainers	5	5	5	2	2	2	2	2
Place of Training	Medical Colleges	Nursing Colleges	Medical Colleges	Medical Colleges	Selected Institutes	Medical Colleges	Selected Institutes	CHC/ DH

Financial Norms for Training at District Level

Component	Unit Cost of Training /batch							
	Doctors	Nurse	AYUSH Practitioner	Physio-therapist	Counselor/ Care Coord.	Lab. Techn.	DEO/ Assistant	ANM/ MHW
Travel Cost (on actuals)	40000	40000	40000	20000	40000	30000	20000	5000
Per diem Trainees	210000	168000	210000	60000	120000	30000	40000	30000
Honorarium to Trainers	30000	25200	18000	9000	9000	6000	6000	3600
Training Kit & Stationery	6250	6250	6250	3000	5500	4250	5500	4050
Refreshments	75000	105000	75000	36000	66000	17000	22000	16200
Incidental Expenses	5000	3000	5000	1500	3000	2250	3000	3750
Institutional Overheads -15%*	54938	52118	53138	19425	36525	13425	14475	9390
Estimated Cost/batch	421188	399568	407388	148925	280025	102925	110975	71990
Unit Cost/trainee	21059	19978	20369	14893	14001	6862	5549	2880

*includes Rental of venue

B. Training Programme at Central Level:

Details of Training	Programme Officers	Finance Consultant	Specialists	Trainers	MEO/DEO
Average No. of Trainees/batch	20	15	10	20	20
Duration (days)	2	3	15	3	3
Trainers/Resource Persons	3	3	3	3	3
Place of Training	NIHFW/SIHF	NIHFW/SIHF	Medical Colleges	Medical Colleges	NIHFW/SIHF

Component	Cost per batch				
	Programme Officers	Finance Consultant	Specialists	Trainers	MEO/DEO
Travel Cost (on actuals)	200000	150000	100000	200000	100000
Per diem Trainees	28000	31500	105000	42000	24000
Honorarium to Trainers	6000	9000	45000	9000	9000
Training Kit & Stationery	5750	4500	3250	5750	5750
Refreshments	9200	10800	39000	13800	13800
Incidental Expenses	5000	3750	2500	5000	5000
Institutional Overheads (15%)*	38093	31433	44213	41333	23633
Estimated Cost/batch	292043	240983	338963	316883	181183
Unit Cost per trainee	14602	16066	33896	15844	9059

**includes Venue Rental*

Annexure –I

Term of references of staff in State NCD Cell / District NCD Cell

1. Job title: State Programme Officer (SPO) /District Programme Officer (DPO)

Qualifications:

Essential

- 1) MBBS or equivalent degree from institution recognized by Medical Council of India.
- 2) Must have completed compulsory internship.
- 3) Diploma /Masters in Public Health or MD/DNB in Preventive & Social Medicine/Community Medicine/ Community Health Administration/MBA (Health Care Administration).
- 4) At least 5 years experience in Health Management/ Public Health Programme/ Health Services after obtaining post graduate degree. For DPO minimum 3 years experience.

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 State level review meetings and orientation workshops.
- 3) Organizing training program for Medical Officers including AYUSH Practitioners, nurses and health workers.
- 4) Visiting districts 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 quarterly progress report for NPCDCS to SNO (NCD).
- 8) Any other job assigned by concerned officers.

Remuneration: Up to Rs. 55,000/month (consolidated); for DPO: Rs. 40,000/month

2. Job title: One Finance cum Logistics Officer

Qualifications: Essential

1. Inter CA/Inter ICWA/M.Com or MBA (Finance/ Material Management) with knowledge of computer
2. At least 3 years experience in supervisory capacity and knowledge of popular accounting software packages.

Age Limit: Up to 40 years.

Job requirements/responsibilities:

General:-

- 1) All matters relating to accounts, budgeting and financial matters and management of accounting procedure pertaining to NPCDCS in the State/ District.
- 2) To maintain the fund flow mechanism from State to Districts and Districts to below.
- 3) Accurate and timely submission of quarterly report on expenditure to Centre/State, annual audited statement of accounts and intensively monitoring the financial management in State/ District Health Society.
- 4) Any other job assigned by concerned officers.

Specific:

- 5) Preparing annual and quarterly budgets for the State/ District.
- 6) Ensuring that adequate internal controls are in place to support the payments and receipts.
- 7) Ensuring timely consolidation of accounts/financial statements at the State/ District.
- 8) Monitoring expenditure and receipt of Utilization Certificate (UC) & Statement of Expenditure (SOE) from the State /District.
- 9) Coordinating with District and below to address the audit objection/internal control weaknesses, issues of disallowances, if any.

Remuneration: Up to Rs. 30,000/month (consolidated)

3. Job title: Programme Assistant

Qualifications:

Essential

- 1) Graduate in any stream
- 2) Knowledge and experience in office work
- 3) Course in shorthand, typing, computer applications desirable.

Age Limit: Up to 40 years.

Job requirements/responsibilities:

- Assistance to State/District Programme coordinator in all his job responsibilities
- Correspondence with District NCD Unit, State Government, Govt.of India
- Assistance in organizing review meetings and official tours
- Maintenance of files and correspondence
- Assistance in preparation of reports
- Any other job assigned as per program need.

Remuneration: Up to Rs. 20,000/month (consolidated)

4. Job title: Data Entry Operator

Qualification & Experience

- Graduate
- Diploma in Computer Applications
- Experience in database designing, excel sheet desirable
- Minimum one year of relevant working experience.

Age Limit: Up to 40 years.

Job requirements/responsibilities:

- Ensure regular entry of all relevant data in the computer pertaining to various aspects of NPCDCS in a systematic manner to facilitate its analysis.
- Compile the reports.
- Maintenance and up keep of the computer and its accessories.
- Any other job assigned as per program need.

Remuneration: Up to Rs. 12,000/month

Annexure –II

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

Annexure –III

Indicative List of Drugs for Treatment of Cancer

1	Inj Doxorubicin
2	Inj Cisplatin
3	Inj Carboplatin
4	Inj Paclitaxel
5	Inj Docetaxel
6	Inj Gemcitabine
7	Inj Oxaliplatin
8	Inj Herceptin
9	Inj Mabthera
10	Inj Velcade
11	Inj Avastin
12	Inj 5 FU
13	Inj Vincristine
14	Inj & tab Endoxan (Cyclophosphamide)
15	Tab Tamoxifen
16	Cap Temozolimide
17	Cap Procarbazine
18	Cap CCNU (lomustine)
19	Inj Epirubicin
20	Inj & tab Methotrexate
21	Inj Vinblastine
22	Inj Etoposide

i.

Annexure IV

GUIDELINES FOR ‘TERTIARY CANCER CENTRE’ SCHEME OF NPCDCS

(A) Introduction:

Since 1975, the National Cancer Control Programme provided recognition of certain health care centers as Regional Cancer Centers so that these could become nodal centers to support the Programme. Under the 10th Five Year Plan, these centers were given grant-in-aid under the Regional Cancer Centre (RCC) Scheme or the Development of Oncology wing Scheme. Under the RCC scheme, the old and new RCCs were eligible for grant in aid of Rs. 3 crores & Rs. 5 Crores respectively. Government Medical College Hospitals were also eligible for Rs. 3.00 crores under Oncology Wing Scheme of NCCP. In all, 27 RCCs and 50 Govt. Medical College Hospitals were supported to provide super specialty cancer care in the Government sector.

The National Programme for Prevention and control of Cancer, Diabetes and Cardio Vascular Diseases (NPCDCS) is formulated after merging the National Cancer Control Programme (NCCP) and National Program of Prevention & Control of Diabetes, CVD and Stroke (NPDCS). The programme has two components: Cancer component and Diabetes, Cardiovascular Disease and Stroke (DCS) component. In the NPCDCS, there is a provision to provide support to 65 health care centers. Each centre will now be known as a Tertiary Cancer Centre (TCC) and shall be supported by up to Rs. 6 crores with the Central and the State share of 80:20.

(B) Objectives of TCC Scheme:

1. To develop regional referral cancer centers to provide specialized and comprehensive cancer care,
2. To provide training and research facilities in all types of cancer with focus on oral, cervix and breast cancer.

(C) Eligibility Criteria for TCCs:

1. The institute should be a Government Medical College Hospital or erstwhile RCCs;
2. The institute should have at least three years of experience in cancer treatment.
3. The institute should have well equipped and functional departments of Medicine, Surgery, Gynecology & Obstetrics, ENT, Anesthesia, Pathology and Radiology. These departments can be part of the institute or part of hospital attached with a Government Medical College in near vicinity in the same city which has entered into a formal understanding with TCC.

(D) Procedure of application:

- 1) Based on the gaps identified by the grantee institute, the institute shall submit the Proposal as per the format (Annexure I – Part I & II) and include action plan for
 - a. Procurement of equipment related to cancer treatment and research
 - b. Construction of the building (if required)
- 2) The application should indicate separately the amount of grant required for equipment and construction work.
- 3) The state government shall forward the Proposal with necessary undertaking of sharing the grant with the Government of India and recommendation as per format (Annexure I – Part III) duly approved by a competent authority.
- 4) If the institute requires Radiotherapy equipments, a letter of approval and approved layout map of the Center from AERB will be submitted along with the Proposal.
- 5) The detail of previous grant(s) received and Utilization Certificate(s) should be annexed with the Proposal under the erstwhile National Cancer Control Programme, if any.
- 6) The proposal should be addressed to Under Secretary (Cancer Desk), Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi- 110108.

(E) Procedure for approval:

1. The proposals shall be inspected by a central team consisting of at least one expert and one senior officer of the central government including the Regional Directors (H&FW) in various states. The 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 I – Part V. Since TCC are linked to already identified districts under the programme, it is necessary to ensure that TCC identified should be well within 200 km of district already identified under the programme in order to ensure effective referral care.
2. The proposals shall be considered by the ‘Standing Committee on Radiotherapy Development Program’ and recommend the same to the Ministry of Health & Family Welfare for financial assistance.
3. The grant amount shall be released to the institute through the State Health Society by the Ministry of Health & Family Welfare with information to State government /NRHM after the signing of a tripartite Memorandum of Understanding (MOU).
4. 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.

(F) Financial Provisions:

- 1) The selected institute shall be provided non-recurring financial assistance of Rs. 6 crores for procurement of any equipment or construction of the building related to cancer care or HR Recruitment. The central and the state share shall be 80:20 i.e Rs. 4.8 crore as GOI share and Rs. 1.2 crore as States's contribution.
- 2) The State Government shall ensure that the erstwhile NGO RCC institutions would provide free/subsidized treatment to BPL cancer patients.
- 3) The selected institute shall be permitted to procure one or more equipment related to cancer care. The list of equipments is at Annexure – II.
- 4) A portion of the grant not exceeding 30% can be utilized for construction activities.
- 5) The Utilization Certificate of the grant sanctioned should be settled by the grantee institute within one year's time.
- 6) The grant shall be deposited in a joint Savings Bank Account of a Nationalized Bank. The Account shall be operated by two persons of the institute. The interest accrued thereon should also be reflected in the Utilization Certificate.
- 7) The maintenance cost of equipment(s) procured shall be borne by the grantee institute/respective state government.

Activities:

The Tertiary cancer centre shall provide cancer care ranging from **cancer prevention**, early detection, diagnosis, provision of therapy, after care, palliative care and rehabilitation. The TCCs would do the following activities:

1. The TCCs will provide comprehensive care, training and research in all types of cancers with focus on oral cancer, cervix cancer and breast cancer. The comprehensive care includes cancer prevention, early detection, diagnosis, provision of therapy, after care, palliative care and rehabilitation.
2. The TCCs will act as a regional referral center for the comprehensive management (treatment) of difficult cancer cases.
3. The TCCs will provide pain and palliative care and ensure availability of opioids drugs for cancer patients.
4. The TCCs will function as a centre for creating/ imparting training of different health professionals (Doctors, Nurse, technologists, technicians) where possible.
5. The TCCs will facilitate in organizing workshops/training programmes for human resource development
6. The TCCs will facilitate in developing modules/standard treatment protocols for the common cancers.
7. The TCCs will 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.

PROFORMA FOR TERTIARY CANCER CENTRE

THIS FORM IS IN FIVE PARTS:

- I. To collect detailed information about Institution,
- II. Application for grant-in-aid (Action Plan)
- III. State Govt. Recommendation
- IV. Memorandum of Understanding
- V. Inspection report (to be completed by central team)

PART- I

1. **Name and address of Institute/Medical College/Govt. Hospital** :

1.1. Nature of the organization (whether NGO (existing RCC only)/
Govt. Institution/ Autonomous Govt. Body/PSU etc.)

2 **Details of infrastructure:** Own building/rented building

2.1 Total number of Indoor-beds :
In the entire hospital

2.2 **Beds for cancer patients**

2.2.1. already available:

2.2.2. proposed full strength:

2.2.3. Number of beds within the
RCC structure/complex :

2.2.4. Day Care Facilities : Chemotherapy/Palliative Care/Others

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

<u>Service</u>	<u>Existing</u>	<u>Proposed</u>	<u>Head of Service</u> Name/Qualification/ Experience
1. Pathology			

- Histopathology
- Cytology
- Haematology
- Blood Bank
- 2. Microbiology
- 3. Biochemistry
- 4. Radio-diagnosis
 - X Ray
 - Ultrasound
 - CT scan
- 5. Surgical Oncology
 - Head & Neck
 - General
 - Gynaecology
 - Specialised
- 6. Medical Oncology
- 7. Paediatric Oncology
- 8. Pain and Palliative
& Rehabilitative Care
- 9. Radiotherapy
- 10. Radiation Physics
- 11. Anaesthesiology
- 12. Cancer Registry
For city/region
- 13. Medical Records
- 14. Any other

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

4. **Patient population Data**

- 4.1 Districts and region covered by TCC (give details):
- 4.2 Population in the above districts and region:
- 4.3 Expected number of new cases of cancer per year:
- 4.4 Registered new cases/year in last years (for existing cancer dept.)
- 4.5 Payment for treatment by patients (percentage)

4.6 User charges levied or not : Yes/No
(if yes give details)

5. Radiotherapy Facilities

<u>Equipments</u>	<u>Existing ® (Number)</u>	<u>Proposed # (Number)</u>
-------------------	----------------------------	----------------------------

- 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. **For obtaining grant, you should complete Part-II.**

6. Surgical Oncology

No. of Operation Theatres

- General Surgery
- Cancer Surgery

Details of major equipments

No. of beds in Surgical Oncology

No. of Cancer Surgeries done in last three years

7. Medical Oncology

No. of beds in Medical Oncology

No. of new patients treated with Chemotherapy

Details of courses in Medical Oncology

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

PART-II

PROPOSAL FOR OBTAINING GRANT-in-aid (Action Plan)

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

10. Radiotherapy (Teletherapy/Brachytherapy) Equipment

- 10.1 Estimated cost of Equipment
- 10.2 Building for Equipment : Ready / under construction
- 10.3 Approval by AERB/BARC : Obtained / not obtained
- 10.4 Building Plan of TCC : Attached / not attached
- 10.5 Building Plan for Proposed Equipment : Attached / not attached

11. Medical Oncology/Palliative care

- 11.1 Medical Oncologist/dedicated physician or surgeon
- 11.2 Palliative Care Physician/Surgeon or PMR specialist
- 11.3 Dedicated day care ward/facility for chemotherapy
- 11.4 Dedicated palliative Care ward or Rehabilitation ward
- 11.5 Chemotherapy drugs/consumables

12. Surgical Oncology

- 12.1 Surgical Oncologist/Trained Surgeon
- 12.2 Dedicated Operation Theatre/OT table
- 12.3 Special Surgical equipments like endoscopy/knife etc.

13. Diagnostic/pathology/other equipments

- 13.1 estimated cost
- 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 TCC/Institution

P.S. If it is a govt./govt.-undertaking institution, the proforma should be forwarded by competent authority.

Attach separate sheets to provide information wherever necessary.

PART – III

CERTIFICATE AND RECOMMENDATIONS OF THE STATE GOVERNMENT/U.T. ADMINISTRATION (Competent authority in case of PSU/autonomous organizations)

No.....Station and date.....Government ofDepartment of
.....

1. The Institution is a Cancer Treatment Hospital/Govt. Medical College/ Hospital, Government funded and controlled/supervised autonomous body/institution/PSU and is involved in cancer treatment activities.
2. The State Government has examined the audited accounts of the Institution and is satisfied that their financial position is sound (applicable for autonomous Instt.)
3. The State Government is satisfied themselves about the soundness of the project and that the organization is of proven capability for undertaking the project.
4. The information furnished by the Institution is correct.
5. The State-Government recommends the proposal for a total grant of Rs..... (Maximum grant amount Rs. 6 crores with Rs. 4.8 Crores by Central Govt. and Rs. 1.2 crores by State Govt.) to be utilized in _____ (name of the institution) for the purpose of _____.
6. State Govt. has released/sanctioned or undertake to release the 20% state share of Rs.Crores to the concerned institution. (The central and the State share will be 80:20) for grant in aid in all cases.
7. The State Govt. will ensure that the private institutions (erstwhile private NGO RCCs only) provide free/subsidized treatment to BPL cancer patients.

Signature, Name & Designation

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

Part IV

Memorandum of Understanding

[Between Tertiary Cancer Centres and Deptt. of Health]

1. Parties

The Department of Health (National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke, NPCDCS) and _____ (name of Tertiary Cancer Centre) hereinafter referred to as 'designated agency' agree to cooperate in the implementation of Cancer control activities to patients who require Cancer care.

The NPCDCS aims to improve cancer care facilities for cancer patients. To make the programme more effective, wider participation of health care providers in Cancer control is required.

2. Period of Cooperation

The objectives of this MOU are:

1. Identify and establish the roles and responsibilities of the partner organization and delivery of Cancer care.
2. Provide diagnosis and treatment services to the cancer cases in the general population in the region.
3. To undertake capacity building training programs for doctors, nurses and other health personnel under the Programme.
4. To undertake health education and awareness programs for prevention and early detection of cancer cases.

3. Terms, conditions, and specific services during the period of the MOU.

1. A. THE DEPARTMENT OF HEALTH SHALL

- (i) Provide financial assistance towards construction for housing the equipments & cancer wards and for purchase of equipments for cancer care.
- (ii) To provide the technical support in implementation of action plan.
- (iii) **Provide technical support guidelines and updates (manuals, circulars, etc.) from the NPCDCS to the designated agency and review educational materials to be used.**

B. The Designated agency (TCC) shall prepare an action plan to augment the treatment facilities with timelines.

- (i) Execute this project according to the policy outlined in NPCDCS.
- (ii) Undertake cancer treatment activities and act as a nodal agency for the Health Education, prevention and early detection in the district.
- (iii) The TCC will extend cancer treatment facilities to all types of patients irrespective of the caste, creed and religion.
- (iv) The TCC would undertake capacity building training programs for doctors, nurses and other health personnel.
- (v) There would be no claim for the recurrent grant in the future over and above envisaged under the 11th five year plan. However Govt. of India may at its own discretion may consider providing more grants to TCCs in general.
- (vi) The TCC will prepare an action plan for development of infrastructure, indicating the equipment proposed to be purchased and project the activities proposed to be undertaken. The Deptt. of Health will assess the action plan and decide on the quantum of grant to be released.
- (vii) The amount of the one time grant may be released in installments and in a phased manner to the TCCs depending on the availability of funds. The TCCs will utilize the grant and send the UCs to the Deptt. of Health as per the provisions of the GFR.
- (viii) In view of the grant received, the TCC will be under obligation to extend the treatment facilities to the patients irrespective of caste, creed and religion, including free or subsidized treatment to the poor and needy patients as per the policy of the Central and respective State Govts.
- (ix) In order to ensure proper upkeep and maintenance of the equipment, for which the financial assistance has been granted, either of the two alternatives may be adopted by the TCC.
 - a. Levying of user charges by the grantee institutions or the State Govt. to generate internal resources OR
 - b. State Govt. may bear the cost of maintenance of the equipment till the life of the equipment.

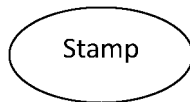
4. Duration and Renewal

This MOU shall be valid for ten years from the date of signing the agreement.

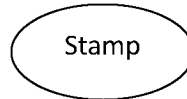
5. Penalty clause

In case of violation of any of the provisions of this agreement by the TCC, the Ministry of Health will be at liberty to terminate the contract and the concerned TCC will have to refund the entire grant money along with interest.

Signature by authorised signatory
of Deptt. of Health



Signature by authorised signatory
of Designated Agency (TCC)



PART V

INSPECTION REPORT

15.1. Dates/Place 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: Purpose of inspection

5 lines

15.5 Recommendation: Recommended/Not Recommended (give reason)

Signature

Signature

Signature (with Name)

Guidelines for INSPECTION TEAM:

Issues/matters other than the points mentioned below may also be identified and looked into by the inspecting members.

1. To physically verify Institution's area, construction, space allocations for specialities, OPD, beds, and laboratories.
2. The medical and other manpower strength of the TCC/Institution.
3. Obtain documents about the official status/governing body/annual report/financial position/other sources of grant etc.
4. Records on Patient population data, cancer treatment facility, teaching and training activities should be procured.
5. Details need to be provided in separate sheets as per existing Performa/ format.

Check list for Financial Assistance to TCCs

1. Filled up proposal as per format containing availability of infrastructure, manpower and action plan including construction plan.
2. Availability of Radiotherapist & Medical Physicist in case of request for Radiotherapy Equipment.
3. Details of the previous grants received & Utilization certificate/s
4. Copies of AERB/BARC lay out plan and letter in case of radiotherapy equipments.
5. State Government Recommendation as per the format.
6. Sanction order for State Government share (Undertaking by the State Government may be considered on a case to case basis).
7. Copy of Memorandum of Understanding (MOU).

Part VI

List of equipments for Cancer Care Services at TCC

1. Teletherapy:

- Cobalt radiotherapy machine
- Low Energy LINAC or High Energy LINAC (Linear accelerator)
- Mould room facility

2. Brachytherapy

- High-dose rate 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

Surgical Oncology equipments

Medical Oncology related equipments

- X- ray Machines
- Ultrasound Equipment
- CT Scan Machine
- Fibre Optic Endoscopes
- Mammography Machine
- Gamma camera and other Nuclear Medicine Equipment
- Pathology and Cytology microscope and other related equipment
- Equipment for Operation theatre/ Anaesthesia

Note:

- 1. List is indicative only**
- 2. Indigenous machines, if available, should be preferred by the institutions**

GFR 19-A

Form of Utilization Certificate

Sl. No.	Letter No. and Date	Amount
	Total	

Certified that out of Rs. _____ of grants-in-aid sanctioned during the year _____ in favour of _____ under this Ministry / Department Letter No. given in the margin and Rs. _____ on account of unspent balance of Rs. _____ on account of unspent balance of the previous year, a sum of Rs. _____ has been utilized for the purpose of _____ for which it was sanctioned and that the balance of Rs. _____ 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 _____

Annexure V

National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Districts Covered during 2010-11

S.No.	States	Distt. S.No.	Disripts	CHCs	Sub Centres
1	Andhra Pradesh	1	Nellore	6	481
		2	Vijayanagaram	7	470
2	Assam	3	Dibrugarh	6	240
		4	Jorhat	4	142
3	Bihar	5	Vaishali	2	336
		6	Rohtas	1	186
4	Chhattisgarh	7	Bilaspur	10	379
5	Gujarat	8	Gandhi Nagar	6	171
		9	Surendranagar	11	200
6	Haryana	10	Ambala	3	102
7	Himachal Pradesh	11	Chamba	7	170
8	Jammu & Kashmir	12	Leh (Ladakh)	3	24
		13	Udhampur	2	97
9	Jharkhand	14	Bokaro	8	116
10	Karnataka	15	Shimoga	11	307
		16	Kolar	6	201
11	Kerala	17	Pathanathitta	13	230
12	Madhya Pradesh	18	Ratlam	5	158
13	Maharashtra	19	Washim	7	153
		20	Wardha	6	181
14	Sikkim	21	East Sikkim	0	48
15	Orissa	22	Naupada	4	95
16	Punjab	23	Bhatinda	9	136
17	Rajasthan	24	Bhilwara	16	415
		25	Jaisalmer	6	136
18	Uttrakhand	26	Nainital	4	136
19	Tamil Nadu	27	Theni	6	162
20	Uttar Pradesh	28	Rae Bareli	11	377
		29	Sultanpur	14	403
21	West Bengal	30	Darjeeling	11	230
21	TOTAL	30		205	6482

Annexure VI- M&E Formats

Annexure VII- SOE

Annexure VIII- UC

Annexure IX

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE [NPCDCS]

Memorandum of Undertaking between Ministry of Health & Family Welfare, Government of India and Department of Health, Government/UT Administration of _____ for implementation of the “National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCCS)”

1. Preamble

- 1.1 Whereas India is experiencing a rapid health transition with a rising burden of Non Communicable Diseases (NCDs). NCDs are emerging as the leading causes of death in India accounting for over 42% of all deaths (Registrar General of India). NCDs cause significant morbidity and mortality both in urban and rural population, with considerable loss in potentially productive years (aged 35–64 years) of life. Hence there was an urgent need to devise appropriate strategies for their control and management.
- 1.2 Whereas, in view of the aforementioned, the Ministry of Health & Family Welfare has launched a “National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke” (NPCDCS), hereafter referred to as ‘Programme’ during the 11th plan period at an estimated cost of Rs.1230.90 crore for the remaining 2 years of the 11th Plan Period.
- 1.3 Now therefore, the signatories to this Memorandum of Understanding have agreed as set out herein below:

2. Duration of the MoU

- 2.1 This MoU will be operative with effect from _____ and will remain in force till 31st March, 2012 or till its renewal through mutual agreement whichever is earlier.
- 2.2 The Memorandum of Understanding is being signed between Ministry of Health Govt. of India (hereafter referred to as ‘MoHFW’) and the State Govt./UT Administration of - _____ (Name of the State/UT) (hereafter referred to as ‘State’) for providing accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to the people affected with cancer, diabetes, cardiovascular diseases and stroke, as per the terms and conditions given below:-

- 2.3 The programme shall be run under umbrella scheme of National Rural Health Mission and will be implemented as a Centrally Sponsored Scheme. The funding mechanism and appraisal process shall be the same as adopted under the NRHM.

3. Financing:

- 3.1 The MoHFW will provide a resource envelope to support the implementation of the programme by the State.
- 3.2 The total approved budget for this programme during the period 2010-11 and 2011-12 is Rs.1230.90 crore. (Rs. 499.38 crore for Diabetes, Cardiovascular diseases and Stroke (DCS) component and Rs. 731.52 crore for Cancer component of the Programme for 2010-11 & 2011-12.
- 3.3 As per the approved scheme, the share of programme funding will be at the ratio of 80:20 between the Government of India and States/UTs (except for central level activities). The share of GOI would be Rs. 1029.29 crore (Rs. 413.90 crore and Rs.615.40 crore for DCS and Cancer respectively) with the balance being borne by the State/UT governments to the tune of Rs. 201.61 crore (Rs. 85.48 crore and Rs.116.12 crore for DCS and Cancer respectively).
- 3.4 Funding will be for both recurring and non-recurring activities, as per the detailed operational guidelines issued under this programme, separately.

The State shall be encouraged to fund civil work components of the Scheme through NRHM wherever possible.

4. Government of India Commitment

- 4.1 Setting up of National NCD Cell: MoHFW shall set up one NCD Cell at the central level for the monitoring and implementation of all NCDs under the newly proposed National Programme for Prevention and Control of Cancer, Diabetes, CVD and Stroke. The central cell will be responsible for overall coordination and operationalization of this programme. It shall also function as a technical resource centre for the Ministry/Directorate.
- 4.2 Timely provision of programme funding to the tune of 80% (Central Share) to the State.
- 4.3 In addition to the above, the MoHFW shall undertake to do the following:-
- (i) Preparation and dissemination of technical & operational guidelines on all aspects and implementation of the Programme.

- (ii) Capacity building of health functionaries of Health care system at Primary, Secondary and Tertiary levels (including developing various training modules, etc.).
- (iii) Development of IEC strategy.
- (iv) Funding of Tertiary Cancer Centres as per their budget.
- (v) Liaisoning with all stakeholders.
- (vi) Web-based monitoring of programme activities at each level.
- (vii) Report to the Ministry/Directorate.
- (viii) Evaluation at the end of the 11th Five Year Plan by an external independent agency or by the GOI.

5. State Government Commitments:- The State/UT shall -

- a) Setting up of State level NCD Cells.
- b) Establishment of NCD Clinics at the identified district hospitals and CHCs
- c) Appoint a State Nodal officer for liason with Central Government, various State & District authorities.
- d) Prepare State Programme Implementation Plan based on the approved components of the programme and submit to the MoHFW for approval.
- e) Contribute 20% of the programme cost
- f) Provide land/space for the NCD Cells, ICU, Laboratory, NCD Clinics
- g) Provide supportive faculty in specialties other than internal medicine
- h) Provide diagnostic support services like Laboratory, Radiological and other investigational facilities.
- i) Supplement the expenditure on equipments, drugs and consumables
- j) Conduct training and IEC activities
- k) Support for setting up of Day-Care Chemotherapy facilities at the identified District Hospitals.
- l) Support the identified Tertiary Cancer Centres for providing cancer care services.
- m) Shall take over the responsibility from central Govt. once the units are fully functional, during the 12th Plan Period.

6. Monitoring

- 6.1 The NCD Cells setup at national, state and district levels shall supervise and monitor the progress of implementation of the Programme. The programme will be reviewed at the end of the 11th Five Year Plan.

7. Bank accounts of the societies and their audit

- 7.1 Funds released under the scheme will be kept in interest bearing accounts in any designated nationalized bank or as specified by the Ministry of Health & Family Welfare, Government of India
- 7.2 The State Government will prepare and provide to the Ministry of Health & Family Welfare, Government of India, an annual consolidated statement of expenditure,

including the interest that may have accrued. The interest generated on the funds released by Govt. of India will be adjusted during the release of funds for each installment

- 7.3 The funds shall be subject to statutory audit by the Comptroller and Auditor General of India

8. Suspension

- 8.1 Non compliance of the commitments and obligations set hereunder and /or upon failure to make satisfactory progress may require Ministry of Health and Family Welfare, Government of India, to review the assistance committed through this MOU leading to suspension, reduction or cancellation of the assistance. The Ministry of Health and Family Welfare, Government of India shall give advance adequate alert to the State Government before contemplating any such action.

And whereas the State of have been selected for implementation of the Programme as mentioned above, this MOU is being signed between the State of ----- and Ministry of Health and Family Welfare, Government of India.

The MOU will be operative w.e.f.-----to-----
Signed on this day, the-----of-----,-----
-----200 between MoHFW, Govt. of India and the State Govt.

For and on behalf of the Government of India, Ministry of Health & Family Welfare	For and on behalf of the State Government of -----
Joint Secretary Ministry of health & Family Welfare, Government of India	Principal Secretary (H & FW) Government/Administration of ----- -----
Date-----	Date-----