NHMHP-NCD02016/1/2019-NCD-NHM-HP-E-12262-1054

National Health Mission

Himachal Pradesh

To

MISSION DIRECTOR (NHM)
06 AUG 2026
KASUMPTI SHIMLA-9H.P.

All the Chief Medical Officers
Himachal Pradesh

All the Medical Superintendents
Himachal Pradesh

Shimla, dated: 2026

Subject:

- **Implementation of Chronic Kidney Disease (CKD) component under NP-NCD and dissemination of GoI Guidelines**
- **Dissemination of SOP for CKD Implementation**
- **Dissemination of SOP for NP-NCD Reporting and revised Reporting Formats**

Madam/Sir,

Please refer GoI, MoHFW, Department of Health and Family Welfare, NHM letter No. D.O.No.T.20015/03/2026-NCD-II dated 04 Feb 2026, regarding strengthening of the NP-NCD through introduction of CKD, COPD, NAFLD, STEMI and Stroke as a new programme components. (Copy enclosed)

In this regard, the following documents are enclosed for necessary action:

1. Medical Officers' Manual for Prevention and Management of Chronic Kidney Diseases, MoHFW, GoI, 2022.
2. SOP for Implementation of CKD component under NP-NCD, based on the above manual.
3. SOP for Reporting Mechanism under NP-NCD, incorporating reporting requirements for CKD and other newly introduced components, namely COPD, STEMI, Stroke and NAFLD.
4. Revised Reporting Formats, incorporating the necessary amendments for reporting of CKD, COPD, NAFLD, STEMI and Stroke.

You are requested to ensure:

- **Wide dissemination** of the enclosed CKD Guidelines and SOP to all Blocks, CHs, CHCs, PHCs, HSCs and HWCs within your respective jurisdictions.
- **Effective implementation** of the CKD component as per the prescribed guidelines, including screening, early identification, diagnosis, appropriate referral, treatment and follow-up.
- Complete, accurate and **timely reporting** of CKD and other newly introduced NP-NCD components through the prescribed reporting mechanism.
- Adoption and use of the **revised NP-NCD reporting formats** for reporting of CKD, COPD, NAFLD, STEMI and Stroke with immediate effect.

All concerned officers shall ensure strict compliance and regular monitoring of implementation and reporting at their respective levels.

MISSION DIRECTOR (NHM)
06 AUG 2026
KASUMPTI SHIMLA-9 H.P.

Digitally signed by
Pradeep Kumar Thakur
Date: 06-08-2026
12:35:55
Mission Director
National Health Mission
Himachal Pradesh

Encl.: As above. Dated-Shimla-9

Copy for information to:

1. Additional Secretary & Mission Director (NHM), MoHFW, GoI Kartavya Bhawan -1, New Delhi.
2. The Secretary (Health) to the Government of HP, Shimla-2.
3. The Director of Health Services, HP.

Mission Director
National Health Mission
Himachal Pradesh

आराधना पटनायक, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Aradhana Patnaik, IAS
Additional Secretary & Mission Director (NHM)

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O.No.T.20015/03/2026-NCD-II
Dated: 4th Feb, 2026

Dear Colleague,

Non-Communicable Diseases (NCDs) continue to pose a major public health challenge in the country, contributing to a substantial proportion of morbidity and mortality. While focused efforts under NP-NCD have strengthened screening and management of NCDs, emerging and high-burden conditions require additional attention. Strengthening of healthcare capacities is therefore critical to ensure comprehensive and timely NCD care across the continuum.

NCDs account for over 60% of all deaths in the country, with a rapidly increasing burden from chronic kidney disease (CKD), chronic respiratory diseases (COPD), non-alcoholic fatty liver disease (NAFLD), acute cardiac events (STEMI) and Stroke, in addition to Cancer, Diabetes, Hypertension and Cardio Vascular Diseases.

While significant progress has been made under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) for screening and management of Diabetes, Hypertension and common cancers, service delivery gaps remain for several high-burden NCDs, particularly at secondary and tertiary levels of care.

In this context, States/UTs are encouraged to undertake a structured gap analysis and propose need-based infrastructure strengthening interventions in their respective State Programme Implementation Plans (PIPs), covering the following additional NP-NCD components:

- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Non-Alcoholic Fatty Liver Disease (NAFLD)
- Stroke
- ST-Elevation Myocardial Infarction (STEMI)

The enclosed annexures are intended as planning aids to help States assess gaps (Annexure - I) and estimate budget requirements (Annexure - II) across all levels of care, from Ayushman Arogya Mandirs (AAMs) to District Hospitals and Medical Colleges (including those upgraded from District Hospitals). The States are requested to propose only infrastructure and equipment-related interventions, excluding HR and training components.

States may priorities proposals based on disease burden, existing capacity and referral pathways, with an emphasis on continuum of care, hub-and-spoke models and timely diagnosis and emergency response.

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Room No. 12096, 2nd Floor, 'C' Wing, Kartavya Bhawan-1, New Delhi-110001, Tel. No.: +91-11-24013607, 24013608
e-mail: asmd-mohfw@nic.in

I look forward to your proactive engagement and timely submission of proposals to strengthen NCD service delivery in your State/UT.

With regards.

Yours sincerely,

Encl.: As above

4.2.26

(**Aradhana Patnaik**)

To

Health Secretaries – All States/UTs

Copy to:

- The Mission Director (NHM) - All States / UTs
- State Nodal Officers – NP-NCD – All States/UTs
- PSO to Secretary (HFW), MoHFW

Annexure - I

Suggestive Diagnostic and Infrastructure Capabilities for NP-NCD Gap Analysis

This annexure provides a suggestive and illustrative list of diagnostic and infrastructure capabilities to assist States/UTs in undertaking their own gap analysis for strengthening NP-NCD services beyond Cancer, Diabetes and Hypertension. The list is non-exhaustive and non-prescriptive. States are encouraged to assess existing capacity, disease burden and referral linkages, and propose need-based interventions suitable to their context.

Ayushman Arogya Mandir (AAM)

- Basic screening and referral infrastructure
- Point-of-care testing (e.g., blood glucose, urine protein)
- Blood pressure measurement devices
- Peak flow meter
- Weight/Height Stand
- Telemedicine / e-Sanjeevani linkage
- IT-enabled referral and follow-up systems

Primary Health Centre (PHC)

- ECG
- Basic laboratory diagnostics (renal and liver function tests)
- Basic spirometry (where feasible)
- Point-of-care urine analysis
- Weight/Height Stand
- Intracranial Bleed Detector
- Tele-consultation with CHC/District Hospital
- Basic emergency stabilisation equipment

Community Health Centre (CHC)

- ECG and ECHO
- Ultrasound
- Chest X-ray
- Intracranial Bleed Detector
- Laboratory diagnostics (renal, liver, and basic cardiac markers)
- BMI Kiosk with Printer
- Telemedicine linkage with higher centres
- Short-stay / stabilisation beds

Sub-District Hospital (SDH)

- Dialysis unit (for CKD)
- CT Scan (where feasible)
- ICU / HDU beds
- Advanced laboratory diagnostics
- Stroke and cardiac stabilisation facilities

- ALS ambulance linkage

District Hospital / Medical College (including DHs upgraded to Medical Colleges)

- Advanced imaging including CT Scan
- Comprehensive laboratory services
- Dialysis units
- Cardiac ICU / Cath Lab (as per caseload and feasibility)
- Neuro ICU / ICU
- 3D/4D USG Machine with SWE probe
- Spirometry Lab
- Hub-and-spoke coordination for Stroke and STEMI
- Tele-mentoring and tele-consultation support to lower facilities

States are encouraged to propose only those diagnostic and infrastructure components which address identified gaps and are operationally sustainable within the State context.

Annexure – II

INDICATIVE COSTING OF MEDICAL EQUIPMENT FOR IMPLEMENTATION OF NP-NCD PROGRAMMES UNDER NHM

(A) STEMI

- **Hub**: DH with 200 & more bed /Medical College (Having CCU facility) where interventional cardiologist is available
- **Spoke**: Initially at the CHC & SDH level having Physician (On saturation scaled down to PHC)

Cost Centres	Equipment recommended	Unit Cost (INR)	Total Cost (INR)
Hub (DH)	Single Plane Cath Lab (Turnkey basis)	3.5 Cr	4.6 Cr
	Coronary Care Unit Equipment	1.1 Cr	
Spoke (CHC & SDH)	12-Lead ECG machine (PC Enabled)	1, 00,000	1 Lakh

Recurring Cost	HR	Consumables
In-house (Hub)	▪ 1 Cath Lab Technician per Shift (2 Shift* INR 35,000* 12 months) (2*INR 35000*12) ▪ 1 Staff Nurse per shift to be used from existing facility	**INR 4.2 Cr** (100 Drug Eluting Stent @ INR 35000 per Month)
Spoke	▪ Existing In-house Capacity	**INR 1.32 Lakhs** (Consumables-ECG Paper, Jelly, Chest leads etc @ INR 11000 per month per Spoke)

(B) COPD

- **Hub**: DH/SDH/CHC where Physician is available
- **Spoke**: AAM-SCs & PHC

Cost Centres	Equipment recommended	Indicative costing Unit Cost (INR)
Hub	Spirometry Lab	2,00,000
Spoke	Peak Expiratory Flow Rate Meter (PEFR)	800

Recurring Cost	HR	Consumables
Hub	Existing In-house Capacity (MO)	INR 20 per Patient for 750 patients per month per Hub (INR 20*750*12)
Spoke		-

(C) NAFLD

- **Hub**: DH (NCD Clinic) where Physician & Radiologist is available
- **Spoke**: AAM-SCs & AAM-PHC

Cost Centres	Equipment recommended	Indicative costing Unit Cost (INR)
Hub	3D/4D USG Machine	22 Lakh
	USG Probe with Sheer Wave Elastography (SWE)	5 Lakh
Spoke (CHC)	BMI Kiosk with digital printer	50000
Spoke (AAM-PHC)	Equipment for BMI assessment (Weighing Scale, Height Stand, Measuring Tape)	15000

Recurring Cost	HR	Consumables
In-house (Hub)	▪ Existing Radiologist/Sonologist available at hub Lab	INR 10 per patient for avg 1200 patients per month per Hub
Spoke	▪ Existing Staff Nurse	-

(D) Stroke

- **Hub**: DH where Physician & Neurosurgeon is available
- **Spoke**: PHCs & CHCs

Cost Centres	Equipment recommended	Indicative costing Unit Cost (INR)	Total Cost (INR)
Hub	CT Scan Machine (64-Slice)	3.5 Cr	3.5 Cr
Spoke	Intracranial Bleed Detector/ Symptomatic Diagnosis	INR 2500	INR 2500

Recurring Cost	HR	Consumables/Opex Cost
In-house (Hub)	**In-house:** ▪ Existing Radiologist/Sonologist available at hub Lab ▪ Radiographer-01 per Shift (Existing) as per State HR policy	-
	PPP ▪ **INR 500 per CT scan for Tele-reporting, Provision of HR (Radiographer 01 per Shift) by the PPP-Service provider**	25 CT scan cases per Hub per Day
Spoke	▪ Existing MO at CHCs and PHCs	-