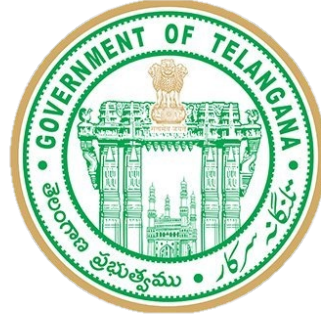


Collector's Video Conference

04.03.2023

Agenda

1. CPR Training Module
2. Kanti Velugu
3. Comprehensive Women's Health Program
4. Utilization of 15 FC Health Grants



CPR Training Module

Introduction

- Sudden Cardiac Arrest (SCA) causes about 10% of deaths in Telangana
- 24,000 SCA deaths happen each year in Telangana
- Without CPR, chances of survival are only 10%
- With CPR intervention, chances of survival can be increased to 50 %
- CPR is an emergency life saving procedure that can be easily taught
- It is proposed to train personnel of key departments in CPR

People targeted for training

1. Healthcare workers
2. GHMC employees
3. Municipal employees
4. Panchayati Raj employees
5. Police personnel
6. RTC employees
7. Other bystanders such as community volunteers, employees of shopping malls, SHG group members etc.

Estimated number of employees for training across state = 2 lakh

Estimated number of days to complete training = 30 working days

Training Modalities

- 160 Medical Officers have been certified as master trainers (MT) in Hyderabad on 28.02.2023 and 01.03.2023 (5-7 trainers per district)
- Each MT can train 20 persons per batch (2 hours duration)
- With 3 batches per day per MT and average 5 MTs in a district, 300 persons can be trained daily in a district
- Training can be done using mannequin or live human
- Each district shall receive 2 mannequins by 13th March 2023 and 3 more by 22nd March 2023
- PDF of training material is already shared with DMHOs

Department wise training action plan

S No	Department	Target cadre	No. of Staff	Mode of training	No. of days to train
1	Health	MOs, Staff Nurses, Supervisors, ANMs, ASHAs	40,000	Through master trainers, 108 EMTs	5 days (150 MTs @5*150*60)
2	Panchayath Raj	Panchayath Secretaries, Jawans	30,000	Through master trainers, 108 EMTs	4 days
3	GHMC	SFAs, Sanitary Workers, Entomology Workers, Vigilance Wing, Transport Wing, Enforcement Wing	20,000	Through GHMC master trainers, NGOs, Pvt Hospitals etc.	As per schedule of GHMC Commissioner

Sl.No	Department	Target cadre	No. of Staff	Mode of training	No.of days to train
4	MA&UD	Resource Persons, Sanitary Inspectors, Jawans	5,500	Through master trainers, 108 EMTs	1 day
5	Police	Constable, Head Constables, Sub Inspectors	70,000	GVK-EMRI	Already initiated by SPs in many districts Others to take up with MTs
6	RTC	Drivers, Conductors	25,000	Through master trainers, 108 EMTs	3 days

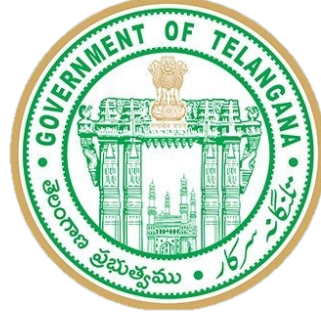
Role of District Collectors

- To plan training of personnel of all departments through master trainers
- To involve public representatives and give wide publicity
- To finalize district level and mandal level training schedule
- In GHMC area, trainings are being coordinated by Commissioner GHMC in collaboration with NGOs, Pvt Hospitals etc.
- Instructions will be issued to making it mandatory to install AEDs in gated communities, apartment complexes, government offices, gym owners, shopping malls, factories, bus stands etc.

Launch of the training programme

- Programme to be launched on 13th March 2023 after confirmation of public representatives
- Budget of Rs. 1.5 lakh is available for each district with DMHOs
 - Lunch/snacks to be ensured for participants depending on time of training





Kantivelugu

04.03.2023

Kanti Velugu Screening Progress

- Total Screened : 63.82 lakhs
- Average screening per day : 100 – 120
- Reading Glasses delivered : 11.40 lakhs
- Prescription Glasses ordered : 8.08 lakhs
- No. of wards completed : 1420 (42 %)
- No. of GPs completed : 3916 (30.6 %)
- % of population requiring glasses : 13.5 %

Prescription Glasses Distribution Progress (as on 03.03.2023)

- Dispatched by Vendor : 2.25 Lakhs
- Received by DMHO : 2.22 Lakhs
 - Gap of 3,000 to be updated by DMHOs
- Received at PHC : 2.18 lakhs
 - Gap of 4,000 to be updated by PHCs in coordination with DMHO
 - Ensure that the glasses are received in PHC within 12 hours of receipt in district
- Delivered to beneficiary : 1.81 lakhs
 - Gap of 40,000 available in district stores

Role of District Collectors

- To closely monitor the dispatch of the glasses
- To ensure minimum delay in distribution to PHCs
- To ensure that a dedicated team is available at DMHO Office which will send the glasses with a vehicle to the PHC (supervisory cadre like CHO, MPHEO etc.)
- To monitor that PHC Medical Officer expeditiously distributes glasses
- To ensure a that all distribution is uploaded in app
- To ensure that District level Officers will visits camps regularly to maintain quality

Distribution status of Prescription glasses as on 03.03.2023 at 2pm

S.No	District	Dispatched by Vendor	Received at DMHO	Received at PHC	Delivered to Beneficiary	% of Glasses distributed wrt DMHO receipt	Glasses Yet to be Delivered
	Total	225378	222266	218463	181575	81.69	40691
1	Vikarabad	7061	7061	7061	6784	96.08	277
2	Jagtial	13324	12902	12836	12023	93.19	879
3	Peddapalli	4494	2432	2432	2233	91.82	199
4	Yadadri Bhuvanagiri	3560	3560	3546	3261	91.60	299
5	Mancherial	8744	8744	8725	7977	91.23	767
6	Narayanpet	2459	2459	2448	2230	90.69	229
7	Nirmal	4724	4690	4690	4249	90.60	441
8	Rajanna Sircilla	4157	4151	4150	3755	90.46	396
9	Asifabad	2370	2370	2363	2133	90.00	237
10	Siddipet	10494	10486	10486	9394	89.59	1092
11	Jangaon	6630	6628	6624	5837	88.07	791
12	Suryapet	7726	7726	7635	6786	87.83	940

S.No	District	Dispatched by Vendor	Received at DMHO	Received at PHC	Delivered to Beneficiary	% of Glasses distributed wrt DMHO receipt	Glasses Yet to be Delivered
	Total	225378	222266	218463	181575	81.69	40691
13	Khammam	9131	9119	8049	7989	87.61	1130
14	Mahabubnagar	4251	4251	3698	3710	87.27	541
15	Medak	8177	8151	8142	7074	86.79	1077
16	Karimnagar	8670	8618	8474	7371	85.53	1247
17	Nagarkurnool	5136	5136	5136	4314	84.00	822
18	Kamareddy	7744	7744	7744	6500	83.94	1244
19	Warangal	6037	6037	6037	5010	82.99	1027
20	Jayashankar Bhupalpally	4883	4883	4881	4052	82.98	831
21	Hanumakonda	5389	5389	5389	4378	81.24	1011
22	Adilabad	4490	4480	4480	3635	81.14	845
23	Ranga Reddy	9815	9815	9815	7851	79.99	1964

S.N o	District	Dispatched by Vendor	Received at DMHO	Received at PHC	Delivered to Beneficiary	% of Glasses distributed wrt DMHO receipt	Glasses Yet to be Delivered
	Total	225378	222266	218463	181575	81.69	40691
24	Mulugu	2387	2333	2333	1805	77.37	528
25	Medchal-Malkajgiri	7438	7438	7438	5564	74.81	1874
26	Bhadradri Kothagudem	7421	7034	6636	5229	74.34	1805
27	Nizamabad	10577	10570	10521	7801	73.80	2769
28	Nalgonda	9234	9234	8614	6742	73.01	2492
29	Sangareddy	9624	9624	9622	6960	72.32	2664
30	Jogulamba Gadwal	3876	3868	3787	2773	71.69	1095
31	Wanaparthy	5192	5192	4579	3656	70.42	1536
32	Mahabubabad	4240	4218	4218	2896	68.66	1322
33	Hyderabad	15923	15923	15874	9603	60.31	6320



Objective

- Meeting women's unmet medical needs
- Comprehensive Women's Health Program
- To be launched in 100 primary health centers on 08.03.2023



Comprehensive women's health clinics on every Tuesday of the week in primary health facilities and on the spot distribution of medicine

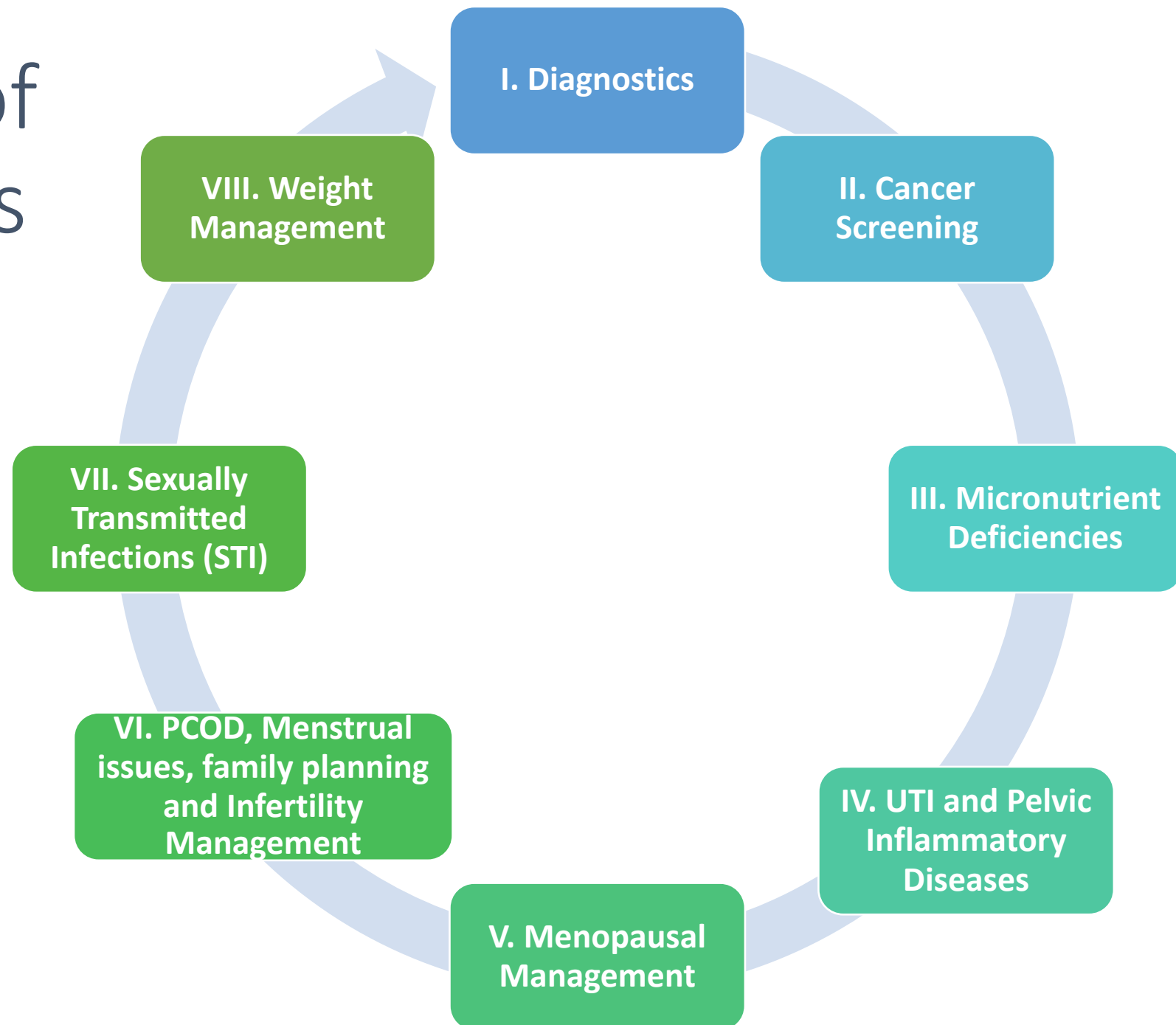
Open to all women irrespective of age

Seamless referral services to the designated tertiary facilities

Help desk operational every day at referral facilities

Diagnostics services

Package of 8 services



I. Diagnostics

Total Tests offered : 57 tests in all 33 districts

20 Labs functional

6 ready for inauguration (Suryapet, Wanaparthi, Warangal, Hanamkonda, JS Bhupalpally, RR)

Screen and Treat for BP, Sugar, Anemia at All Primary facilities

Reports: All reports will be given within 24 hours except tests requiring culture etc.

Districts Without TD Hubs

- Districts without functional T Hub
 - To hire additional vehicles
 - To ensure vacutainers are available in the spokes
 - To ensure that details are uploaded on TD portal

SNo	District	Tagged to
1	Kamareddy	Nizamabad
2	Mancherial	Asifabad
3	Peddapally	Karimnagar
4	Yadadri	Jangaon
5	Medchal	Hyderabad
6	Nagarkurnool	Mahbubnagar
7	Narayanpet	Mahabubnagar

*7 TD-Hubs to be made functional by April 2023

II. Screening for Oral, Cervical & Breast Cancers

- Cancer of uterine cervix, breast and oral cavity account for 25% cancers in females in India
- In Telangana, women who have ever undergone a screening test for cervical cancer is 3.3%, breast examination for breast cancer is 0.3% and an oral cavity examination for oral cancer is 2.5% (NFHS V)

At PHC, UPHC, BD

- Clinical breast examination for all women aged 30 yrs & above
- VIA for cervical cancer among women with symptoms with disposal speculum
- Oral visual examination for women with symptoms

At District/ tertiary hospital

- Mammogram
- Colposcopy, cryotherapy
- Pap smear/ biopsy

At State Level facility

- Treatment in NIMS, MNJ

An estimated 20% of women have positive findings based on questionnaire/precancerous lesion who require VIA

Availability of Cancer Screening Equipment at Tertiary Facilities

- Mammogram availability :
 - i. **Available as on 02.03.2023 : 12**
 - Suryapet, Warangal, Hanmakonda, Bhupalpally, Sangareddy, Nirmal, Khammam, Kothagudem, Karimnagar, Siddipet , Wanaparthi, Rangareddy
 - ii. **To be placed by 08.03.2023 : 09**
 - Medak, Asifabad, Nizamabad, Jangaon, Nalgonda, Sircilla, Mahbubabad, Jagtial ,Mahabubnagar
 - iii. **To be placed by 15.03.2023 : 11**
 - Mulugu, Gadwal, Peddapalli, Nagarkurnool, Yadadri, Kamareddy, Mancheri, Adilabad,Vikarabad, Medchal, Narayanpet
- Colposcopes and Cryotherapy Equipment :
 - Available at all districts
- Ensure that female radiographers/ staff nurses are available to do mammogram
- Ensure radiologists are available for reporting at higher facilities

III. Micronutrient deficiencies

The estimated overall prevalence of preventable micronutrient deficiencies was **17 % for iodine** deficiency, **37 % for folic acid** deficiency, **54 % for iron deficiency**, **53 % for vitamin B₁₂** deficiency, 19 % for vitamin A deficiency **and 61 % for vitamin D** in India.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8727714/>



Diagnostic tests for iodine deficiency (Thyroid) and other expensive tests such as Vit D3, B12, etc based on symptomatic assessment



Referral where required



Medicine disbursal and follow up

IV. Urinary Tract Infections (UTI) and Pelvic Inflammatory Diseases (PID)

UTI affects more than 50 % women at least once in their lifetime and it relapses at least 30 per cent to 40 per cent of the times

PID is reported to occur in 1% of the 15- 25 year age group of young adults around the world and affects around 24%–32% of women in India⁴



All women shall be screened for UTI and PID symptoms based on diagnosis and samples investigated in TD



Rapid Test at PHC/ UPHC/ BD (Rs.8/- per strip)

Strips to be ensured at all 100 facilities

V. Menopausal Management

Earlier menopause is associated with an increased risk of cardiovascular disease and osteoporosis. 30% of postmenopausal women suffer osteoporosis

Hormone Replacement Therapy medications at tertiary care facilities after detailed evaluation

Counselling services for pre-menopausal women and treatment for few conditions in clinic level

Post hysterectomy services

VI. PCOS, Family Planning, Menstrual Issues and Infertility Management

The prevalence of polycystic ovarian syndrome in the Urban and rural areas of Hyderabad ,Telangana (South India) is 6.5-6.8%

Infertility and childlessness trends due to lifestyle changes create panic among couples



Questionnaire based assessment at BD, UPHC, PHC including counselling



Ultrasound at tertiary/ district facilities and referral to government infertility centers

VII. Sexually Transmitted Infections

Only 30.7% of women have a comprehensive knowledge on HIV/AIDS in TS

ICMR has shown that 6% of the adult population in India has one or more STI/RTI.

Testing and treatment of all STI (HIV/ Syphilis and VDRL kits)

Tuesday will be reserved for women in ART centres

VIII. Weight Management Issues

In Telangana, 18.8% of women are underweight (BMI $<18.5 \text{ kg/m}^2$) and 30.1% of women are overweight (BMI $>25.0 \text{ kg/m}^2$) - (NFHS V)



Treatment protocol and nutrition charts for Low/High BMI



Online downloadable videos for Yoga, exercise etc.



Referral Services

- App to track women referred for treatment from primary facilities to tertiary/ district level
- Kiosks/ helpdesks to be functional every day at all identified tertiary facilities to manage the cases and triage

Role of District Collectors in PHCs, UPHCs, Basti Dawakhana (Primary Arogya Mahila Facilities)

- District Collectors to lead the program with involvement of public representatives
- To ensure that wide publicity is given to the program
- To ensure proper display of the IEC material and branding of the identified facilities
- Minor works at identified 100 facilities for ensuring privacy of patients during doctor examination

Role of District Collectors in referral facilities (Referral Arogya Mahila facilities)

- To identify prominent space/area in the referral hospital for establishing Helpdesks (Arogya Mahila kiosks) and arrange chairs for patients waiting
 - To ensure one Data Entry Operator and one ANM/ASHA is positioned in the help desk to guide patients referred from primary Arogya Mahila facilities
 - To ensure availability of two female patient care providers in the referral facility to assist the patients in the hospital
 - To ensure that patients referred from Arogya Mahila clinics will be given priority in the OPD clinics in identified referral centres

District wise facilities identified for launch of the programme

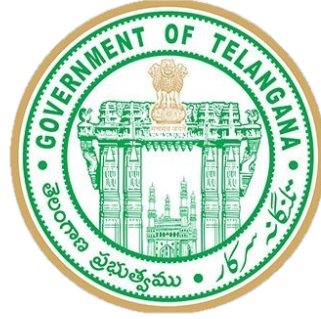
District	No. of facilities identified
Adilabad	2
Bhadradri Kothagudem	5
Hanumakonda	5
Jagtial	5
Jangaon	2
Jayashankar Bhupalpally	2
Kamareddy	3
Karimnagar	3
KB Asifabad	2
Khammam	6
Mahabubabad	5
Mancherial	4

District	No. of facilities identified
Medak	6
Mulugu	2
Nalgonda	6
Nirmal	2
Nizamabad	5
Peddapalli	3
Rajanna Sircilla	4
Sangareddy	4
Siddipet	13
Suryapet	5
Warangal	4
Yadadri Bhuvanagiri	2

Total 100 facilities 35

IEC material being dispatched from CHFV office

- User manual
- Patient folders
- Kiosks/ help desks at identified referral centres
- Posters/ banners to display at facilities
- Standees
- Above material will reach the districts by tomorrow



XVFC

04.03.2023

1. All amounts pertaining to civil works sanctioned under 15 FC will be with ZP
 - Payment will be made directly by ZP to implementing agency
2. All amounts pertaining to non civil works sanctioned under 15 FC will be with DHS
 - Collector to ensure that salaries are paid to MLHPs on time and there is no pendency
3. Collectors to monitor the progress of civil works and ensure completion within timelines

Thank you
