HEALTH SAMVAAD

Engage. Exchange. Empower. Enhance Health

Quarterly Newsletter

October - December 2026

Volume 4 | Non-Communicable Diseases



Initiative by : Directorate of Family Welfare & Delhi State Health Mission

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Dear Readers of *Samvaad*,

We are pleased to present the fourth edition of Health Samvaad, dedicated to the highly relevant theme of Non-Communicable Diseases (NCDs). India is witnessing a significant epidemiological transition, with diabetes, hypertension, cardiovascular diseases and other NCDs contributing increasingly to the country's health burden.

This edition brings together key perspectives, experiences and good practices from the NCD Cell and the public health system of Delhi, highlighting ongoing efforts towards prevention, early detection and effective management of NCDs.

We sincerely thank the NCD Cell, district teams and all contributors for their valuable inputs in shaping this edition. The content has been contributed by the NCD Cell and respective contributors, and the Editorial Team is not responsible for its accuracy or interpretation.

It is now decided that the present & forthcoming editions will be released online in English only due to administrative considerations.

We look forward to continuing Health Samvaad as a platform for learning, reflection and sharing of good practices across the health system.

(Dr.A.G. Radhika)

(Dr. Amita Raoot)

Directorate of Health Services
2ND FLOOR, DELHI GOVT. DISPENSARY BUILDING
DELHI GOVT. EMPLOYEES COLONY, GULABI BAGH, DELHI –110007
Email stodl@rntcp.org



Guest Editor
State Program Officer
SPO NPNCD, SPO NTCP, SPO NPPC, SPO NPCCHH, SPO NPHCE
Delhi

Dear Readers of *Samvaad*,

I am delighted to have been given the opportunity to present, through this edition of Health Samvaad, the key initiatives and achievements undertaken by the State under the Non-Communicable Diseases (NCD) Programme.

I sincerely appreciate the dedicated efforts of the NCD team and all the contributors whose valuable inputs and experiences have shaped this edition. I would also like to place on record my gratitude to Dr. Sanjay Singh, erstwhile SPO (NCD), for his guidance and support in compiling and consolidating the data and information presented in this edition.

I hope this edition provides a meaningful glimpse into the State's ongoing efforts towards strengthening NCD prevention and management and serves as a useful platform for sharing experiences and good practices.

(Dr. Shobhit Garg

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"Health Samvaad is a quarterly publication that highlights health initiatives, achievements and community stories, fostering transparency, knowledge sharing, and stronger engagement through active participation and awareness for a healthier & better life across Delhi."

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Public–Private Partnership Model for Hemodialysis Services in Delhi: Experience, Implementation, and Outcomes

Dr. Devinder Yadav[1]
Dr. Kapil Sharma[2]

SPO, Dialysis Centre[1]
MO, PPP Dialysis[2]





Context and background:

Attributing to significant morbidity and mortality chronic kidney disease (CKD) has emerged as a major public health problem of the twenty-first century. According to the Global Burden of Disease Study 2019, the deaths due to CKD have increased from 0.6 million to 1.4 million since 1990 [1]. In 2017, 697.5 million CKD cases were reported globally of which one-third were contributed by India (115 million) and China(132 million) [2]. The overall pooled estimates of CKD prevalence in India from community-based representative studies were 13.24%, with confidence intervals (CI) ranging between 10.52 to 16.22. [3]

Global Burden of Disease collaboration identifies chronic kidneydisease (CKD) as a major contributor to global morbidity andmortality.The major burden of CKD is concentrated in regions with lower socio-demographic indices [4].

Chronic renal failure is a devastating medical, social,and economic problem for patients and their families. Diabetic kidney disease is thecommonest cause of ESRD in India. CKD of undeterminedetiology forms a large proportion as well. Environmentalfactors have been postulated in its causation. In India use of local or indigenous forms of medicine is also acommon cause of CKD. Renaltransplant is the most suitable option for a majority ofpatients, but is dependent on living donors.Deceased donors are poorly utilized because ofan ineffective organ procurement network, lack of facilitiesfor taking care of potential donors, and poor publiceducation. [5]

Implementation in Delhi:

PPP Dialysis Cell, DGHS, GNCTD is currently implementing two (02) schemes for providing haemodialysis services, viz. the PPP Dialysis Project and the Pradhan Mantri National Dialysis Programme (PMNDP), on Public-Private Partnership (PPP) mode. The objective of both PMNDP and the PPP Dialysis Project is to provide access to quality haemodialysis services on PPP mode. The services are provided free of cost to economically weaker patients under the Sponsored category, and at an affordable rate to the general population of Delhi.

The PPP Dialysis Project of Delhi was started in the year 2013, and the Pradhan Mantri National Dialysis Programme (PMNDP) was started in the year 2018.Eligibility Criteria for Availing Free-of-Cost Haemodialysis Services are as under:

A) PPP Dialysis Project:-

Income Criteria: Annual family income up to Rs. 5,00,000/- (Rupees Five Lakhs only), as certified by an Income Certificate issued by the Revenue Department, GNCTD, or possession of a National Food Security Card.

Residency Criteria: Must be a bonafide resident of Delhi for more than three years. Proof of residency can be any of the following: Ration Card, Driving License, Aadhar Card, Voter ID Card, Domicile Certificate issued by the concerned SDM, Passport, or Extract from the Electoral Roll.

B) PMNDP:-

The patients having National Food Security Card - for Priority household families (PR) & Priority household families having sugar entitlement (PRS) OR Income Certificate of Annual income of less than Rs. 1,00,000 (Rupees One Lakh), issued by the Revenue Department from State/UT.

Patients who do not fulfill the eligibility criteria mentioned above may avail haemodialysis services at government hospitals by paying the same rates as paid by the Government for haemodialysis of patients under the Sponsored category.

Presently, haemodialysis services are operational with 300 HD machines on PPP mode in the following hospitals of Govt. of NCT of Delhi under PMNDP and PPP Dialysis Project:-

S.No.	Name of the Hospital	District	Name of the Scheme
01	LokNayak Hospital	Old Delhi	PPP Dialysis Project
02	Dr.HedgewarAarogyaSansthan	East	
03	Rajiv Gandhi Super Speciality Hospital	North East	
04	Janakpuri Super Speciality Hospital	West	
05	Ambedkar Nagar Hospital	South	
06	Sanjay Gandhi Memorial Hospital	North West	
07	Dr. Baba Sahib Ambedkar Hospital	North West	
08	Jag Pravesh Chandra Hospital	North East	
09	Burari Hospital	North	
10	DeenDayalUpadhyay Hospital	West	Pradhan Mantri National Dialysis Programme
11	Maharishi Valmiki Hospital	North	
12	Deep Chand Bandhu Hospital	North West	
13	BhagwanMahavir Hospital	North West	
14	Indira Gandhi Hospital	South West	
15	Guru Gobind Singh Govt. Hospital	West	
16	Pt. Madan Mohan Malviya Hospital	South	

There is one nodal officer at each dialysis centre in hospital for overall supervision, monitoring and smooth functioning of the haemodialysiscentre. The Nodal Officer (Dialysis Centre) inspects the records and services rendered by the service provider on a regular basis.The Nodal Officer (Dialysis Centre) coordinate with the service provider and facilitate in resolution of any issue pertaining to functioning of the haemodialysiscentre.

The annual clinical audit and performance review of dialysis centres are conducted by duly constituted committees.The report of the annual performance review serves as the basis for providing feedback to the service provider to improve performance.All medicines including

Injection Erythropoietin are provided by the government hospitals. Diagnostic tests (Urea, Creatinine, Sodium, Potassium, complete biochemistry and hematology profile etc.) are done through government health facility laboratories.

Under the PPP mode in Delhi, the Service Provider is required to provide furniture, fixtures, and electrical fittings along with the following:

- Human Resource: Qualified Nephrologists, Medical Officers, Dialysis Technicians/Nurses, and other skilled paramedical staff as specified.
- RO Water Plant Infrastructure
- Dialyzers
- Consumables

The Department of Health & Family Welfare provide –

- Sufficient Space as per required HD Machines in specified Government Hospitals
- Point of electricity along with separate meter (The electricity bill is paid by the serviceprovider)
- Drugs, including Erythropoietin (EPO) and iron
- Point of water supply (Available water as supplied to the Hospital)
- Pay for the cost of dialysis for the sponsored patients
- Pay for the cost of Arterio-Venous (AV) Fistula - Financial support under Pradhan Mantri National Dialysis Programme (PMNDP) for an amount of INR 6000 per patient as one-time support for successful AV fistula (without prosthesis) making charges for the sponsored category patients, not covered under PMJAY scheme. In case of hospitals under PPP dialysis project financial support for allied services, will be provided up to a maximum ceiling of CGHS/DGEHS notified rates for that particular procedure for the sponsored category patient.

Dialyzer is used for not more than 10 times or till the fiber bundle volume is more than 80% of original capacity (whichever is earlier) after due sterilization using dialyzer reprocessing unit. In sero positive cases single use dialyzer is utilized on isolated machine.Blood chemistry and

hematocrit (or hemoglobin) of each dialysis patients are checked atregular interval. All new dialysis patients or patients who return to the dialysis unit after treatment fromhigh- or unknown-risk areas are tested for HBsAg and Anti-HCV etc.HBsAg/HCV-positive patient are treated in a segregated area with designatedHemodialysis machines.

For monitoring of Water Treatment System, chemical purity is checked once in 3 months in which treated water samples are sent for detailed chemical analysis to anindependent laboratory having adequate instrumentation for testing and microbiological purity is checked monthly.

Programme Reach and key outcome:

Haemodialysis services are currently available in 10 districts of Delhi, as detailed in Table-1. ESRD (End Stage Renal Disease) patients from the remaining 3 districts, namely Central, South-East, and New Delhi, are availing haemodialysis services from centres located in adjacent districts.At present, approximately 1,904 ESRD patients are availing haemodialysis services under the PPP Dialysis Project and PMNDP in Delhi. The average age of patients availing haemodialysis is 46.5 years, with the minimum age being 15 years and the maximum age 89 years.

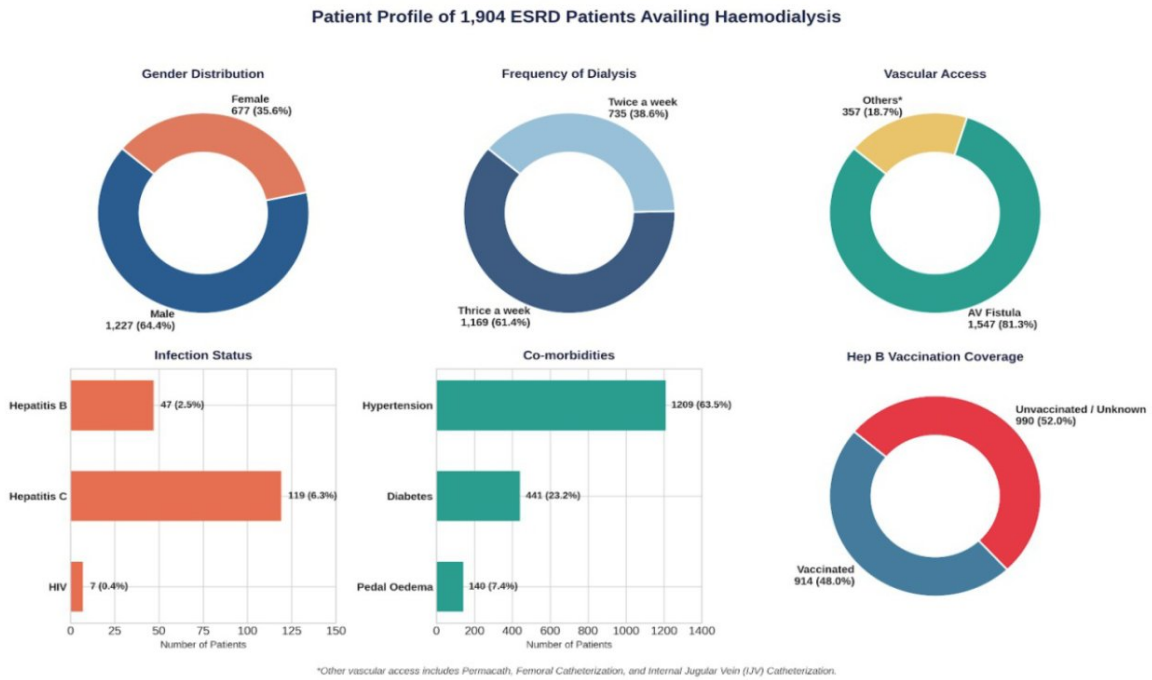
Patient Profile of 1,904 ESRD Patients Availing Haemodialysis:
Gender Distribution: 1,227 patients (64.4%) are male and 677 patients (35.5%) are female.
Infection Status: 47 patients (2.5%) are positive for Hepatitis B, 119 patients (6.3%) for Hepatitis C, and 7 patients (0.4%) for HIV.

Frequency of Dialysis: Dialysis was advised twice a week for 735 patients (38.6%) and thrice a week for 1,169 patients (61.4%).

Co-morbidities: 441 patients (23.2%) are diabetic, 1,209 patients (63.5%) are hypertensive, and 140 patients (7.4%) have pedal oedema.

Vaccination: Hepatitis B vaccination coverage is present in 914 patients (48.0%).

Vascular Access: Haemodialysis is being done through AV fistula in 1,547 patients (81.3%). The remaining patients underwent dialysis through permacath, femoral catheterization, internal jugular vein catheterization, etc.



Challenges, Key observations and lesson learnt:

The burden of end-stage renal disease (ESRD) in Delhi is increasing annually as new patients are added to the existing cohort, predominantly from lower socioeconomic groups. One of the reason for this is the increase in the prevalence ofnon-communicable diseases eg diabetes, hypertension etc. This rising demand will necessitate expansion of haemodialysis capacity, including additional dialysis machines and treatment slots. Expansion is constrained by limited physical space within many hospitals, and by infrastructure challenges such as the large volumes of treated water required per session and the presence of high total dissolved solids (TDS) in available water supplies at some facilities. Ensuring regular, guideline-appropriate dialysis remains critical, as adherence to prescribed hemodialysis schedules is associated with improved survival, reduced hospitalization, and better health-related quality of life among patients with ESRD.

Key takeaway

Quality haemodialysis as prescribed is very crucial for ESRD patients. It can improve survival, reduced hospitalization, and better health-related quality of life among patients with ESRD

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District Day Care Cancer Centres (DCCC) in Delhi
The Role of Delhi State Cancer Institute as the Nodal Centre



Dr. Pragya Shukla

Head of Department
Department of Clinical and Preventive Oncology
Delhi State Cancer Institute
Dilshad Garden, Delhi

Abstract

Cancer is a major public health challenge in India, accounting for substantial morbidity, mortality, and healthcare expenditure. The increasing cancer burden has necessitated innovative approaches to improve accessibility, affordability, and continuity of cancer care. The Government of India launched the District Day Care Cancer Centre (DCCC) initiative under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) to decentralize oncology services and strengthen district-level cancer care infrastructure. In July 2025, the Government of NCT of Delhi designated the Delhi State Cancer Institute (DSCI), Dilshad Garden, as the Nodal Centre for implementation, mentorship, training, monitoring, and technical support of the DCCC programme. Under the leadership of Dr. Pragya Shukla, Head, Department of Clinical and Preventive Oncology, DSCI is facilitating capacity building of healthcare professionals and supporting the establishment of standardized oncology services across district hospitals in Delhi. The DCCC initiative is expected to improve access to chemotherapy, cancer screening, follow-up care, counselling, palliative care, and referral services, thereby strengthening cancer care delivery throughout the National Capital Territory.

Keywords: Cancer care, District Day Care Cancer Centre, DCCC, Delhi State Cancer Institute, decentralization, chemotherapy, oncology services.

Introduction

Cancer has emerged as one of the leading causes of morbidity and mortality worldwide. According to the World Health Organization (WHO), cancer accounts for nearly one in six deaths globally and continues to impose a significant burden on healthcare systems, particularly in low- and middle-income countries.[1] India contributes substantially to the global cancer burden, with increasing incidence rates attributed to population growth, ageing, lifestyle factors, environmental exposures, and improved detection.[2]

Although significant advances have been made in cancer diagnosis and treatment, access to oncology services remains uneven. Specialized cancer treatment facilities are largely concentrated in metropolitan cities and tertiary care institutions, resulting in overcrowding and long waiting periods. Patients often travel long distances for chemotherapy, follow-up visits, supportive care, and consultations, leading to financial hardship and treatment interruptions.[3]

Recognizing these challenges, the Government of India introduced the District Day Care Cancer Centre (DCCC) initiative to strengthen cancer care services at the district level. The programme seeks to decentralize oncology services by establishing day care cancer facilities within district hospitals, thereby bringing essential cancer care closer to patients' homes.[4]

The DCCC initiative represents an important step towards achieving equitable access to cancer care and aligns with the broader goals of Universal Health Coverage and the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).[5]

Delhi State Cancer Institute as the Nodal Centre

In July 2025, the Government of NCT of Delhi designated the Delhi State Cancer Institute (DSCI), Dilshad Garden, as the Nodal Centre for implementation of the District Day Care Cancer Centre programme in Delhi. DSCI has been entrusted with the responsibility of providing mentorship, capacity building, technical guidance, monitoring, and quality assurance for the DCCC network across the National Capital Territory.[6]

Under her leadership, DSCI is actively engaged in developing standardized protocols, conducting training programmes, strengthening district-level healthcare capacity, and facilitating integration between district hospitals and tertiary oncology services.

Government records indicate that DSCI serves as the mentor institute for implementation of the DCCC programme in Delhi and is responsible for training healthcare personnel and supporting operationalization of district-level cancer care facilities.

District Day Care Cancer Centres Under DSCI

The following hospitals have been identified under the mentorship and technical guidance of Delhi State Cancer Institute:

- Deen Dayal Upadhyay Hospital
- Pt. Madan Mohan Malaviya Hospital
- Indira Gandhi Hospital
- Maharishi Valmiki Hospital

These centres function as decentralized units for delivery of selected oncology services while maintaining linkage with tertiary cancer centres for advanced management.

Objectives of the DCCC Programme

The District Day Care Cancer Centre initiative has been developed with several strategic objectives.[4],[5]

Decentralization of Oncology Services

A major objective is to shift selected cancer care services from tertiary institutions to district hospitals, thereby reducing congestion at specialized cancer centres and improving accessibility for patients.[4]

Strengthening District Healthcare Infrastructure

The programme aims to enhance institutional capacity through infrastructure development, equipment procurement, workforce training, and establishment of standardized treatment protocols.[4]

Early Detection and Screening

DCCC facilities support screening activities for common cancers such as breast, cervical, oral, and lung cancers. Early detection improves treatment outcomes and reduces cancer-related mortality.[6]

Continuity of Care

Cancer treatment often requires multiple visits over prolonged periods. District-level facilities enable patients to receive follow-up care and supportive treatment closer to home while remaining under the supervision of tertiary oncology teams.[4]

Psychosocial Support

Counselling, nutritional advice, symptom management, and patient education constitute important components of comprehensive cancer care. The DCCC model incorporates these services as part of routine patient management.[7]

Capacity Building and Training

Capacity building forms the cornerstone of the DCCC programme. The success of decentralized cancer care depends on the availability of trained healthcare professionals capable of delivering safe and effective oncology services.

DSCI conducts structured training programmes for doctors, nurses, pharmacists, and healthcare workers involved in cancer care delivery. These programmes focus on:

- Principles of cancer management
- Safe chemotherapy administration
- Recognition and management of treatment-related toxicities

- Cancer screening methodologies
- Patient counselling techniques
- Referral mechanisms
- Palliative care practices
- Infection prevention and patient safety

Continuous mentoring and periodic assessment ensure adherence to standard treatment protocols and maintenance of quality care across all DCCC facilities. So far, a total number of 13 doctors and 24 nursing officers have received the training.

Services Provided Through DCCC Facilities

District Day Care Cancer Centres are designed to provide a range of essential oncology services.

Chemotherapy Administration

Selected chemotherapy regimens can be administered safely at district-level facilities under approved protocols and specialist guidance. This reduces the need for repeated travel to tertiary centres.[4]

Follow-Up Care

Patients undergoing treatment require regular monitoring for disease status, treatment response, and adverse effects. DCCC centres facilitate these follow-up services at the district level.[4]

Cancer Screening

Screening programmes for breast, cervical, oral, and selected high-risk lung cancers contribute to earlier diagnosis and improved outcomes.[6]

Counselling Services

Patient counselling improves awareness, treatment adherence, psychological wellbeing, and informed decision-making.[8]

Referral Services

Complex cases requiring surgery, radiotherapy, advanced diagnostics, or specialized interventions are referred through established pathways to tertiary oncology centres.[4]

Palliative and Supportive Care

Pain management, symptom control, nutritional support, and psychosocial care are integral components of the DCCC service package.[8]

Expected Impact of the DCCC Programme

The DCCC initiative has the potential to transform cancer care delivery by improving accessibility and strengthening healthcare systems. Expected benefits include:

- Reduced travel burden for patients and caregivers
- Improved treatment compliance
- Early detection of common cancers
- Reduced overcrowding at tertiary cancer centres
- Enhanced district-level healthcare capacity
- Better continuity of care
- Improved patient satisfaction and quality of life
- Strengthened referral networks across levels of care

The programme is particularly relevant in urban populations such as Delhi, where cancer incidence is rising and demand for oncology services continues to increase.[2,3]

Future Perspectives

As the DCCC programme expands, greater integration of tele-oncology, digital health platforms, electronic medical records, and cancer registries is anticipated. Strengthening

coordination between district hospitals and tertiary cancer centres will further improve efficiency and patient outcomes.

Ongoing training, quality monitoring, and community awareness programmes will remain critical for sustaining the long-term success of decentralized cancer care services in Delhi and across India.

Conclusion

The District Day Care Cancer Centre programme represents a significant milestone in India's efforts to strengthen cancer care delivery. By decentralizing essential oncology services and integrating district hospitals into the cancer care continuum, the initiative addresses important gaps in accessibility and continuity of care. As the designated Nodal Centre, Delhi State Cancer Institute plays a pivotal role in implementation, mentorship, capacity building, and quality assurance of the programme in Delhi. Through this coordinated approach, the DCCC model is expected to improve cancer outcomes, enhance patient experience, and contribute substantially to the strengthening of oncology services across the National Capital Territory.

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National programme for Prevention and Control of Non Communicable Diseases

Detect Early. Treat Timely. Live Healthier. Delhi's NP-NCD Journey towards Universal NCD Care

Dr. Sanjay Singh[1]
Dr. Abhishek Rana[2]
Ms. Divya Fageria[3]



[1]CMO NFSG
[2]SMO, NPNCD Programme, Public Health II
[3]PHNO
Directorate General of Health services, GNCTD

Non-Communicable Diseases (NCDs) are no longer a distant public health concern – they are today's leading cause of death and disability in Delhi as much as in the rest of India. The good news is equally clear: when diabetes, hypertension and common cancers are caught early, the course of disease can be changed, complications averted and lives saved. This article traces how the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) is being operationalised in Delhi.

Delhi NP-NCD at a Glance

- **Target population:** Adults aged 30 years and above
- **Priority conditions:** Hypertension, Diabetes, Oral, Breast and Cervical Cancer
- **Platforms:** Ayushman Arogya Mandirs, PHCs (Delhi Government, DSHM & MCD), Polyclinics, NCD Clinics and District Hospitals
- **Digital platform:** National NCD Portal
- **Vision:** Prevention, Early Detection and Continuum of Care
- **Screening pathways:** Population-Based Screening at community level, and Opportunistic Screening at the health-facility level.

1 INTRODUCTION

Context and Background

NCDs account for the majority of deaths in India today, and their share continues to rise with changing lifestyles and an ageing population. NCDs share common behavioural risk factors and are influenced

by wider determinants of health such as lifestyle, rapid urbanization, pollution and the negative sides of globalization.

Launched in 2010 as the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), the programme was renamed in 2023-24 as the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) to reflect its widened scope – now spanning common cancers (oral, breast and cervical), diabetes, hypertension, cardiovascular disease, stroke, CKD, COPD and NAFLD under one umbrella.

In a densely populated metropolitan city like Delhi, early detection of Non-Communicable Diseases requires healthcare services to reach every doorstep. The NP-NCD Programme is implemented by the State NCD Cell under Public Health Wing-II, Directorate General of Health Services (DGHS), Government of NCT of Delhi, in coordination with District NCD Cells, District NCD Clinics, Ayushman Arogya Mandirs, government dispensaries, polyclinics, hospitals and health workers including Medical Officers, ANMs, MPHWs and ASHAs. Through coordinated screening, referral, treatment and follow-up services, the programme aims to ensure early detection and effective management of NCDs across all districts of Delhi.

Objectives

I. IEC/BCC activity: Health promotion through behaviour change with involvement of the community, civil society, community-based organizations, media and development partners.

II. Screening, early diagnosis, management, referral and follow-up at each level of healthcare delivery to ensure continuum of care.

III. Build capacity of healthcare providers at various levels for prevention, early diagnosis, treatment, follow-up, rehabilitation, IEC/BCC, monitoring, evaluation and research.

IV. Strengthen supply chain management for drugs, equipment and logistics for diagnosis and management at all healthcare levels.

V. Monitoring, supervision and evaluation of the programme through uniform IT application across India, and coordination with other programmes, departments/ministries and civil society.

2 KEY STRATEGY IMPLEMENTED IN DELHI

The Operational Strategy

At State level, a dedicated State NCD Cell is headed by the State Programme Officer (SPO). At district level, each District NCD Cell is operational under a dedicated District Nodal Officer (NP-NCD).

District NCD Clinics

10 District NCD Clinics are operational at district hospital level, each with a designated Nodal Officer (District NCD Clinic):

1. Maharshi Valmiki Hospital, Delhi-39
2. Dr. Hedgewar Arogya Sansthan, Karkardooma, Delhi-32
3. Burari Hospital, Burari, Delhi-84
4. Guru Govind Singh Hospital, Raghuveer Nagar, Delhi-27
5. Jag Pravesh Chandra Hospital, Shastri Park, Delhi-31
6. Lal Bahadur Shastri Hospital, Delhi-91
7. Pt. Madan Mohan Malviya Hospital, New Delhi-17
8. Rao Tula Ram Hospital, New Delhi-73
9. Indira Gandhi Hospital, Dwarka, Delhi-77
10. Sanjay Gandhi Memorial Hospital, Delhi-83

District Day Care Cancer Centres

The following four hospitals have been approved by GNCTD for establishment of District Day Care Cancer Centres:

I. MaharshiValmiki Hospital, Delhi

II. DeenDayalUpadhyay Hospital, Hari Nagar, New Delhi

III. Indira Gandhi Hospital, Delhi

IV. Pt. Madan Mohan Malviya Hospital, Delhi

Use of Standardized Treatment Protocols (STPs) for Diabetes and Hypertension:

Standardized Treatment Protocols (STPs) provide simple, stepwise guidance for the management of diabetes and hypertension, ensuring uniform, evidence-based care across all health facilities. Unlike detailed clinical guidelines, STPs reduce variations in clinical practice and therapeutic inertia, enabling timely treatment intensification. They improve treatment outcomes, promote the rational and cost-effective use of medicines, simplify the training and supervision of healthcare workers, and strengthen programme implementation. Under the NP-NCD Programme, the State NCD Cell has developed standardized treatment protocols for diabetes and hypertension, which have been circulated to and displayed at all peripheral health facilities across Delhi to ensure their uniform implementation and adherence.

Continuum of Care under NP-NCD



Key Responsibilities at a Glance

Cadre	Primary Role under NP-NCD
ASHA	Community mobilization, CBAC, awareness generation, referral and follow-up of patients.
ANM	Opportunistic & population-based screening, counselling, VIA/CBE (where trained), referral, data management and supervision of ASHAs.
Medical Officer	Diagnosis, treatment, management of NCDs, supervision of screening services, capacity building, monitoring and overall programme implementation at facility level.

3 NFHS DATA – DELHI VS INDIA

The National Family Health Survey-6 (NFHS-6, 2023-24) provides a sobering, data-backed case for early intervention. Comparing Delhi's NFHS-5 (2019-21) and NFHS-6 (2023-24) findings against the national trend:

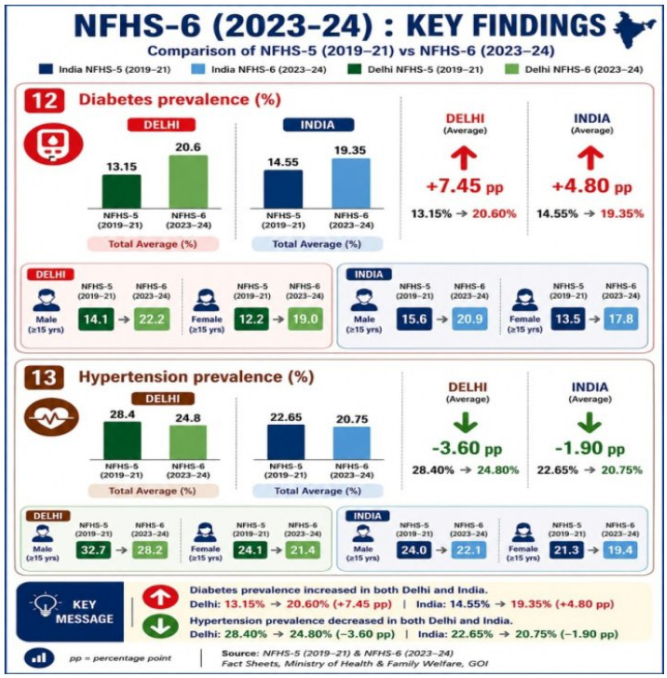


Fig. 1: NFHS-5 vs NFHS-6 – Diabetes and hypertension prevalence, Delhi vs India. Source: NFHS-5 (2019–21) & NFHS-6 (2023–24) Fact Sheets, MoHFW, GoI.

Indicator	Delhi NFHS-5	Delhi NFHS-6	Delhi Change	India NFHS-5	India NFHS-6	India Change
Diabetes prevalence – Total (%)	13.15	20.60	+7.45 pp	14.55	19.35	+4.80 pp
Diabetes – Male ≥15y (%)	14.1	22.2	+8.10 pp	15.6	20.9	+5.30 pp
Diabetes – Female ≥15y (%)	12.2	19.0	+6.80 pp	13.5	17.8	+4.30 pp
Hypertension prevalence – Total (%)	28.4	24.8	−3.60 pp	22.65	20.75	−1.90 pp
Hypertension – Male ≥15y (%)	32.7	28.2	−4.50 pp	24.0	22.1	−1.90 pp
Hypertension – Female ≥15y (%)	24.1	21.4	−2.70 pp	21.3	19.4	−1.90 pp

Diabetes prevalence in Delhi rose by 7.45 percentage points – well above the national rise of 4.80 points – while hypertension prevalence declined by 3.60 points, nearly double the national decline of 1.90 points.

4 ACHIEVEMENTS (LAST QUARTER) & ACTIVITIES UNDERWAY

Across Delhi's districts, the strategies described above are visibly translating into ground-level action—a growing screening footfall, a multiplying trained workforce, and wider community reach through camps and observance-day campaigns. All districts conducted dedicated screening and awareness camps during the last quarter.All screen-positive cases are being tracked and followed up on the National NCD Portal, and referral linkages between dispensaries, and District Hospitals continue to strengthen with each round of outreach

NCD Days – Every Tuesday and Saturday

Every Tuesday and Saturday has been earmarked as an 'NCD Day' to intensify screening across all peripheral health facilities – giving frontline teams two fixed, predictable days each week to focus squarely on diabetes, hypertension and cancer screening.

Dedicated NCD & Obesity Counters

Dedicated NCD counters and Obesity counters have been designated in all peripheral health facilities, so that screening, counselling and follow-up for these specific risk factors no longer compete with routine OPD footfall for time and attention.

Biweekly DM/HTN Clinics & NCD ClinicS

Biweekly DM/HTN clinics are functional across all District Hospitals, keeping already-diagnosed patients on track – reviewing control status, screening for target-organ complications and reinforcing drug compliance. 10 hospitals have formally been identified as NCD Clinics, anchoring this follow-up network at facility level.

World Hypertension Day, 15–31 May 2026

In step with this year's global theme, 'Controlling Hypertension Together!' Delhi observed World Hypertension Day as a fortnight-long campaign rather than a single day in all 13 districts.



World Hypertension Day screening and BP check-up camps at Delhi district facilities.

Jan Kalyan Shivir, 18–20 June 2026

District-level health camps under the Jan Kalyan Shivir initiative brought NCD screening to the community's doorstep.



Glimpses of Jan KalyanShivir, Govt. Girls Sr. Sec. School, Hastsal (Vikaspuri) – NCD screening desk, IEC displays and the participating health team.

Master Training of Medical Officers for VIA

97 Medical Officers across Delhi have completed master training in Visual Inspection with Acetic acid (VIA) for cervical cancer screening, equipping them to screen, identify suspicious lesions and refer promptly for colposcopy and further management – an essential step toward down-staging cervical cancer at diagnosis.

Each of these activities feeds into the same overarching ambition – timely detection, sustained follow-up and a measurably lighter disease burden across every district of Delhi.

5 CHALLENGESs

To provide an effective health care services network into a dense urban setting like Delhi brings its own operational challenges: reaching every eligible resident aged 30 and above amid high population mobility; sustaining follow-up for patients who are screen-positive but asymptomatic; and building a frontline workforce large enough to run both routine NCD screening services and periodic mass-screening drives without compromising either. Data entry remains low on National NCD portal due to various app related and administrative issues. District restructuring in Delhi has created significant challenges in metadata migration and facility mapping on the National NCD Portal. Delays in transferring health facilities, users, and beneficiary records to newly created districts have disrupted routine data entry and reporting.

6 Way Forward

Strengthening urban outreach through Ayushman Arogya Mandirs, special screening camps & drives in underserved areas can improve population coverage in Delhi. Dedicated Data Entry Operators, regular capacity building, and supportive supervision should be ensured to reduce the workload of frontline healthcare workers and improve data quality. Enhancing the National NCD Portal with offline data entry, automatic synchronization, and prompt technical support will facilitate timely reporting. Time-bound completion of facility mapping and metadata migration after district restructuring is essential to ensure seamless data flow. Leveraging ABHA-based beneficiary tracking, digital follow-up mechanisms, and regular programme review meetings will improve continuity of care, monitoring, and overall programme performance.

★KEY TAKEAWAY

- Hub-and-Spoke models for STEMI & Stroke – proposals under submission.
- Structured NAFLD management pathway – proposal under submission.
- HPV self-sampling DNA testing pilot project for cervical cancer

Detect sooner. Treat smarter. Save more lives.

7 Conclusion

NPNCD programme demonstrates that sustainable health gains are achieved by integrating prevention, early diagnosis, evidence-based treatment, digital innovation and community participation. From district clinics and dedicated screening days to the Hub-and-Spoke and NAFLD proposals now under submission, each initiative brings the programme closer to catching disease earlier and treating it better.

8 TAKE HOME MESSAGES

- Get screened after 30 years of age.
- Know your blood pressure and blood sugar.
- Maintain a healthy diet and body weight.
- Exercise regularly and practise Yoga.
- Avoid tobacco and harmful alcohol.
- Attend regular follow-up visits.

Keywords: *NP-NCD, Hypertension, Diabetes, Cancer Screening, Continuum of Care, NFHS-6, Hub-and-Spoke, Lifestyle Modification, Yoga, Primary Healthcare, Universal Health Coverage, Delhi.*

References:

1. MoHFW. Operational Guidelines, NP-NCD.
2. National Family Health Survey-5 (2019–21) and NFHS-6 (2023–24) Fact Sheets, MoHFW, GoI.

The Silent Burden:
How Modern Life Fuels Non Communicable Diseases

Dr.Smita Banjare

Medical Officer Incharge

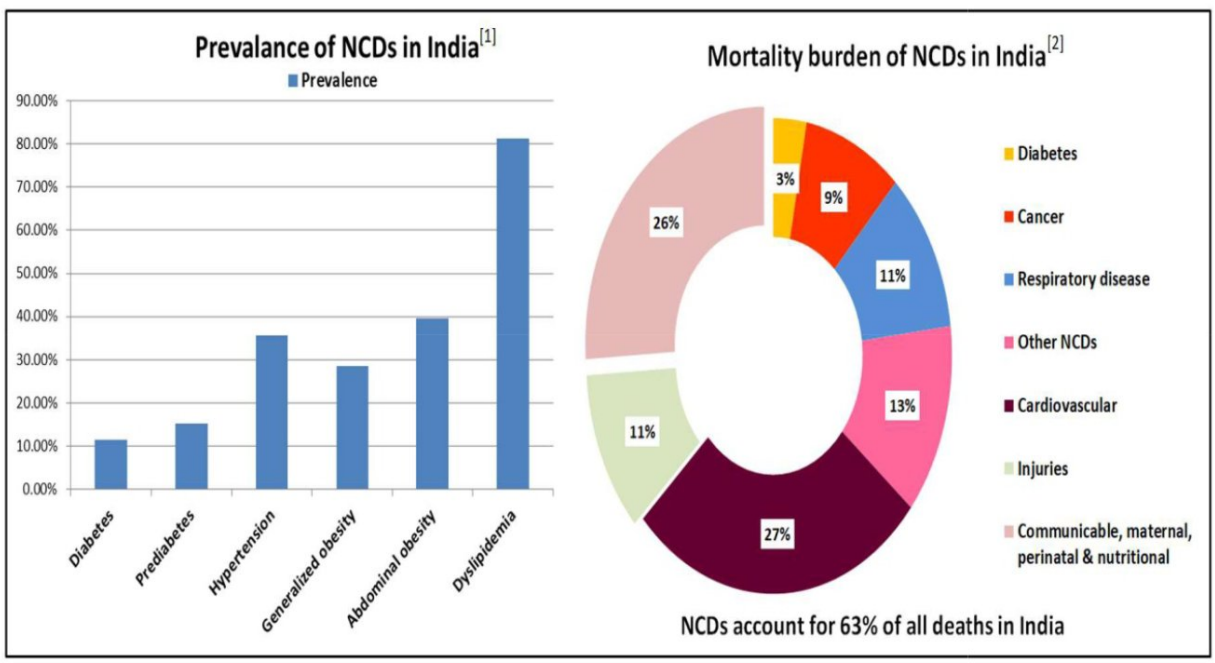
DGD Johripur, North East District



The Indian Dynamics

Non-Communicable Diseases (NCDs) are chronic conditions such as Heart diseases, Hypertension, Diabetes, Cancer, Chronic Respiratory diseases, Non-Alcoholic Fatty Liver Disease etc., which constitute the foremost global health challenge of our era and the leading cause of death worldwide, responsible for roughly 63% of all deaths in India yet most of them are preventable.

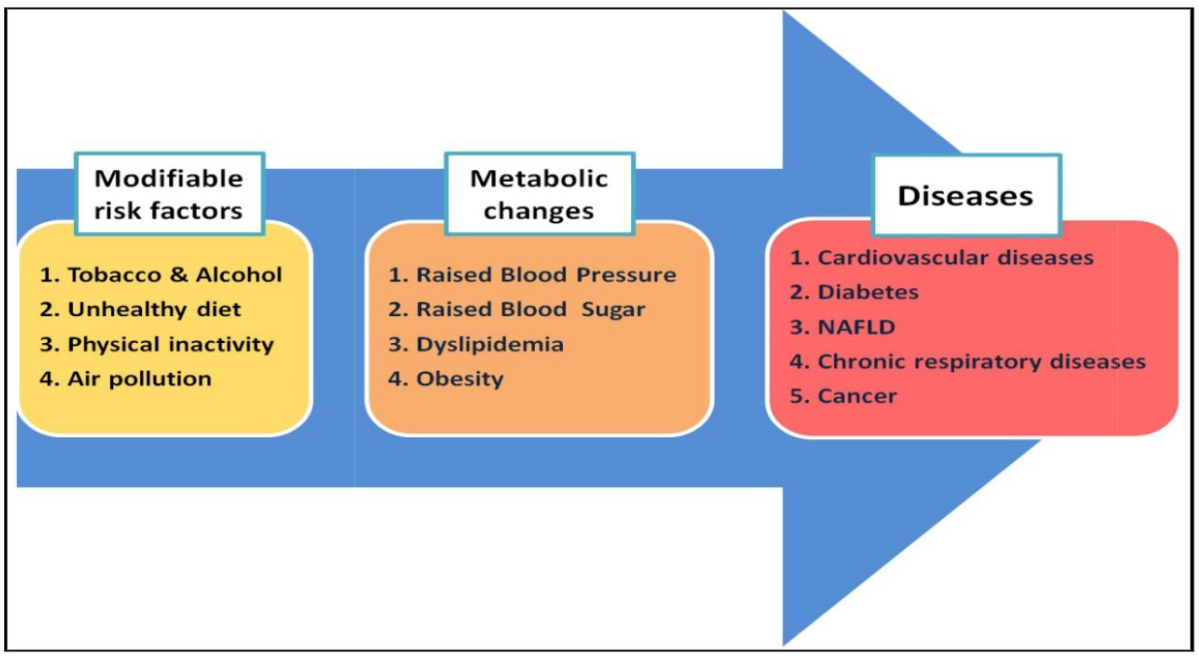
NCDs are no longer just "Diseases of the Rich". Over 80% of premature NCD deaths occur in low and middle-socioeconomic groups, striking people during their most productive years, disrupting healthcare delivery systems and creating a "double burden" alongside infectious diseases.



References:- 1. Metabolic non-communicable disease health report of India: the ICMR-INDIAB national cross-sectional study 2. Non-Communicable Diseases Country Profiles 2018

The Core Four and Their Triggers

Nearly all NCD cases stem from the same four modifiable risk factors: Alcohol and Tobacco use; Physical inactivity; Unhealthy Diet and Air Pollution. These lifestyle choices with their real-world drivers get converted into the four primary metabolic risk factors: raised blood pressure, elevated blood glucose, dyslipidemia, and obesity.



The Power of Prevention: The Lifestyle Recovery

Because NCDs are notorious for being "silent killers" that display zero early symptoms, routine screening is your best line of defense, actionable micro-habits, like reducing sodium intake or substituting sedentary hours. Do not wait until you feel sick to visit a doctor. Keep an active log of these vital biometric markers to track your internal health

What We Eat: Diets heavy in ultra-processed foods, hidden sugars, excessive sodium, and Trans fats cause chronic internal inflammation. Shifting toward whole foods, lean proteins, vegetables, and fiber creates a protective biological shield.

How Much We Move: Physical inactivity triggers weight gain, poor circulation, and insulin resistance. Public health guidelines recommend getting at least 150 minutes of moderate-intensity exercise per week—which breaks down to just 22 minutes of brisk walking a day.

Tobacco and Nicotine: Smoking damages blood vessels, raises blood pressure, and introduces thousands of carcinogens into the lungs. Quitting tobacco is the single most impactful choice you can make for your heart and respiratory health.

Alcohol Overuse: Routine, excessive alcohol intake elevates your blood pressure, strains the liver, and increases the structural risk of developing several types of cancer.

Know your numbers: Basic health checklist

Parameters	Desired values
Blood pressure*	BP < 140/90 mmHg
Blood Sugar**	Fasting plasma glucose < 126 mg/dl ; HbA1c- <6.5%
Lipid profile	Total Cholesterol = <5.0 mmol/L or <200 mg/dl
Body Mass Index	BMI between 18 to 23 Kg/m^2 [BMI = Weight : Height]

*Optimal BP- 120/80 mmHg; Pre-Hypertension: BP 130-139/80-89 mmHg; **Normal Fasting glucose level- <100 mg/dl; Impaired Glucose Tolerance – 101-125 mg/dl

The Invisible Epidemic: Bridging Clinical Care and Community Habits to Fight NCDs

Step-1: The CBAC Form as an Entry Point

The Community-Based Assessment Checklist (CBAC) serves as a non-invasive, front-line triage tool utilized by community health workers (such as ASHAs or auxiliary nurse midwives) to evaluate risk factors across a population. After assessment an aggregate score of > 4 classifies the patient as high-risk. This numerical marker prioritizes the individual for direct facility-based assessment.

Step 2: Facility-Based Clinical Screening

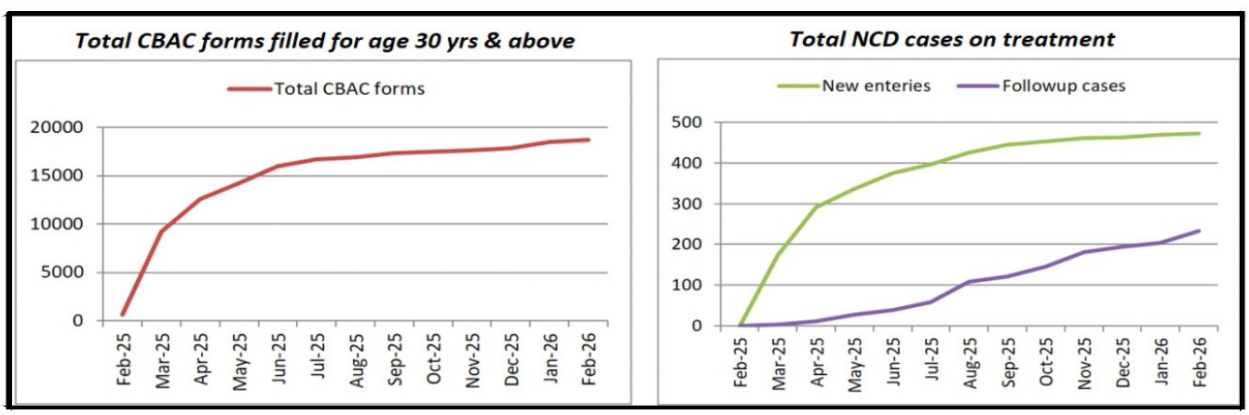
Once an individual is identified as high-risk by the CBAC, they are referred from community tracking to institutional clinical screening. During screening symptomatic Red Flags including chronic cough for respiratory issues, unexplained oral lesions, or palpable breast lumps are identified. A positive response to any red flag triggers immediate clinic referral to Medical Officers.

Step 3: Structured Longitudinal Treatment & Follow-Up

Digitalized Health Records - CBAC & screening allows medical officers to view a patient's historical risk metrics during diagnostic visits & enable them to add treatment, track follow-up visits and schedule Re-Evaluation at regular intervals. This can effectively reduce Disability-Adjusted Life Years (DALYs) of patients.

An initiative – The DGD Johripur Model

At grass-root level where the program is implemented, there are certain challenges at the level of ANM & Medical Officers like significant delay in data sync after screening till referral to the medical officer; Network & site maintenance issues; Tracking and follow-up; and difficulty in making new entries of such cases whose CBAC & screening has not been done. To overcome these challenges, the health facility has come up with its own innovations for catching the new disease cases & increasing follow up. Facility has come up with a solution to track every patient & keep record of all the cases including the new ones. A digital platform was developed to store all the data with ease & accuracy, managed by the Medical officers only. Every time a patient visits, their data is saved digitally & later on updated in the National NCD portal. This not only saves time but also gives details of treatment & follows up. Because of this innovative approach, the facility has been able to achieve significant numbers in NP-NCD.



Status of National NCD portal of DGD Johripur during March, 2025 to February, 2026 *(data source : NCD portal)*

Primarily Focused on opportunistic screening during routine visits, utilizing brief behavioral counseling frameworks and tracking patient biometrics over time had helped not only to diagnose new cases but also control the parameters & reduce DALY. A proper counseling elaborating all dimensions of the diseases & motivation to overcome results into active participation from the patients with lifestyle modifications really helps in maintaining the targets parameters of the disease.

Periodic awareness sessions also play a significant role in sensitizing the general public regarding the NCDs as these are so common that everyone is a bit familiar with the disease & they find it interesting to know how it can be managed, which diet to follow. Health talk not only gives information about these diseases but busting myths also help in controlling the diseases as many are still unaware about how the disease progresses.

Conclusion

Non-Communicable Diseases are no longer viewed simply as inevitable consequences of aging or genetics. Genetic makeup of individual may load the gun, but daily lifestyle choices pull the trigger. Reversing the momentum of the global NCD crisis requires clinicians to step beyond traditional pharmaceutical management. By establishing proactive screening protocols, utilizing structured behavioral modification techniques, and leveraging digital health tracking, modern medical professionals can effectively transit health systems from treating established diseases to preserving long-term physiological health.

Special Acknowledgement: Dr Shubham Chaubey, Medical Officer, DGD Johripur, North East District

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2. WHO The Global Health Observatory
3. National Health Mission NP-NCD Training Module

NATIONAL TOBACCO CONTROL POGRAMME (NTCP)

DR. SANJAY SINGH

DR. NINGOMBAM DAYALJIT SINGH

SPO-NTCP

CONSULTANT-NTCP





Background

Tobacco use remains one of the leading causes of preventable diseases and deaths in India, resulting in 13.5 lakh deaths annually. It contributes significantly to cancer, cardiovascular diseases, respiratory illnesses, and premature deaths. The Ministry of Health & Family Welfare, Government of India, through the National Tobacco Control Programme (NTCP), is committed to reducing tobacco use and creates awareness about the harmful effects of tobacco consumption, ensure effective implementation of tobacco control laws, promote tobacco cessation services, and protect people from exposure to tobacco smoke. Through coordinated efforts at the national, state, and district levels, NTCP works towards reducing tobacco use and improving public health outcomes.

Introduction

Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA) (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control .

The National Tobacco Control Programme (NTCP) is being implemented in Delhi through the State Tobacco Control Cell (STCC). The State Tobacco Control Cell works closely with District Tobacco Control Cells, healthcare facilities, educational institutions, enforcement agencies, and other stakeholders to implement tobacco control activities across Delhi. Through regular enforcement drives, awareness campaigns, training programs, and cessation services, the programme promoteto create a healthier and tobacco-free society.

Programme Activities in Delhi

The State Tobacco Control Cell regularly conducts activities to strengthen tobacco control efforts across Delhi.

1. **Enforcement of Tobacco Control Laws**

   Enforcement activities are conducted across districts to ensure Implementation and monitoring of provisions under COTPA, 2003 by Constitution of district-level enforcement squads. District enforcement teams carry out regular inspections and enforcement drives across educational institutions, public places, government offices, markets, and commercial establishments.

2. **Awareness and Information, Education and Communication (IEC) Activities**

   IEC activities are organized throughout the year to spread awareness regarding the harmful effects of tobacco use. Posters, banners, awareness sessions, rallies, competitions, pledge ceremonies, and community outreach activities are conducted in schools, colleges, health facilities, and public places.

3. **Tobacco Cessation Services**

   Tobacco users who are willing to quit are provided referral and counselling support through Tobacco Cessation Centres (TCC) and Tobacco Satellite Cessation Centres (TSCCs).

4. **Capacity Building**

   Training and orientation programmes are conducted for healthcare providers, counsellors, teachers, ASHA workers, and enforcement officials to strengthen tobacco control activities at different levels.

Progress in NTCP

1. Tobacco Cessation services.

Tobacco Cessation servicesis an essential objective of tobacco control programme, currently total 5 Tobacco Cessation centres (TCC) were functional.The following Health Facilities are providing Tobacco Cessation Services;

S. No.	Tobacco Cessation Centre (TCC)	District
1.	Acharya Shree Bhikshu Govt. Hospital	Central
2.	Deep Chand Bandhu Hospital	Central North
3.	Delhi Cantonment General Hospital	New Delhi
4.	Baba Saheb Ambedkar Hospital	North West
5.	Maulana Azad Institute of Dental Sciences	Old Delhi

2. Tobacco Satellite Cessation Centre (TSCC)

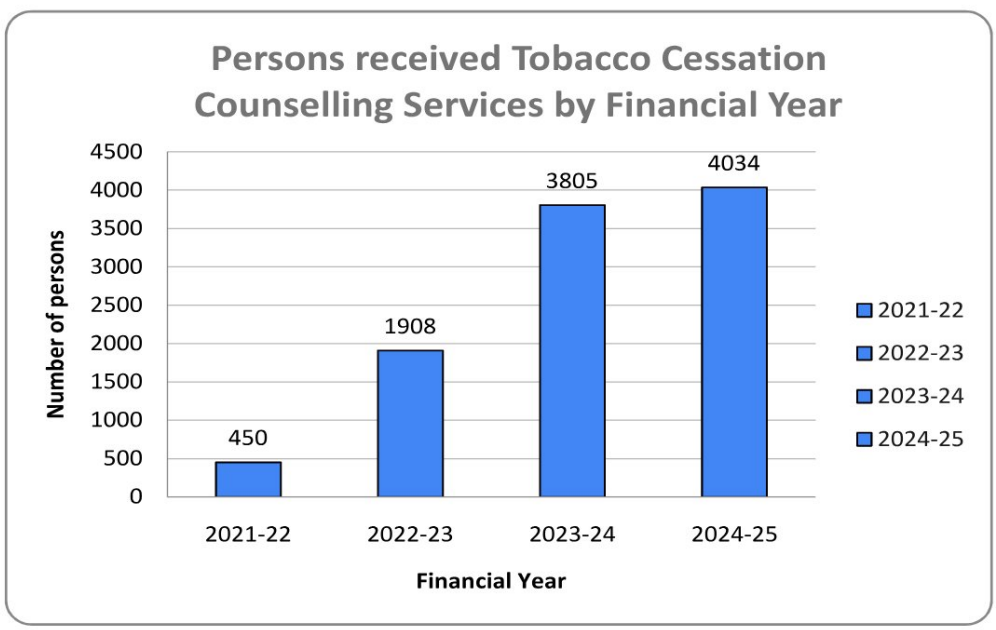
A total of 33 Tobacco Satellite Cessation Centres (TSCCs) (03 TSCCs in each district) were established under the National Tobacco Control Programme (NTCP) in the then existing 11 districts of Delhi. Following the reconstitution of the districts in the National Capital Territory (NCT) of Delhi from 11 to 13 districts, it has become necessary to realign the existing TSCCs and establish additional TSCCs to ensure adequate coverage across all districts. Accordingly, the total number of TSCCs has been increased from 33 to 39 (03 TSCCs in each of the 13 districts). The district-wise details of the newly proposed TSCCs are placedbelow.

S. No.	District	Tobacco Satellite Cessation Centre
1	Central	DGD Baljit Nagar
		AyAM (UPHC) Budh Nagar
		AyAM (UPHC) Tank Road
2	East	AyAM (UPHC) DGD Geeta Colony
		AyAM (UPHC) Vasundhara Enclave
		AyAM (UPHC) Bank Enclave
		AyAM (UPHC) Karkardooma Village
3	North	AyAM (UPHC) Timarpur
		DGD B Block Jahangir Puri
		AyAM (UPHC) Bhalaswa Dairy
4	North East	AyAM (UPHC) Khazoori Khas
		DGD Johripur
		AyAM (UPHC) Gautam Puri
		AyAM (UPHC) Nand Nagri Ext
		DGD Old Seemapuri
5	North West	DGD Rohini Sec 8
		AyAM (UPHC) Mangolpuri
		DGD Prashant Vihar
6	South	DGD Khanpur
		AyAM (UPHC) Chhattarpur
		AyAM (UPHC) Jonapur
7	South East	AyAM (UPHC) Batla House
		AyAM (UPHC) Tajpur Pahadi
		AyAM (UPHC) Sarai Kalen Khan
8	South West	DGD Kapashera
		AyAM (PHC) Pandawa Kalan
		AyAM (PHC) Sec 14 Dwarka
9	West	Ay AM (UPHC) Madipur

		AyAM (PHC) Tilak Vihar
		AyAM (UPHC) Nangal Raya
10	Central North	AyAM Shalimar Bagh AC-1
		AyAM Keshav Puram B-4
		AyAM Wazirpur Phase-3
11	Old Delhi	AyAM (UPHC) Dujana House
		AyAM (UPHC) Chamelion Road
		USHC (SC) Nabi Karim
12	Outer North	DGD Baktawarpur
		DGD Narela
		DGD Rani Khera

Note: - In New Delhi District, all three peripheral GNCTD health facilities are in court complex, therefore, no TSCC have been proposed.

Counselling services in these TCC/TSCC for the last four financial year have been shown in the table given below:-



NFHS-6 Data related to Tobacco use in NCT of Delhi

Tobacco use among adults (15 years and above)				
Indicators	NFHS-6 (2023-2024)			NFHS-5 (2019-2021)
	Urban	Rural	Total	Total
Women age 15 years and above who use any kind of tobacco (%)	1.6	3.5	1.7	2.2
Men age 15 years and above who use any kind of tobacco (%)	21.2	26.5	21.3	26.2

Conclusion

As tobacco is one of the risk factors for all Non-Communicable Diseases (NCD), therefore, role of National Tobacco Control Programme becomes more important. National Tobacco Control Programme playing its pivotal role in reducing tobacco use, promoting cessation, and safeguarding public health through strengthened enforcement, expanded cessation services, sustained awareness campaigns, and collaborative action across all sectors in NCT of Delhi.

From Screening to Continuum of Care
Strengthening the Response to Non-Communicable Diseases

A New Paradigm for strengthening the fight against Non-Communicable diseases in South East District under the National Programme for Prevention and Control of Non-communicable Diseases (NP-NCD)

Dr. Shalu Garg
Dr. Rajni Bela Baxla

DNO-NPNCD
CDMO
Southeast District



Introduction

Non-communicable diseases (NCDs) have emerged as one of the most important public-health challenges of our time. Unlike infectious diseases, they do not spread from person to person; yet their impact is widespread, long-lasting and often silent. Hypertension, diabetes, cardiovascular diseases, cancers, chronic respiratory diseases and chronic kidney disease affect individuals and families across rural and urban areas, income groups and age categories.

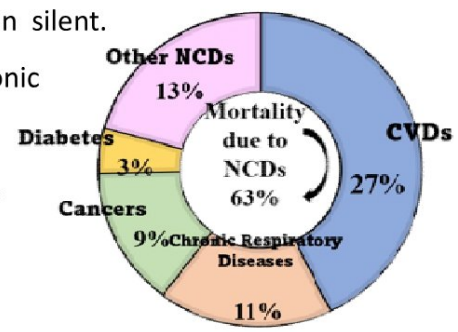


Fig 1: Burden of Rising NCDs in India

The challenge is particularly significant because NCDs often develop gradually. A person may have high blood pressure, raised blood sugar or early-stage cancer without experiencing noticeable symptoms. By the time symptoms appear, complications may already have developed.

Recognising this challenge, the Government of India launched the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), with a strong focus on Population Based Screening (PBS), early diagnosis, timely treatment and long term follow-up.

Background and Rationale

Population Based Screening (PBS) for NCDs was initiated in Delhi under the NP-NCD programme from 2019 onwards. However, programme implementation was significantly affected during the COVID-19 pandemic, resulting in reduced screening and limited outreach activities. Although the NCD screening resumed in 2023, the coverage remained suboptimal. By 2024-25 less than 15% of the eligible population had been screened through the NCD Portal and only 7000 had been diagnosed across the state. During the special NCD Screening drive (March 25-April 25), Delhi has achieved approximately 15% screening coverage. Notably, South East district emerged as best performing district, achieving nearly 34% screening coverage.

This achievement served as a catalyst for further strengthening screening activities and expanding community outreach across the district.

District Profile: Fig 2; Map of Delhi and SED depicting old geographic boundaries-Delhi

SED District Profile Overview
Total Population: 19,04,060
Target Population(>30yrs):7,04,502
ASHA Covered Population:4,60,280*
No Of NCD Clinics/ District Hospitals: NIL
No of PHCs:30
No of SC/HWC: 120
Total No of ANMS:120
Total No Of ASHAs: 602
**State decided to initiate screening in ASHA based 30+ population*

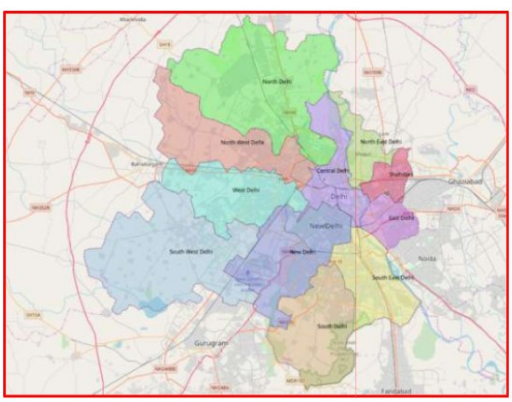


Fig 2: South east District (SED) Profile

Map of Delhi as per old geographic boundaries

Objective/Goal

A: To improve Population Based Screening (PBS) from 5% in 1st Quarter 2025 to 60% in 2nd Quarter 2026, in ASHA catchment area.

B: To improve Community Based Assessment Checklist Activities (CBAC) from 9% in 1st Quarter 2025 to 95% in 2nd Quarter 2026, in ASHA catchment area.

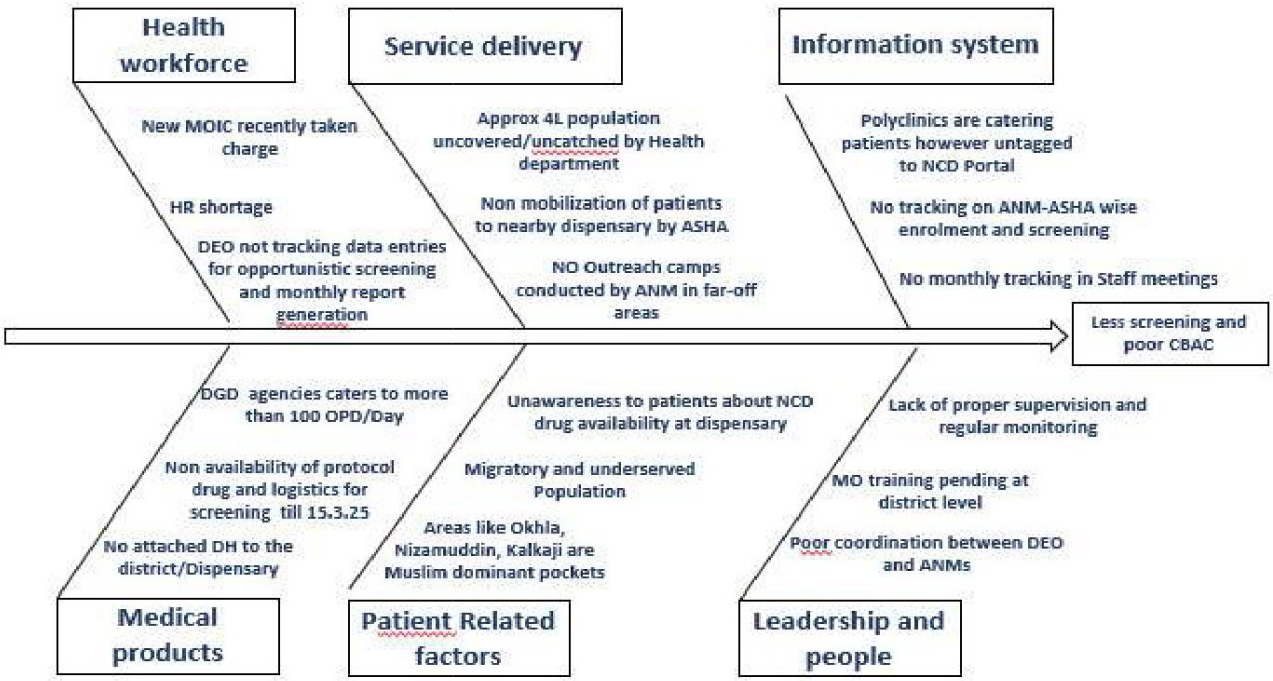


Fig 3: Root Cause Analysis depicting low hanging areas where action can be initiated for program improvement

Root Cause Analysis for poor screening and CBAC activities, SED, 2025

Post analysis of the root causes, district adopted a proactive approach towards Population-Based Screening (PBS) of all eligible individuals aged 30 years and above. Through the dedicated efforts of ASHA workers, ANMs, Medical Officers and facility teams, more than 96% of the eligible population was covered through Community-Based Assessment Checklist (CBAC) activities, with over 3 lakh beneficiaries screened for hypertension, diabetes, oral cancer and breast cancer.

Key strategies initiated in the district for improvement:

1. *Opportunities utilized to increase PBS and CBAC activities*- District utilized program opportunities such as special screening drive from March 25-April 25 and organized special NCD Screening camps in a planned manner. ASHA workers played a pivotal role in identifying eligible beneficiaries, enrolling these beneficiaries on National NCD Portal and filling CBAC form (assessing their risk factors for NCDs) along with motivating them to undergo screening and facilitating their referral to health facilities.



Fig 4: Special NCD Screening Drive



Fig 5: NCD Screening Camp

2. *Maximizing every Opportunity for screening*- The district made deliberate efforts to ensure that no opportunity for screening was missed. NCD screening camps were organized at multiple community locations, bringing services closer to the people who needed them the most. Likewise, 2 fixed dedicated NCD days (Tuesdays and Saturdays) were directed for NCD services. Obesity Awareness Week (21–27 July 2025) was observed across South East District to reinforce the importance that prevention when starting early plays a crucial role in combating obesity and non-communicable diseases. To reinforce this message, awareness activities, pledge, student participation programmes were organized while Obesity Corners were established in health facilities to promote healthy life style practices from an early age.



Fig 6: Pledge during Obesity in schools



Fig 7: Obesity Corner

3. *Integrating with other National programs- Screening activities were integrated with other ongoing outreach programmes, including services under the National Programme for Health Care of the Elderly (NPHCE), National Programme for control of Blindness (NPCB), Swasth Nari Sashakt Parivar (SNSP) camps*. This convergence enabled wider community participation and ensured that eligible beneficiaries were not deprived of screening because of lack of awareness or accessibility.

4. *Training and Capacity building-* One of the major contributors to the success of the NP-NCD programme in South East District has been the continuous handholding and technical support provided to field functionaries (ASHA/ANM/Staff Nurse/MO/DEO) for effective use of the National NCD Portal.



Fig 8: Training and Capacity building of ASHAs



Fig 9: Training and Capacity building of Medical Officers

5. *Regular Monthly Reviews at State and District level-* Regular supportive reviews, problem solving approach and effective guidance from State Programme Officer and CDMO Southeast helped to identify bottlenecks, bringing multi-stakeholders (like MCD agency, polyclinics etc) at one platform and thereby reviewing required necessary logistics and digital support for NCD program expansion and utilization at end-level user. Facility-wise performance was reviewed through the National NCD Portal, low-performing facilities were identified promptly, and corrective measures were implemented through continuous mentoring and supportive supervision. Weekly monitoring and timely feedback created a culture of accountability and continuous quality improvement, contributing substantially to the district's overall success.



Fig 10: Supervision by DM South East

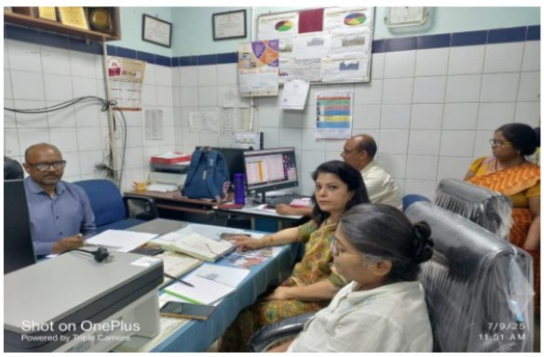


Fig 11: Supportive Supervision by CDMO State and District team

6. *Digital Monitoring and Continuous Portal Support*- The district NCD team maintained regular communication with Medical Officers, ANMs, ASHA workers and data-entry personnel to resolve operational challenges related to beneficiary registration, screening entries, referral updates, follow-up records and portal-based reporting. Every query and technical issue reported from the field was addressed on a daily basis with prompt follow-up, resulting in virtually no pendency of unresolved portal-related issues throughout the implementation period. This responsive support system significantly improved data quality, enhanced reporting accuracy and increased the confidence of frontline health workers in using digital health platforms.



Fig 12: Supportive Supervision by State District team

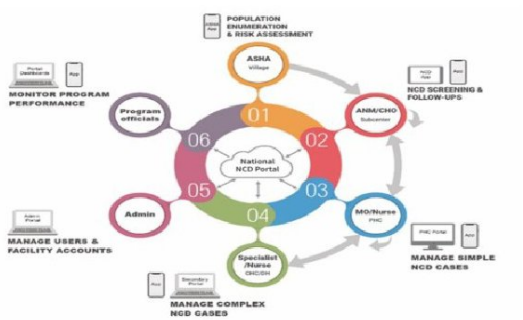


Figure 11: Six applications in NATIONAL NCD portal

Fig 13: Six Applications in National NCD and Portal

The Unfinished Agenda: Diagnosis, Follow-up and Control

The review presentations also bring out an important lesson: High enrolment and screening do not automatically translate into effective disease control. Although many people may be screened, the number of patients diagnosed, initiated on treatment and retained in follow-up can remain comparatively low.

For hypertension and diabetes, follow-up adherence and control rates require special attention. Patients may not return because they feel well, are unable to visit facilities during working hours, lack awareness about the consequences of uncontrolled disease, face migration or mobility issues, or encounter barriers related to medicines, staff availability or digital reporting.

This is why the programme must move from an event-based approach to a continuum-of-care approach. The person should be tracked, counselled, treated, reviewed and supported over time.

Challenges that demand sustained attention:

From Challenges to Action: Strengthening the NCD Continuum of Care				
Hard-to-reach pockets Underserved areas and coverage gaps	→	**Mobile populations** Migration and beneficiary movement	→	**Missed working-age groups** Limited availability during routine hours
Targeted outreach Local mobilisation and micro-planning	→	**Repeated contact** Community follow-up and counselling	→	**Flexible services** Fixed NCD days, camps and outreach sessions
↓				
Referral and treatment gaps Strengthen referral tracking, treatment initiation and follow-up	→			**Data quality and reporting** Supportive supervision, monitoring and capacity building on the National NCD Portal

The Way Forward

Going forward, the district aims to strengthen population-based screening by integrating NCD screening with all major outreach health activities so that no opportunity for screening is missed. Greater convergence with other National Health Programmes, particularly the National Programme for Health Care of the Elderly (NPHCE), National Programme for Control of Blindness (NPCB) etc will help create integrated service delivery platforms that address multiple health needs through a single point of care.

The district also envisions leveraging innovations in community engagement such as incorporating NCD screening as a core responsibility of ASHA workers and introducing suitable performance-based incentives for ANMs conducting community screening activities. With sustained commitment from frontline workers, health care teams and community stakeholders, Southeast district aims to serve as a model for comprehensive NCD prevention and control in both rural and urban settings.

Conclusion:

The battle against non-communicable diseases will not be won by screening alone; it will be won when every person identified at risk is reached, every positive case is linked to care, and every patient is supported to remain in treatment and achieve control.

South East District's experience shows that with committed frontline workers, responsive facilities, reliable supplies, robust digital tracking and informed communities, NP-NCD can move beyond detection to sustained, patient-centred disease management—protecting lives, preventing complications and building healthier communities.

The journey from screening to control is challenging, but it is also one of the most important investments India can make in healthier and more productive communities.



Fig 14: Together we will win against

Strengthening NCD Services through Innovation, Capacity Building and Community Engagement: South District's Experience

Dr. Bhawani Prasad (PO NPNCD)
District Programme Management Unit (DPMU), South District
National Programme for Prevention & Control of
Non-Communicable Diseases (NP-NCD)



Introduction

Non-Communicable Diseases (NCDs), particularly Hypertension (HTN) and Diabetes Mellitus (DM), have emerged as one of the leading public health challenges in India. Early identification, timely treatment, regular follow-up and community participation are the cornerstones of effective NCD management.

Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), South District has undertaken several innovative initiatives to strengthen screening, improve treatment adherence and enhance the quality of patient care. These interventions have not only improved service delivery at health facilities but have also increased public awareness and strengthened community participation.

Health Innovations

1. Distribution of NCD Diaries

To improve continuity of care, **NCD Diaries** were distributed across Health & Wellness Centres, Ayushman Arogya Mandirs, PHCs and other health facilities.

The diary acts as a personal health record containing:

- Blood Pressure readings
- Blood Sugar records
- Medication details

- Lifestyle counselling
- Follow-up schedules
- Doctor's advice

The diary enables healthcare providers to monitor patient progress while encouraging patients to actively participate in managing their disease. It has significantly improved treatment adherence and reduced the chances of patients being lost to follow-up.

2. Table Standees for Standard Treatment Protocols

Standard Treatment Protocol (STP) Table Standees for **Hypertension and Diabetes Mellitus** were displayed at health facilities.

These standees provide quick visual guidance to Medical Officers and healthcare providers regarding:

- Diagnosis
- Treatment algorithms
- Drug management
- Follow-up schedules
- Referral criteria

The initiative has helped ensure uniform clinical practices across facilities and strengthened evidence-based patient management.

3. Distribution of NCD Screening Kits

To facilitate quality screening services, **NCD Screening Kits** were provided to health facilities. The kits supported frontline healthcare workers in conducting:

- Blood Pressure measurement
- Blood Sugar screening
- BMI assessment
- Risk assessment using CBAC

Availability of screening equipment at facility level has improved accessibility of services and enabled timely identification of high-risk individuals.

Success Story

One of the major achievements of South District has been the strengthening of community-based screening through coordinated efforts of ASHAs, ANMs and Medical Officers.

Till **March 2026**, South District achieved:

- **Target Population:3,82,575**
- **CBAC Completed:1,86,151**
- **Individuals Screened for NCD:1,00,652**
- **District position – 4th in Delhi**

The gradual improvement in screening coverage reflects stronger coordination among frontline workers, increased community participation and better availability of screening services across health facilities.

Another significant achievement has been continuous **capacity-building programmes**. Regular training sessions were conducted for:

- Medical Officers
- ANMs
- Staff Nurses
- Community Health Officers
- Other healthcare staff

These trainings focused on CBAC implementation, standard treatment protocols, patient counselling, screening techniques and follow-up mechanisms. As a result, healthcare providers have become more confident in delivering quality NCD services.

Field-Level Experiences

Community awareness activities played a vital role in improving utilisation of NCD services. Health teams organised mass awareness campaigns to educate people regarding:

- Risk factors of hypertension and diabetes
- Healthy lifestyle practices
- Importance of early screening
- Regular follow-up
- Medication adherence

ASHAs mobilised eligible beneficiaries from the community, while ANMs conducted screening and counselling at health facilities.

These initiatives resulted in:

- Increased public awareness regarding NCDs.
- Higher footfall at health facilities.
- Increased screening coverage.
- Improved treatment initiation among diagnosed patients.
- Better follow-up of known cases.

The active involvement of frontline workers has strengthened trust between the community and public health facilities.

Critical Health Updates

Improving long-term disease management remains a key priority under NP-NCD. The introduction of patient-friendly innovations such as NCD Diaries, availability of screening kits and implementation of Standard Treatment Protocols has contributed towards:

- Improved treatment adherence.
- Better documentation of patient records.
- Timely follow-up of patients.
- Reduction in loss to follow-up.
- Standardised clinical management across facilities.
- Enhanced quality of NCD care.

These initiatives are supporting the programme's objective of ensuring accessible, equitable and quality healthcare services for individuals living with chronic diseases.

Conclusion

The experience of South District demonstrates that simple, low-cost and patient-centred innovations can significantly strengthen NCD programme implementation. Distribution of NCD Diaries, Standard Treatment Protocol Standees, Screening Kits, continuous capacity building of healthcare providers and active community engagement have collectively improved screening, treatment adherence and continuity of care.

With sustained community participation and strengthened health systems, these initiatives can serve as replicable best practices for improving NCD services across other districts and contribute towards achieving the goal of reducing the burden of non-communicable diseases.

Hospital Cornor

TERTIARY CARE CANCER CENTER (TCCC)
Department of Radiotherapy, Lok Nayak Hospital, New Delhi

Dr. Ankaj Krishnatre[1]
Dr. Arun Kumar Rathi[2]
Dr. Anurita Srivastava[3]





[1]Senior Medical Officer Department of Radiotherapy
[2]Director Professor , Radiation Oncology
[3]Professor and Head of the Radiotherapy Department
Maulana Azad Medical College & associated LokNayak Hospital
TCCC Delhi

The strategic upgrade of the Radiation Oncology department at Lok Nayak Hospital into a Tertiary Care Cancer Centre (TCCC) has been successfully accomplished. Funded 100% by the Government of India under the *National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)*, the advanced centre at Lok Nayak Hospital achieved full operational status in May 2023with successful installation and working of a high energy Linear Accelerator and a CT simulator.

The TCCC provides comprehensive, multidisciplinary oncology services completely free of cost to cancer patients. This serves as a vital clinical life-line for economically vulnerable patients across Delhi, Uttar Pradesh, Haryana, Rajasthan, Bihar, and Madhya Pradesh as is evident from the cancer registry data.



Department of Radiotherapy also runs a teaching programme for MD Radiotherapy and trains six post-graduates annually. Apart from the MD programmes the department also provides hands on training and teaching to the Senior Residents. The department is actively involved in research activities and has several intramural and extramural projects running in the department.

Clinical Infrastructure & Technological Assets

1.1 Teletherapy Infrastructure (acquired under **TCCC scheme**)





- Linear Accelerator (TrueBeam): A state-of-the-art, dual-energy linear accelerator was installed in Department of Radiotherapy, LNHwith the Grant-In-Aid from Govt of India for the TCCC scheme. It offers highly accurate radiation delivery for complex solid tumors in critical anatomical locations. Available techniques include 3D-CRT, IMRT, VMAT (RapidArc) and Electron beam therapy. The advanced modalities enable accurate delivery of high radiation doses to tumors while sparing adjacent healthy organs, drastically reducing side effects.

- **CT Simulator (Somatom):** This was acquired with the Grant-In-Aid from Govt of India for the TCCC scheme. It is an advanced 20-slice, 80 cm wide-bore CT scanner dedicated exclusively to high-resolution image acquisition, treatment planning, and targeted cross-sectional localization.

1.2 Brachytherapy Infrastructure

- HDR Brachytherapy Unit: A high-dose-rate internal radiation delivery system.
- Brachytherapy Suite: A specialized, self-contained suite within the Radiotherapy department, features a dedicated, fully equipped Operation Theatre for brachytherapy procedures, a conventional simulator and the HDR treatment machine.



HDR machine



Dedicated Brachytherapy OT

1.3 Chemotherapy Infrastructure

- Chemotherapy Day Care Unit: A dedicated Day-Care Ward optimized for high-turnover, single-day systemic treatments.
- Safety Protocols: Equipped with specialized biosafety cabinet for the sterile preparation of cytotoxic drugs, mitigating occupational health hazards for medical and nursing personnel.



Chemotherapy Daycare



Biosafety Cabinet

2. Quantitative Performance & Patient Throughput (2025)

The centre managed substantial patient volumes across all oncological service lines during the 2025 calendar year:

2.1 Radiation Oncology Metrics

- External Beam Radiotherapy (EBRT): In the year 2025, 5,702 treatment sessions successfully completed on the TrueBeam Linear Accelerator (including 3D-CRT, IMRT, VMAT (RapidArc).
- Radiotherapy Planning Scans: A total of 460 target-volume CT scans performed on the Somatom CT Simulator in year 2025.

Brachytherapy Workload: On an average 12 to 18 patients per month are receiving brachytherapy, focusing primarily on gynecological malignancies such as Carcinoma Cervix and Carcinoma Endometrium.

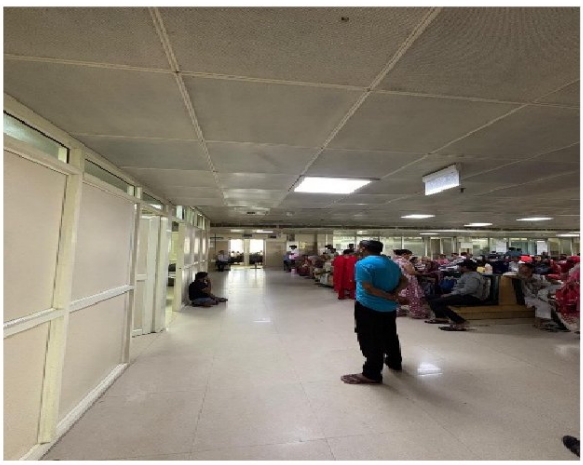
2.2 Chemotherapy Metrics

- Total Chemotherapy Administrations:Chemotherapy is being handled by the Department of Radiotherapy in addition to the radiotherapy services. During year 2025, a total of 16,157 sessions of systemic treatments were delivered collectively across outpatient and inpatient settings.
    - *Day Care Unit:* 13,507 sessions (averaging 60 to 70 patients per day).
    - *Inpatient Oncology Ward:* 2,650 sessions.

2.3 General Caseload & Ward Admissions

- New Cancer Registrations: 1,274 newly diagnosed patients registered.
- Follow-up Outpatient Consultations: 27,639 follow-up patient visits managed.

- Inpatient Admissions (Oncology Ward): 5,156 patients admitted for multi-day chemotherapy regimens and supportive/palliative care.





3. Multidisciplinary Cancer Treatment

Operating as a comprehensive cancer hub, the TCCC integrates advanced surgery alongside chemotherapy and radiotherapy to achieve high cure rates. The department successfully performed complex oncological resections across multiple sub-specialties, including: Head & Neck Cancers, Gastrointestinal (GI)Cancers, Gynecological Cancers, Bone Tumors, Brain Tumors, and Sarcomas. Additionally, there are multidisciplinary tumour boards being held for GI cancers, CNS tumours Gynaecological cancers and HN cancers.

3. Hospital Based Cancer Registry

As part of the Tertiary Care Cancer Centres (TCCC) project, the Hospital-Based Cancer Registry (HBCR) acts as the operational backbone for tracking clinical data, managing patient care quality, and standardising oncology infrastructure across regional facilities. The HBCR activities serve many functions like providing clinical data regarding outcomes, helps plan optimal utilization of available resources while ensuring standardised reporting of cancer data across all centres.

4. Regional Public Health Integration: Nodal Centre Designation

The Government of the National Capital Territory (NCT) of Delhi has officially designated TCCC Lok Nayak Hospital as one of the Nodal Centres for the *District Day Care Cancer Centre (DCCC) programme*.

4.1 Programme Mandate

The initiative decentralizes specialized oncology care by shifting maintenance treatments into peripheral districts, bringing healthcare directly to the patients' doorsteps. As the primary hub, TCCC Lok Nayak Hospital directly monitors and refers stabilized patients to peripheral DCCCs for routine chemotherapy, supportive management, and palliative care.

4.2 Linked Peripheral Network

The regional hospitals that are officially linked to the DCCC network include Janakpuri Super Speciality Hospital, Pt. Madan Mohan Malaviya Hospital, Rao Tula Ram Memorial Hospital, Indira Gandhi Hospital and Maharishi Valmiki Hospital.

Conclusion:

The TCCC Lok Nayak Hospital, is treating large number of cancer patients not only from region of Delhi, but also from several other states. Up gradation of Lok Nayak Hospital to TCCC has been a boon to the poor cancer patients as comprehensive standard of care multidisciplinary cancer treatment is now available free of cost at Lok Nayak Hospital.

FROM POLICY TO PRACTICE: CERVICAL CANCER SCREENING INITIATIVE AT BABU JAGJIVANRAM MEMORIAL HOSPITAL, DELHI

Dr Sumita Mehta
Senior Specialist & In-Charge
Department of Obstetrics & Gynecology
BJRM Hospital, Delhi



Introduction

Cervical cancer is the fourth most common cancer among women worldwide and remains one of the leading causes of cancer-related mortality in low- and middle-income countries (LMICs). Unlike many other cancers, cervical cancer has a well-defined precancerous phase lasting 10–20 years, making it highly amenable to screening and early intervention. Persistent infection with oncogenic HPV types, particularly HPV-16 and HPV-18, is responsible for over 95% of cervical cancer cases.

Despite advances in vaccination and screening technologies, cervical cancer continues to impose a significant health burden in India. Socioeconomic inequalities, limited awareness, inadequate healthcare infrastructure, and poor access to organized screening contribute to delayed diagnosis and increased mortality. Consequently, the Government of India adopted Visual Inspection with Acetic Acid (VIA) as the primary population-based screening tool under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), targeting women aged 30–65 years every five years.

Burden of Cervical Cancer in India

India accounts for one of the highest cervical cancer burdens globally. According to GLOBOCAN 2022 estimates, India reported approximately 127,526 new cervical cancer cases and 79,906 deaths, representing nearly one-quarter of the global disease burden. Cervical cancer is the second most common cancer among Indian women, particularly affecting women from rural, economically disadvantaged, and underserved communities.

The World Health Organization has launched the global strategy to eliminate cervical cancer, aiming for 90% HPV vaccination, 70% screening coverage, and 90% treatment of screen-positive women. Achieving these targets remains challenging in India because organized screening coverage is still extremely limited.

Status of Cervical Cancer Screening in India

The National Family Health Survey-5 (NFHS-5, 2019–21) revealed alarmingly low participation in cervical cancer screening. Only 1.9% of women aged 30–49 years reported ever undergoing cervical cancer screening. Screening coverage was slightly higher in urban areas (2.2%) than rural areas (1.7%). Tamil Nadu reported the highest screening participation (9.8%), followed by Puducherry (7.4%) and Mizoram (6.9%).

Why Screening Matters

Cervical cancer develops slowly over several years through identifiable precancerous lesions. Screening enables healthcare providers to detect these abnormalities before they progress to invasive cancer. Early detection offers cure rates exceeding 90%, whereas advanced disease is associated with higher mortality and treatment costs.

Regular screening has reduced cervical cancer incidence by more than 70% in countries with organized screening programs. The World Health Organization (WHO) recommends cervical cancer screening as a cornerstone of cervical cancer elimination alongside HPV vaccination and timely treatment.

Screening Methods

Several screening tests are available:

1. Visual Inspection with Acetic Acid (VIA)

VIA involves applying 3–5% acetic acid to the cervix and visually identifying acetowhite lesions. It is inexpensive, provides immediate results, and is widely used in low-resource settings.

2. Pap Smear (Cytology)

The Pap smear detects abnormal cervical cells before they become cancerous. Although highly effective, it requires laboratory infrastructure, trained cytotechnologists, and multiple visits.

3. HPV DNA Testing

HPV DNA testing is the most sensitive screening method currently available. WHO now recommends HPV testing as the preferred primary screening test where feasible because it detects high-risk HPV infection before cellular abnormalities appear. Self-collected samples are increasingly being adopted to improve participation.

VISUAL INSPECTION WITH ACETIC ACID (VIA)

Visual Inspection with Acetic Acid is a simple screening procedure in which a 3–5% acetic acid solution is applied to the cervix. Precancerous lesions temporarily turn acetowhite because of increased nuclear protein concentration, allowing trained healthcare providers to identify suspicious areas with the naked eye under adequate illumination.

The procedure generally requires less than five minutes, does not depend on laboratory infrastructure, and produces immediate results. These characteristics make VIA particularly suitable for low-resource settings, where cytology and HPV testing may not be readily available.

Advantages of VIA

- Inexpensive and feasible in resource-limited settings
- Immediate test results enabling same-day counselling
- Can be performed by trained nurses and primary healthcare workers
- Suitable for "screen-and-treat" strategies using thermal ablation or cryotherapy
- Does not require sophisticated laboratory facilities
- Facilitates large-scale population-based screening.

Because of these advantages, VIA has become the cornerstone of India's public-sector cervical cancer screening programme.

Evidence Supporting VIA Screening

India has generated some of the strongest evidence supporting VIA-based screening through large community-based randomized controlled trials. Studies conducted in Mumbai, Osmanabad, Dindigul, and other regions demonstrated that repeated VIA screening performed by trained primary healthcare workers significantly reduced cervical cancer mortality through early detection and treatment of precancerous lesions.

A recent systematic review and meta-analysis that included three Indian randomized controlled trials reported that VIA screening reduced cervical cancer mortality by approximately 32% (pooled rate ratio 0.68; 95% CI 0.56–0.81). The review concluded that although evidence regarding reduction in invasive cervical cancer incidence remains mixed, VIA substantially decreases mortality and represents an effective public health intervention in resource-constrained settings.

These landmark Indian trials formed the scientific basis for adopting VIA as the primary screening strategy within the NP-NCD programme and demonstrated that trained non-physician health workers can successfully conduct high-quality screening in community settings.

National Guidelines and Implementation in India

The Government of India has integrated cervical cancer screening into the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). Under this programme, all women aged 30–65 years are eligible for cervical cancer screening every five years, primarily using VIA at Ayushman Arogya Mandirs (formerly Health and Wellness Centres). VIA remains the principal screening modality because it can be delivered by trained nurses, auxiliary nurse midwives (ANMs), and other frontline healthcare providers without requiring laboratory infrastructure.Women with positive VIA findings are referred for colposcopy and biopsy when indicated, followed by treatment of precancerous lesions using thermal ablation, cryotherapy, or loop electrosurgical excision procedure (LEEP). This decentralized approach aims to improve accessibility in rural and underserved areas while reducing delays in diagnosis and treatment.

Organization of VIA Screening Camps at BJRM Hospital

The Department of Obstetrics & Gynecology at Babu Jagjivanram Memorial Hospital, District Hospital situated at Jahangirpuri, organizes dedicated **Visual Inspection with Acetic Acid (VIA) screening camps** every two months as part of our ongoing commitment to cervical cancer prevention and early detection.All women attending the Gynecology OPD are screened using VIA and colposcopy(biopsy if required) is done for screen positive women. An average of 80-100 women are screened in each camp. The success of our VIA screening programme is largely attributable to the active participation of Accredited Social Health Activists (ASHAs), who play a pivotal role in community mobilization. ASHA workers identify eligible women, educate them about the importance of cervical cancer screening, and motivate them to attend the bi-monthly VIA screening camps conducted at our hospital. To encourage greater community engagement and enhance screening coverage, ASHA workers who facilitate the highest number of eligible women for screening are recognized and rewarded.











The attendance in the screening camps has slowly been increasing over time and this reflects increasing awareness and overcoming of sociocultural barriers at local level. The success of our bi-monthly VIA screening programme demonstrates that strong institutional commitment, active community participation, and dedicated involvement of ASHA workers can substantially improve cervical cancer screening uptake. We encourage other district hospitals and healthcare facilities to adopt similar community-based approaches, including regular screening camps, effective ASHA engagement, and recognition of outstanding frontline workers. Replicating such low-cost, sustainable initiatives can significantly expand screening coverage, facilitate early detection of precancerous lesions, and contribute to reducing the burden of cervical cancer across India.

Conclusion

Cervical cancer remains a major yet preventable public health challenge in India. The expansion of population-based screening through Ayushman Arogya Mandirs, combined with HPV vaccination initiatives, represents significant progress toward reducing disease burden. Visual Inspection with Acetic Acid remains the cornerstone of cervical cancer screening within India's public health system because of its affordability, simplicity, and suitability for resource-constrained settings. Strong evidence generated from Indian randomized controlled trials has demonstrated that VIA-based screening significantly reduces cervical cancer mortality when combined with timely diagnosis and treatment.

Role of Yoga in Prevention and Management of Non-Communicable Diseases An Integrative AYUSH Approach Towards Better Health

Dr Amrit Kalsi[1]
Gaurav Kumar[2]
Dr Moumita Chakraborty MD[3]





MD (HOM), HOO/CMO(SAG)(H) Homoeopathic Wing Dte. of AYUSH, GNCTD[1]
Msc. In Yoga Science (SVYASA) & DYSC (MDNIY)[2]
(HOM),CMO NFSG, Homoeopathic Wing Dte. of AYUSH, GNCTD[3]

Abstract

The increasing burden of non-communicable diseases (NCDs) has become a major global health concern. Conditions such as diabetes mellitus, hypertension, cardiovascular diseases, and obesity are strongly associated with lifestyle-related factors including physical inactivity, unhealthy dietary habits, psychological stress, and disturbed sleep patterns. Along with medical treatment, preventive lifestyle approaches are essential for reducing disease risk and improving long-term health outcomes. AYUSH healthcare systems with their inherent strengths render an effective and positive contribution to universal healthcare. Yoga, an ancient Indian discipline combining physical postures, breathing practices, meditation, and relaxation techniques, has gained scientific attention as a supportive approach for NCD prevention and management. By influencing metabolic functions, autonomic regulation, stress responses, and psychological well-being, yoga provides a comprehensive method for promoting health. This article discusses the potential role of yoga in preventing and managing common NCDs, particularly diabetes and hypertension.

Keywords: AYUSH, Yoga, Non-communicable diseases, Diabetes, Hypertension, Lifestyle modification, Preventive healthcare

Introduction

Non-communicable diseases represent one of the greatest challenges faced by modern healthcare systems. Unlike infectious diseases, NCDs develop gradually and often persist for many years, affecting an individual's physical health, mental well-being, and quality of life. Diabetes mellitus, hypertension, cardiovascular diseases, chronic respiratory disorders, and cancers contribute significantly to global morbidity and mortality.

The rapid increase in NCDs is closely linked with changes in lifestyle. Urbanization, reduced physical activity, excessive consumption of processed foods, obesity, chronic stress, and inadequate sleep have become common features of modern living. Although medicines play a crucial role in controlling these diseases, prevention and lifestyle modification remain essential components of effective healthcare.

Metropolitan cities like Delhi, characterized by fast-paced lifestyles, sedentary occupations, and environmental stressors, represent exceptionally vulnerable landscapes. Because managing these chronic conditions requires lifelong care and sustained behavioral changes, modern public health strategies are shifting from purely reactive, curative approaches to proactive prevention and early intervention.

The role of AYUSH (Ayurveda,Yoga,Unani Siddha,Sowa Rigpa and Homoeopathy) therapeutics and principles have a major scope in combating the NCDs. The underlying strength of the AYUSH ecosystem lies in the distinct yet complementary clinical philosophies of its core medical disciplines.

- **Ayurveda** approaches the escalating NCD crisis through a comprehensive framework aimed at preservation of health (Swasthavritta) and disciplined daily (Dinacharya) and seasonal (Ritucharya) routines. Classical Ayurvedic pathology attributes chronic metabolic disorders to imbalances in the three physiological forces (Vata, Pitta, and Kapha), impaired metabolic fire (Agni), and the resulting accumulation of metabolic toxins (Ama). Therapeutic interventions extend far beyond standard pharmacology. Physicians deploy tailored dietary counseling, specialized bio-purification procedures (Panchakarma), and

rejuvenating therapies (Rasayana). This root-cause resolution strategy addresses metabolic syndromes like *Madhumeha* (diabetes mellitus) and *Sthaulya* (obesity) at their source, promoting healthy aging.

- **Unani** medicine delivers a highly sophisticated preventive architecture anchored in the concepts of temperament (Mizaj), the four bodily humors (Akhlat), and health preservation (Hifz al-Sihhat).Health is viewed as a dynamic equilibrium between the individual and their environment. It relies explicitly on the *Asbab Sitta Zaruriyyah*—the six essential prerequisites for survival, which include balanced nutrition, clean air, physical movement, rest, emotional stability, and metabolic elimination. To counter chronic diseases like *Ziabetus Shakri* (diabetes) or cardiovascular anomalies, Unani physicians leverage a tripartite strategy: Dietotherapy (Ilaj bil Ghidha), Pharmacotherapy (Ilaj bil Dawa), and Regimenal Therapy (Ilaj bil Tadbeer). Specialized non-pharmacological procedures, including cupping (Hijamah), therapeutic massage (Dalak), and exercise (Riyazat), are integrated to improve microcirculation, reduce systemic stress, and flush accumulated wastes.

- **Homeopathy** combats these NCDs through an individualized therapeutic philosophy that prioritizes the patient as an indivisible whole rather than treating isolated pathology. By weaving physical presentation together with an assessment of emotional, psychological, and constitutional traits, Homeopathic interventions seek to improve the body's innate adaptive capacity and overall well-being. It is widely utilized across Delhi's public health network as a highly effective supportive therapy for managing long-term, complex conditions like thyroid disorders, arthritis, allergic diseases, anxiety, and psychosomatic illnesses. Its excellent safety profile, ease of administration, and high patient compliance make it an ideal choice for prolonged public health follow-up.

- **Yoga** offers a unique approach by addressing multiple dimensions of health simultaneously. Unlike exercise systems focused only on physical fitness, yoga integrates body movements, controlled breathing, mental concentration, and

relaxation. This mind-body connection makes yoga a valuable complementary strategy for preventing and managing lifestyle-related diseases.

Yoga and Its Role in Health Promotion

Yoga is derived from the Sanskrit root "Yuj," meaning union or integration. Traditionally, yoga aims to create balance between physical, mental, and emotional aspects of human existence. In modern healthcare, yoga is increasingly studied as a lifestyle intervention that supports disease prevention and rehabilitation.

The major components of yoga include:

- **Āsanas:** Physical postures that improve flexibility, strength, balance, and body awareness.
- **Prāṇāyāma:** Controlled breathing techniques that regulate respiratory function and autonomic activity.
- **Dhyāna (Meditation):** Practices that enhance mental clarity, emotional stability, and stress management.
- **Relaxation techniques:** Methods that promote recovery and reduce psychological tension.

Regular practice of yoga may improve metabolic health, cardiovascular function, stress regulation, and overall quality of life.

Role of Yoga in Diabetes Prevention and Management

Diabetes mellitus, particularly type 2 diabetes, is strongly associated with sedentary behaviour, obesity, unhealthy diet, and insulin resistance. The condition affects millions of people worldwide and can lead to complications involving the heart, kidneys, eyes, and nervous system.

Yoga may support diabetes management through several physiological mechanisms. Physical postures increase muscle activity and improve glucose utilization, which may enhance insulin sensitivity. Breathing practices and meditation reduce stress responses, helping regulate hormones involved in glucose metabolism.

Certain yoga practices, including **Surya Namaskar, Trikonasana, Bhujangasana, Ardha Matsyendrasana, Pavanamuktasana, and relaxation practices**, may support metabolic balance when performed regularly. Meditation and mindfulness also encourage healthier lifestyle choices, improved dietary awareness, and better adherence to treatment recommendations.

Research suggests that yoga-based lifestyle interventions may contribute to improvements in blood glucose levels, glycated haemoglobin (HbA1c), body composition, and lipid profiles. However, yoga should be considered a supportive practice along with prescribed medicines, dietary management, and regular medical monitoring.

Role of Yoga in Hypertension Management

Hypertension is a major risk factor for cardiovascular diseases, stroke, and kidney disorders. Factors such as stress, obesity, excessive salt intake, physical inactivity, and unhealthy lifestyle patterns contribute to elevated blood pressure.

Yoga influences blood pressure regulation through its effects on the autonomic nervous system. Regular practice promotes parasympathetic activity, which supports relaxation and reduces excessive sympathetic stimulation associated with stress.

Gentle postures such as **Tadasana, Vrikshasana, Shashankasana, Makarasana, and Shavasana**, combined with breathing practices and meditation, may help individuals manage stress and maintain better cardiovascular function.

Studies have reported beneficial effects of yoga on systolic and diastolic blood pressure, heart rate variability, and psychological stress levels. These effects make yoga a valuable

complementary approach for individuals with hypertension, particularly when combined with appropriate medical care.

Yoga and Cardiovascular Health

Cardiovascular diseases remain among the leading causes of mortality worldwide. Risk factors such as high blood pressure, diabetes, obesity, abnormal cholesterol levels, and chronic stress contribute to cardiovascular complications.

Yoga supports heart health by improving physical fitness, reducing stress, enhancing circulation, and promoting healthy autonomic balance. Regular practice may improve lipid metabolism, reduce inflammatory responses, and support healthy body weight.

The gentle and adaptable nature of yoga makes it suitable for individuals across different age groups, including older adults and those requiring low-impact physical activities.

Psychological Benefits of Yoga in NCD Management

Mental health and physical health are closely interconnected. Chronic stress can negatively influence blood pressure, blood glucose regulation, immunity, and cardiovascular function. Stress may also contribute to unhealthy habits such as overeating, poor sleep, and reduced physical activity.

Yoga provides effective tools for stress management through meditation, breathing exercises, and mindful movement. Regular practice has been associated with reduced anxiety, improved emotional balance, enhanced concentration, and better sleep quality.

Improved psychological well-being can also increase an individual's motivation to follow healthy lifestyle practices and maintain long-term disease management strategies.

Public Health Importance of Yoga

The prevention of NCDs requires affordable, accessible, and sustainable approaches. Yoga fulfills many of these requirements because it requires minimal equipment, can be practiced by different age groups, and can be adapted according to individual needs.

Recognizing the importance of yoga in health promotion, organizations including the World Health Organization and the Ministry of AYUSH, Government of India, have encouraged yoga as part of preventive healthcare and wellness initiatives. Acknowledging its global importance, the United Nations General Assembly (UNGA) declared June 21st as the International Day of Yoga (IDY) on December 11, 2014, through resolution 69/131. Since 2015, IDY has been celebrated worldwide, with participation increasing each year. The event encourages people to adopt healthier habits, including practicing CommonYoga Protocol (CYP)

The theme for the 12th International Day of Yoga in 2026 is "Yoga for Healthy Ageing". emphasizes holistic longevity—the period of life spent in good, independent health through several core pillars like improving mobility & balance, combat age-related lifestyle disorders, and bone density loss. Mental & emotional well-being is enhanced using breathwork (pranayama) and meditation (dhyana) which reduce stress, improve cognitive function, and manage mental health.

Integration of yoga into community health programmes, workplaces, educational institutions, and healthcare settings may contribute to reducing the growing burden of lifestyle-related diseases.

Conclusion

Non-communicable diseases require a comprehensive approach that focuses not only on treatment but also on prevention and lifestyle improvement. AYUSH healthcare systems provide a holistic method that addresses physical fitness, metabolic health, stress regulation, and emotional well-being. Promoting yoga as a daily lifestyle practice can contribute

significantly towards building healthier individuals and communities while strengthening preventive healthcare systems.

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Sunita Devi

ASHA Worker – DGD Jodhpur

Delhi – 110094



As an ASHA worker, I visit every household in my area to educate people about NCDs (Non-Communicable Diseases). I begin by checking on the well-being of family members, specifically those over the age of 30, to see if anyone is facing any health issues. I then explain that non-communicable diseases have become a major health concern today. The primary causes of these diseases include poor diet, a lack of physical activity, the consumption of tobacco and alcohol, and a stressful lifestyle; therefore, periodic health check-ups are essential. For those suffering from NCDs, I ensure they take their medication and explain the nature of these diseases to the women, assuring them that their personal health information will be kept confidential.

I encourage them to visit the dispensary for tests such as blood pressure (BP), hemoglobin (Hb), weight, and blood sugar. Early detection through these tests prevents the need for visits to larger hospitals, thereby saving both time and money. If someone refuses to visit the dispensary, I ask my ANM Didi (Auxiliary Nurse Midwife) to step in and counsel them. We also inform beneficiaries that visiting the dispensary allows them to learn about the benefits of other government schemes. We highlight that the dispensary is nearby and uncrowded, ensuring they receive proper consultation and medication without hassle.

We have also organized awareness meetings at Anganwadi centers to encourage as many beneficiaries as possible to visit the dispensary for screenings. There was a woman in my area who had never visited the dispensary. After much persuasion, she finally went for a screening and was diagnosed with diabetes. Initially, she insisted on getting her medication from a private source, but I explained the benefits of the government scheme and offered to assist her in obtaining the medication from the dispensary. She eventually agreed to get her medicines there, and her blood sugar levels are now under control. She was delighted and said to me, “Wow, Didi! I had no idea that all these facilities were available at our local dispensary. Now, I will inform the people around me that we can get so many medicines for free at our nearby dispensary.”

I truly strive to dispel the misconceptions held by people in my area so that everyone can avail themselves of the dispensary's services.



Sewa setu shivir team AyAM Mayur Vihar phase 1



Sewa sankalp Pakhwada AyAM Badli



Cervical Cencer Screening



Screening Camp at North West (Jwalapur), Sultanpuri, North(Burari), North East (Shahdhra)

UPCOMING EVENTS

JUNE - JULY

August and September	Special immunization Campaign (tentative)
First week of September	ToT on Maternal Health
17th September	World Patient Safety Day
02nd- 03rd September	State Training of VCCM(Immunization)
07th - 12th September	Special Immunization Campaign - Round 2
08th September	Maternal Death Surveillance Training
15th - 16th September	Navjaat Shishu Suraksha Karyakram, for Medical Officers (child Health)
17th - 18th September	Navjaat Shishu Suraksha Karyakramor Nursing Personel (Child Health)
21st – 24th September	Training on Infant and young child feeding (IYCF)
28th September	International Safe Abortion Day & World Rabies Day
29th September	World Heart Day
29th - 30th September	Amenia Mukta Bharat Abhiyaan Training
05th- 09th October	IUCD NP
06th - 09th October	AFHC state ToT
12th - 16th October	IUCD Training for MO
12th - 17th October	Special Immunization Campaign - Round 3 (Mop-Up)
21st - 23rd October	Medical Methods for Abortion Training

SEPTEMBER - DECEMBER

16th Nov - 1st December	FBNC
22nd November	Pulse Polio SNID
21st November - 4th Dec.	Vasectomy Fortnight
10th - 23rd Dec	FBNC
20th December	TOT MH

EXPERT TIP

Building a Healthier India through Better Nutrition
Strengthening Public Health through Integrated Nutrition Initiatives

Dr.Piyush Mishra

Program Officer - Nutrition
Directorate of Family Welfare
Govt. of NCT of Delhi



Nutrition is the foundation of good health and a key determinant of physical growth, cognitive development, immunity, and overall well-being. Strengthening nutrition across all age groups is fundamental to building a healthier society and achieving better public health outcomes. A life-course approach to nutrition ensures that every individual receives appropriate nutritional care from conception through old age, thereby promoting healthy growth, preventing disease, and improving quality of life.

Special emphasis must be placed on the **first 1000 days of life**, from conception until a child reaches two years of age. This period represents the most critical window for physical growth, brain development, and lifelong health. Adequate maternal nutrition, optimal infant and young child feeding practices, and timely nutrition interventions during this stage lay the foundation for a healthier and more productive future generation.

At the same time, healthy nutrition throughout childhood, adolescence, adulthood, and older age is equally important. Good dietary practices help prevent malnutrition, strengthen immunity, improve educational attainment and work productivity, and reduce the risk of communicable and non-communicable diseases. Balanced nutrition also plays a crucial role in preventing and managing diabetes mellitus, hypertension, obesity, cardiovascular diseases, and other chronic conditions that are increasingly affecting the population.

Ensuring optimal nutrition for every citizen remains a key priority of the health system. Despite significant progress, malnutrition, micronutrient deficiencies, and the growing burden of diet-related non-communicable diseases continue to pose major public health challenges. The Directorate of Health & Family Welfare, in collaboration with community stakeholders and frontline workers including ASHAs, ANMs, and Anganwadi Workers, continues to strengthen integrated nutrition services, promote healthy dietary practices, and ensure that essential nutrition interventions reach every beneficiary, particularly the most vulnerable.

Through convergence with national flagship programmes and sustained community participation, the Directorate remains committed to improving nutritional status, promoting healthy lifestyles, preventing disease, and building a healthier, stronger, and more resilient India.

Why Nutrition Matters

Nutrition is one of the most important determinants of health throughout life. Adequate nutrition supports normal growth and development, strengthens immunity, enhances learning capacity, improves productivity, and contributes to healthy ageing. Conversely, poor nutrition increases susceptibility to infections, delays physical and mental development, reduces work capacity, and contributes to long-term health complications.

India today faces a **double burden of malnutrition**, where undernutrition and micronutrient deficiencies coexist with overweight, obesity, and diet-related non-communicable diseases. Addressing this challenge requires a comprehensive life-course approach that promotes balanced diets, healthy lifestyles, early screening, and preventive healthcare.

The First 1000 Days: A Critical Window

The first 1000 days of life are the most critical period for ensuring healthy growth and development. Good maternal nutrition during pregnancy, early initiation of breastfeeding, exclusive breastfeeding during early infancy, and timely introduction of safe and appropriate complementary feeding while continuing breastfeeding are among the most effective public health interventions for improving child survival and development.

Appropriate nutrition during this period supports healthy growth, strengthens immunity, promotes optimal brain development, and reduces the risk of malnutrition and chronic diseases later in life. Investing in nutrition during the first 1000 days is therefore an investment in the nation's future.

Nutrition for Prevention and Management of Non-Communicable Diseases

India is witnessing a growing burden of **non-communicable diseases (NCDs)** such as diabetes mellitus, hypertension, obesity, cardiovascular diseases, and certain cancers. Rapid urbanization, unhealthy dietary habits, physical inactivity, and sedentary lifestyles have contributed significantly to this rising trend.

Healthy nutrition is one of the most effective and affordable strategies for preventing and managing these diseases. Adopting balanced dietary practices throughout life not only helps maintain healthy body weight but also improves overall metabolic health and reduces the risk of complications.

Nutrition and Obesity

Obesity is a major risk factor for several chronic diseases. Maintaining a healthy body weight through balanced nutrition and an active lifestyle is essential for reducing the risk of diabetes, hypertension, cardiovascular diseases, and other obesity-related conditions.

Healthy practices include:

- Choosing a balanced and diversified diet.
- Increasing consumption of fruits, vegetables, whole grains, millets, pulses, and other nutritious foods.
- Limiting foods high in sugar, unhealthy fats, and excessive calories.
- Reducing the consumption of processed and ultra-processed foods.
- Choosing healthy cooking methods and remaining physically active.

Nutrition and Diabetes Mellitus

Healthy eating plays a central role in both the prevention and management of diabetes mellitus. Appropriate dietary practices help maintain healthy blood glucose levels, improve overall metabolic health, and reduce the risk of long-term complications.

Individuals are encouraged to:

- Choose whole grains and other fibre-rich foods.
- Consume a variety of fruits and vegetables.
- Include pulses, legumes, and healthy protein sources in daily meals.
- Limit foods containing added sugars and refined carbohydrates.
- Follow regular meal patterns and adopt healthy eating habits.

When combined with regular physical activity, routine health check-ups, and appropriate medical care, healthy nutrition contributes significantly to better diabetes management.

Healthy dietary practices are equally important in preventing and managing hypertension. Limiting foods high in salt and unhealthy fats, increasing the intake of fresh fruits and vegetables, choosing nutritious foods, maintaining a healthy body weight, and leading an active lifestyle contribute to better blood pressure control and improved heart health.

Adopting these healthy practices helps reduce the risk of heart disease, stroke, kidney disease, and other cardiovascular complications.

Key Nutrition Messages

Healthy nutrition begins with simple daily choices:

- Consume a balanced, diverse, and nutritious diet using locally available, seasonal, and traditional foods.
- Include a variety of fruits, vegetables, whole grains, millets, pulses, legumes, nuts, seeds, and healthy protein sources in daily meals.
- Promote healthy eating habits by encouraging home-cooked meals and reducing the consumption of highly processed and ultra-processed foods.
- Ensure optimal maternal nutrition, promote breastfeeding, and provide age-appropriate complementary feeding for infants and young children.
- Prevent micronutrient deficiencies through a balanced diet, appropriate supplementation, and the use of fortified foods, wherever recommended.
- Practice safe food handling, food hygiene, sanitation, and safe drinking water practices.
- Limit the intake of foods high in salt, sugar, and unhealthy fats, and choose healthier cooking methods.
- Remain physically active and adopt a healthy lifestyle to maintain overall well-being.
- Avoid tobacco in all forms and limit alcohol consumption.
- Undergo regular health screening for the early detection and management of nutrition-related conditions and non-communicable diseases.
- Support sustainable food choices by promoting locally grown, culturally acceptable, and indigenous nutritious foods.

A Multi-Sectoral Approach for Better Nutrition

Improving nutrition requires coordinated action across multiple sectors, including Health, Women and Child Development, Education, Agriculture, Food Systems, Water, Sanitation, and Social Protection.

Convergence under POSHAN Abhiyaan, active community participation, and the dedicated efforts of ASHAs, ANMs, Anganwadi Workers, school teachers, and other frontline workers have strengthened nutrition services at the grassroots level.

Nutrition counselling, growth monitoring, behaviour change communication, breastfeeding promotion, micronutrient supplementation, food fortification, early screening for non-communicable diseases, and healthy lifestyle promotion together contribute to improved health outcomes throughout the life course.

Way Forward

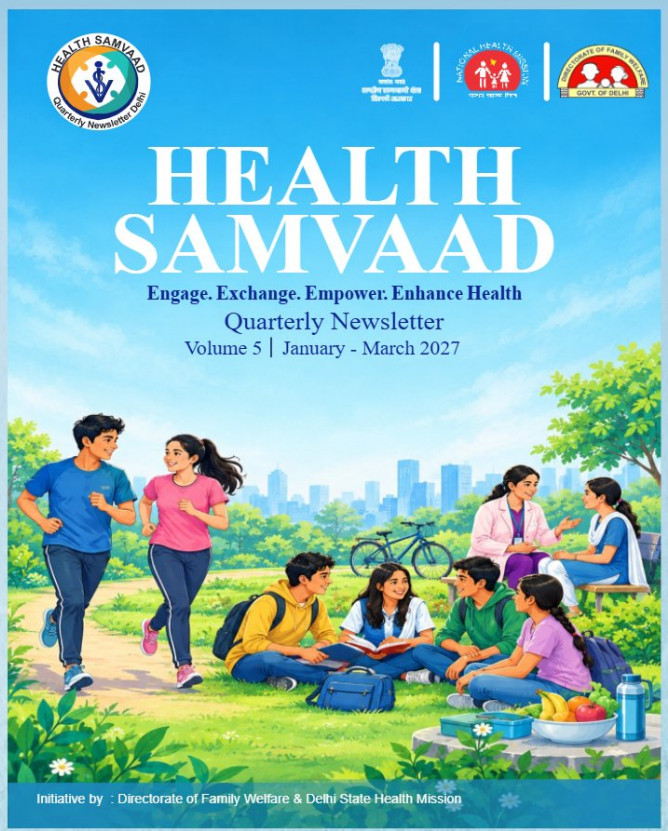
Good nutrition is one of the most effective investments for a healthier nation. Promoting balanced diets, healthy lifestyles, early screening, and community awareness can substantially reduce the burden of malnutrition, diabetes, hypertension, obesity, and other nutrition-related diseases.

The Directorate of Health & Family Welfare remains committed to strengthening integrated nutrition services through evidence-based interventions, inter-sectoral collaboration, and community participation. Together, we can build a healthier, more productive, and resilient India where every individual has the opportunity to achieve optimal health through good nutrition.

Healthy Nutrition Today • Healthy Families Tomorrow • Healthy India Forever

"Talk to a Healthcare Professional Instead of Searching Google for Every Health Concern."

Forthcoming Issue



As India prioritises adolescent health and well-being, the upcoming edition of Health Samvaad will spotlight promising practices, programmatic innovations, and success stories empowering adolescents to lead healthier, happier lives.

DIRECTORATE OF FAMILY WELFARE
GOVT. OF DELHI

Directorate of Family Welfare
Government of N.C.T. of Delhi