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स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
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निर्माण भवन, नई दिल्ली-110011

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH & FAMILY WELFARE  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
NIRMAN BHAVAN, NEW DELHI - 110011

D.O. – 7(67)/2016 – NHM- I  
Dated the 11<sup>th</sup> January 2017

*Dear Mission Director,*

I take this opportunity to wish you and your team a very Happy New Year.

As you are aware, MoHFW launched the Operational Guidelines for Prevention, Screening and Control of Common Non-Communicable Diseases and Operational Framework on Management of Common Cancers last year. Screening of NCDs and further follow up is also one of the focus areas for PIP 2017-18. An orientation workshop was held for the NPCDCS officers in the month of October and as a follow up, States/UTs were requested to submit a work plan to roll-out the screening programme along with the names of districts where this screening and follow up would be taken up initially.

Several of the districts proposed by the states, are those in which the NPCDCS has been implemented. This will facilitate the roll out of the population based screening programmes, in a few sub centres in each of the districts at least before the end of this fiscal year, i.e March 31, 2017. This will also serve as a mini pilot for states to test out the approaches before scaling up to other sub centres in the districts.

You may undertake the following preparatory actions before the rollout of the screening:

- (i) Identify at least ten sub centres in each of the selected districts (to roll out the screening for hypertension, diabetes, oral and breast cancer), and at least two PHCs and one CHC where a lady MO or gynaecologist can undertake screening for cervical cancer in the proximity of these sub-centres. States should select those sub centres where ANMs are already trained in NCD screening.
- (ii) Select at least three ASHA trainers (a combination of state and District ASHA trainers, preferably with a clinical background: LHV, ANM or AYUSH practitioner) and two ANM trainers/district (comprising a Medical Officer and Nurse Tutor) by January 15. MoHFW will depute teams of national trainers to the state/region. This training will be scheduled between January 31<sup>st</sup> to February 3<sup>rd</sup> 2017. The names of the national trainers and venue of training for state trainers would be intimated by January 25<sup>th</sup>. MoHFW will soon send draft training manuals so as to translate/adapt and print sufficient copies to undertake the training in these districts.

**Healthy Village, Healthy Nation**



- (iii) This initiative will require close coordination between the state nodal officers for NPCDCS and the ASHA programme, to ensure smooth roll-out of the population based screening. In order to enable supportive supervision and monitoring, you may need to orient the CMOs/CHOs in the selected districts and MO/IC at PHC levels. In addition to familiarizing them with this initiative, it will ensure better availability of drugs (based on EDL), equipment, and reagents in the health facilities by March 31<sup>st</sup>.
- (iv) You may plan to complete training of all requisite cadres by February 28<sup>th</sup>, and initiate the screening in the 10 sub centres and affiliated PHCs and CHCs in selected districts.
- (v) MoHFW will also be developing IEC material for a mass media campaign. You are requested to develop local, context specific materials such as posters, leaflets, pamphlets based on your local context.
- (vi) You may plan to budget for rolling out the screening in the selected districts in the FY17-18 PIP. The approximate budget for a district (sub centres and PHC) is provided at annexure 1. The difference between this budget and the one in the OGs is the inclusion of the PHC staff nurse in 80 PHCs in the district. You may choose to reduce the number of PHCs based on numbers of trained staff nurses/lady MOs available.
- (vii) For this fiscal year, you may use the funds under NPCDCS for training, module printing, drugs and equipment procurement, based on the budgetary norms attached.
- (viii) The calendar of activities is provided at Annexure-2 to help you monitor time bound implementation.

You may contact Shri Rajeev Kumar, Director (NCD), MoHFW email: rajeev69kumar@gmail.com or Dr Rajani Ved, Advisor, NHSRC email: rajani.ved@gmail.com in case of any clarification.

*Regards,  
Wishing you a very happy 2017.*

Yours sincerely,



(Arun K Panda)

Encl: As stated

To,

Mission Directors – All States and UTs

**Costs for Screening for HT/DM and three common cancers (oral, cervical and breast) at the level of a sub centre and Primary Health Centre**

**Assumptions**

1. Normative District Population: 20 lakhs covering both rural and urban areas.
2. Assuming 400 sub centres (each covering 5000 population) in a district, which would cover the total 20 lakh population
3. Assuming one PHC would be the hub for five SCs, therefore 80 PHCs in a district.
4. Population: 37% in age group over 30 years
5. Men and Women over 30 years in a SC area: (5000 population): 1850 (HT/DM/Ca-oral)
6. Women over 30 years: 910: in a SC area: (5000 population) Ca Cx/Breast

**Costs**

- a. Equipment for HT (Sphygmomanometer) - (Year 1 only): Rs. 1000
- b. Equipment for VIA: Examination lamp, Cusco's Speculum, autoclave, torch :Rs. 20,000
- c. Equipment: for OVE: Mouth Mirror, Led Torch: Rs. 3000
- d. Consumables: (Costing for cancer assumes 50% coverage in year 1, 65% coverage in year 2, and 80% coverage in year 3)
  - i. For Glucose testing Rs. 10/capita: (NPCDCS already provides Rs. 25,000):
  - ii. For VIA: (Rs. 10/capita – for gloves, cotton swabs, distilled water, acetic acid.
  - iii. For OVE - (Rs. 10/capita). Wooden sticks, gloves, cotton, gauze,
- e. Training/Modules for SC team: Rs. 1750
- f. Cost of training one provider for VIA: Rs. 18,000 (could be ANM/MO/SN): Rs. 18000
- g. Cost of training for frontline workers – Rs. 19,000 in year one, followed by refresher training in second and third year.
- h. IEC: Rs. 5000
- i. Health cards: Rs. 46,250
- j. Team Incentives: Rs. 15,000
- k. Staff Nurse @ PHC: Rs 25,000 per month

**Cost per SC; cost per 400 SC (or total 20 lakh population); and cost per 80 PHC**

	Year 1	Year 2	Year 3
<b>Cost for one SC</b>	1,61,300	49,976	49,976
<b>NPCDCS provision</b>	25,000	25,000	25,000
<b>Additional budget/SC</b>	<b>1, 36, 300</b>	<b>24,976</b>	<b>24,976</b>
<b>Cost per 400 SC</b>	<b>5,45,20,000</b>	<b>99,90,400</b>	<b>99,90,400</b>
<b>Cost per 80 PHC (Salary for Staff Nurse)</b>	<b>2,40,00,000</b>	<b>2,52,00,000</b>	<b>2,64,60,000</b>

## Calendar for Launch of NCD screening: January 10 to March 31, 2017

January 12	Training strategy for ASHA, ANM, and Staff nurses to be sent to states	NHSRC- NCD-TAG/DGHS/NCD cell
January 16	States to identify sub-centres, PHC and CHC in the districts for launch	State NPCDCS officers
January 16	States to identify state trainers for ANM/ASHA and notify MOHFW/NHSRC	Follow up responsibility: NCD cell/NHSRC
January 20	ASHA, ANM, Staff Nurse modules English and Hindi versions to be sent to states	NHSRC- NCD-TAG/DGHS/NCD cell
January 30	States to complete translation and printing modules in local language	State: ASHA nodal officers/NPCDCS state nodal officers
January 31 to February 3	TOT for Master trainers for ASHA and ANM at state/regional levels	NHSRC/ State nodal officers for ASHA and NPCDCS
February 4	States to initiate training of ASHA and ANM batch	State: ASHA nodal officers/NPCDCS state nodal officers
February 10	Orientation package for Staff Nurses, MOs, and specialists at secondary level	NCD-TAG/DGHS
February 1 through February 28	<p>State to undertake preparation for screening in at least 10 sub centres in each of the selected districts. :</p> <ul style="list-style-type: none"> <li>- Orientation of district teams</li> <li>- Ensure drug supplies at PHC and arrangements for refills at sub- centres</li> <li>- Lady Medical officers in PHC/Staff nurses to be trained in VIA</li> <li>- Gynaecologists/Surgeons/Dentists at CHC and DH oriented to the programme</li> <li>- Develop IEC pamphlets, posters, etc.</li> </ul>	<p>State: ASHA nodal officers/NPCDCS state nodal officers</p> <p>Support for VIA training – through DGHS</p>
March 1 to March 31	Screening rolled out in at least 10 sub centres in each district	State: ASHA nodal officers/NPCDCS state nodal officers