Pilot phase of the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke (NPDCS) launched on 4<sup>th</sup> Jan 2008 by Deputy Chairman, Planning Commission in the august presence of Hon'ble Minister for Health &Family Welfare and Hon'ble Minister of State.





## Objectives of the pilot phase

- Risk reduction for prevention of NCDs (Diabetes, CVD and Stroke)
- Early diagnosis and appropriate management of Diabetes, Cardiovascular Diseases and Stroke

## **Strategies**

- Health Promotion for the General Population
- Disease Prevention for the High Risk groups

#### A. A. Health Promotion for the General Population

Targeted to healthy, risk free population and involves development of an effective communication strategy to modify individual, group and community behaviour through media. It also focuses on community mobilization and participation and mainstreaming the health promotion agenda to reach till the village level. The interventions involve at various settings of Community, School and Work Place.

## 1.1.Community Based Interventions

Involves health education regarding benefits of physical activities, dietary changes, mainstreaming the agenda of Health Promotion into the activities of Village Health and Sanitation Committees (VHSCs), Gram Panchayats, Self Help Groups and faith based organisations will be part of the strategy for health promotion.

#### 2.2. Workplace Interventions

To introduce health promotion for their respective organisations by identifying peer educators and providing initial training.

#### 3.3. School Based interventions

Evaluation of the existing school health programme components viz. physical education, nutrition and food services, health promotion for school personnel, health education and health services followed by activities to make health promotion a defined agenda in the school curriculum.

#### B. B. Disease Prevention for the High Risk

Interventions aimed at early diagnosis and appropriate management for reducing morbidity and mortality targeting people who suffer from elevated risks demonstrated through hypertension, obesity, high blood lipid and glucose levels and those who have suffered from a previous cerebral or coronary event and are at the high risk.

#### 1. Reorienting the Public Health Delivery system

System strengthening at the primary, secondary level and tertiary level. HealthCare providers at all levels will be mobilized and trained to involve in risk detection and screening viz. blood pressure checks, recommending lifestyle modifications, dissemination of information and referring for further management.

#### 2. Setting up special clinics

Special clinic for Diabetes/Cardiovascular disease /Stroke will be established at the District Hospital. Services of Private Practitioners may be taken for this clinic as a visiting consultant. The clinic will do the screening and will also provide the management. Difficult and complicated will be referred to tertiary care centre or the nearby Medical College.

#### 3. Harnessing the Private Sector

To correct the imbalance towards care using high cost, low yield technologies and use of more cost effective interventions.

# 4. Specific interventions at the tertiary level to enhance capacity to respond to the needs of NCD

It has been established that prompt intervention to manage a cardiac event can reduce mortality to a large extent. Identification of a referral centre and strengthening the linkage to the nearest referral centre at the tertiary/secondary level and strengthening of the centre through provision of necessary infrastructure and manpower.

#### 5. Specific intervention for Rheumatic fever/Rheumatic heart disease

Rheumatic fever/Rheumatic heart disease affects children and if early intervention is made is curable or else will require chronic care and in developed cases will require surgical interventions. Specific activities for creation of public awareness, reorientation of primary health care providers for early detection and referral will be taken up.

## **Expected outcomes for the pilot phase**

- Awareness generated on HEALTHY LIFE STYLES
- Health promotion at School, Community & work places
- Decrease in the incidence of Non –Communicable Diseases particularly, Diabetes, Cardiovascular Diseases and Stroke