HEALTH MATTERS...

ANNUAL REPORT 2018-19

DEPARTMENT OF HEALTH, MEDICAL & FAMILY WELFARE
GOVERNMENT OF TELANGANA.
The Telangana Government is committed to this goal and endeavouring to achieve it by formulating all inclusive policies and implementing major flagship programs like KCR KIT, Aarogya Lakshmi, Food Security Program which directly and positively impact health of the people, with other flagship programmes, complement them to sustain good health.

Telangana’s overall health status exhibits significant improvement over the years.

The Government is adopting specific health plans for disease specific target groups. All the major risk factors have been identified and are being addressed with a special focus on each of them.

The coordinated efforts between Health and Family Welfare and Women and Child Welfare Departments in the State will lead to significant results in further bringing down MMR and IMR in the State. Special efforts are being made in combating communicable diseases like Tuberculosis and HIV/AIDS. In order to reduce the morbidity and deaths due to non-communicable diseases, early diagnosis and referral treatment have started in the State. To achieve, “Health for All”, the Government is ensuring to expand and strengthen the Public Health Infrastructure facilities in the State. It is consolidating the gains accrued after the formation of the State, in terms of the increased resource allocations and is planning for the next ten years to operationalize a sustainable strategy to address the challenges.

We the functionaries associated with Health, Medical and Family Welfare Departments once again pledge to rededicate ourselves collectively and vigorously work towards achieving our goal of ‘AROGYA TELANGANA’.

I wish all the very best and success to all functionaries in all their endeavours.

I am happy to note that, Department of Health, Medical & Family Welfare is bringing out an Annual Report for the year 2018-19, which will showcase the activities of the department and the progress made by the various heads of the department to improve the Health Care Delivery system in the State of Telangana.

The universal goal of “Health for All” calls for “Health in All” policies.

MESSAGE

The Annual Report of the Department of Health, Medical & Family Welfare (HM&FW), the first of its kind by the Department aims to present the strategic focus of the Department and the progress made during the year 2018-19.

The State of Telangana envisions creating equal access to quality healthcare services. Towards this, various Schemes, Programmes and initiatives are under active implementation; as detailed in the report. Yet another very important goal is to reduce the household out-of-pocket expenditure on total health care.

In the direction of achieving SDGs, we have deployed a range of interventions - KCR KIT, Arogyalakshmi, High Risk pregnancy management systems etc that encompass health awareness, service delivery, nutrition etc. Positive impact of these interventions in reducing Maternal Mortality, Infant Mortality, Neonatal Mortality and Under 5 Mortality Rate (USMR) is already evident and I am very hopeful that we will be able to cross the Goal well before 2030.

In order to reduce incidences of premature mortality & morbidity from communicable, non-communicable, and emerging diseases, department has not only revamped its strategy, but also put in place very user-friendly IT systems which help us monitor goals each & every functionary wise. Well, “what gets measured, gets done”!

Finally , a word about “ Kanti Velugu”, a universal eye screening programme which, indeed is a jewel in the crown of Department of Health, Medical & Family Welfare, under which, a whopping 1.55 Crore person’s eyes have been screened , 34 lakh spectacles have been handed over at the doorsteps and another 6.2 lakh spectacles are under distribution.

On this occasion, we reaffirm to consistently strive towards creating a healthier Telangana.
**DEPARTMENT AT A GLANCE**

The comprehensive outline of the overall Health Department under Government of Telangana have been emphasized. It prominently reflects the excellence through its massiveness under different disciplines.

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DISTRICT WISE HEALTH INSTITUTIONS IN TELANGANA
## TELANGANA STATE HEALTH PROFILE

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<td>Kerala - 99.9</td>
<td>13 Countries with 100%; Qatar, Rep. of Korea etc</td>
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<tr>
<td>12</td>
<td>Sex Ratio at Birth</td>
<td>Number of girl children born for every 1,000 boys born</td>
<td>881</td>
<td>900</td>
<td>Kerala (967)</td>
<td>Highest: Sierra Leone (980)</td>
</tr>
<tr>
<td>13</td>
<td>Low birth weight (LBW)</td>
<td>Percentage (As per HMIS)</td>
<td>7</td>
<td>13</td>
<td>Telangana (7)</td>
<td>Finland, Iceland, Republic of Korea (4)</td>
</tr>
<tr>
<td>14</td>
<td>Sex Ratio</td>
<td>Number of females per thousand males</td>
<td>988</td>
<td>943</td>
<td>Kerala (1084)</td>
<td>Sierra Leone (1041)</td>
</tr>
</tbody>
</table>

Maternal Mortality Ratio (MMR) Over the Years
Maternal Mortality Ratio (MMR) Trend Compared with All India average

Infant Mortality Ratio (IMR) Trend Compared to All India average
TELANGANA HEALTH CARE DELIVERY SYSTEM & INSTITUTIONAL SERVICES IN GOVT. HEALTH FACILITIES

Secondary Level
- Total Area Hospitals: 19
- Total Community Health Centers (CHCs): 90
- Total Mother & Child HealthCare (MCH): 10

Primary Level
- Total Primary Health Centers (PHCs): 882
- Total Sub-Centers: 4,797
- Total ASHAs: 27,045

Telangana Healthcare Delivery System
FLAGSHIP SCHEMES BY THE GOVERNMENT

EQUAL FOCUS FOR ALL PARTS OF SOCIETY

The Department of Health, Medical and Family Welfare, Department Government of Telangana has initiated diverse Important Flagship Schemes aiming at the overall sections of people across the state. It’s a strong initiative that ensures improved health benefits for every individual in the state to lead a healthier life.

KCR KIT SCHEME

The government of Telangana has embarked upon an initiative called “KCR KIT” & Hon’ble Chief Minister has launched the KCR KIT scheme on 3rd June 2017.

The implementation is supported by an IT enabled system and all the payments are done through DBT. Dash boards are available for easy monitoring by the Medical Officers and DM&HOs. The IT system is integrated with 102 services for transportation of pregnant women.

MAJOR ACHIEVEMENTS:

- Increase in 1st trimester registrations from 18% to 34%.
- KCR KIT has considerably reduced the out-of-pocket expenditure incurred by the poor on Deliveries.
- Increased public confidence on Govt. facilities for regular check-ups, deliveries and immunization (Improved antenatal and Post-natal care)

Increase in institutional deliveries in public hospitals:

KANTI VELUGU

The programme has been launched by the Government of Telangana On 15th Aug 2018 across all districts in Telangana State. The aim was to identify and treat eye health problems of the people of Telangana, covering population of 3.70 Crore with an aim to make Avoidable Blindness Free Telangana.

Accordingly, free universal Eye Camps are being initiated across all the districts under KANTI VELUGU with equal emphasis on urban and rural population of 33 districts. Interestingly, the beneficiaries were being given free spectacles nearly 34.91, and operations will be conducted to the detected cases if required/prescribed.

THE FOCUS OF THE PROGRAMME REMAINS TOWARDS:

+ Universal eye screening.
+ Providing reading glasses, medicines on the spot and prescription glasses in 45 days.
+ Arranging for surgeries, other form of treatments.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>ACHIEVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of People Screened</td>
<td>1.54 crores</td>
</tr>
<tr>
<td>Number of spectacles Handed Over</td>
<td>41.06 lakhs</td>
</tr>
</tbody>
</table>

Achievement AS ON 1.4.2019
**BASTI DAWAKHANAS**
The State aims to establish 247 Bastidawakhanas in Urban areas for making health facilities available at the doorsteps of urban poor. Basti Bawakhanas includes Medical consultation, free drugs and free diagnostics. Each Basti Dawakhana has a doctor, staff nurse and a supporting staff.

**The status of Basti Dawakhanas is as follows:**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>District</th>
<th>Total</th>
<th>Functional</th>
<th>Civil work in progress</th>
<th>Site to be identified by GHMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hyderabad</td>
<td>122</td>
<td>27</td>
<td>51</td>
<td>44</td>
</tr>
<tr>
<td>2</td>
<td>Medchal</td>
<td>65</td>
<td>6</td>
<td>17</td>
<td>42</td>
</tr>
<tr>
<td>3</td>
<td>Rangareddy</td>
<td>56</td>
<td>2</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>4</td>
<td>Sangareddy</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>247</strong></td>
<td><strong>96</strong></td>
<td><strong>54</strong></td>
<td><strong>97</strong></td>
<td></td>
</tr>
</tbody>
</table>

**SPECIALIST EVENING CLINICS**
To make availability of specialist services to the urban poor, Specialist Evening Clinics have been established in UPHCs. They run from 4.30 PM to 8.30 PM. At present there are 42 Specialist Clinics which provides services.
HEALTH AND WELLNESS CENTRES

The Sub-centres and PHCs are strengthened as Health and Wellness Centres to provide a wide range of health services. These centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services. These centres will also provide free essential drugs and diagnostic services. The Current position of establishing Health and Wellness Centres is as follows:

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Sanctioned in 2018-19</th>
<th>Functional</th>
<th>Sanctioned for 2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-Centers</td>
<td>86</td>
<td>86</td>
<td>487</td>
</tr>
<tr>
<td>Basti Dawakhanas</td>
<td>247</td>
<td>96</td>
<td>0</td>
</tr>
<tr>
<td>PHC</td>
<td>68</td>
<td>68</td>
<td>568</td>
</tr>
<tr>
<td>UPHC</td>
<td>249</td>
<td>249</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>650</strong></td>
<td><strong>499</strong></td>
<td><strong>1055</strong></td>
</tr>
</tbody>
</table>

TELANGANA DIAGNOSTIC SERVICES

Provision of free diagnostic services has been a priority in Public Health Care policy of Telangana Government for several years. Provision for the same has been provided in every public health facility under Telangana Diagnostic services since April 2018. In last 11 months, we have delivered 16.77 Crores worth of medical tests (33 Lakh tests) at a fraction of cost. Approx.2.2 Lakh patients utilised these tests & 4.3 Lakh samples tested.

<table>
<thead>
<tr>
<th>Total</th>
<th>No. of Patients</th>
<th>No. of Samples Tested</th>
<th>No. Tests Conducted</th>
<th>Parameters Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>315739</td>
<td>569146</td>
<td>801885</td>
<td>4005159</td>
</tr>
</tbody>
</table>

NATIONAL HEALTH MISSION (NHM)

COMMENCEMENT OF DIVERSE INITIATIVES

Mission Director, National Health Mission is responsible for the overall planning, implementation facilities, coordination, monitoring and supervision of all the Health Programmes, Projects, Schemes and activities related to NHM.

- Maternal Health & Nutrition (MHN)
- Child Health and Immunisation (CHI)
- Preconception Prenatal Diagnostics Test (PC&PNDT)
- NPCB
- NLEP
- Blood Cell
- 104, 102 & 108 (PPP)
- RBSK
- NCD
- Quality Assurance
- Free Diagnostics
- NUHM
- RNTCP
- Population Sterilization & Special Programme (PS&SP)
- RSK

MAJOR ACHIEVEMENTS

- In the recently released state rankings by NITI Aayog on status report of Sustainable Development Goals, the state stood at third rank with a score of 73.
- The state is also making steady progress in controlling the Tuberculosis. The current ranking of the state in RNTCP indicators is 6, which was 29 last year. With the implementation of KCR KIT scheme, the number of deliveries happening in public facilities has increased steeply from 59.15% deliveries in the month of March 2018, the public health institutional deliveries rose to 64.39% during the month of March 2019 against total deliveries.
- Telangana State is stands at No 1 place in online entries in AYUSHMANBHARATH NCD app from January 2019 under NPCDCS program.
- AH Bhadrachalam, AH Banswada and District Hospital Khammam has received the NQAS awards in the current year.
- MCH Khammam and MCH Jangoan are has received the LaQshya awards in the current year.
The Government’s endeavour is to achieve the NHM goals of reducing Infant Mortality Ratio (IMR) to below 30 per 1,000 live births by the year 2030. In this background, the government has identified the reduction of neonatal mortality from the current 23 per 1,000 live births to less than 12 per 1,000 live births by the end of 2030 fiscal year as one of the key priority objectives of the Integrated Mother and Child Health Action Plan (IMCH Action Plan).

The Special Newborn Care Unit (SNCU) is a neonatal unit in the vicinity of the labour room where births occur that provides level-II care (all care except assisted ventilation and major surgery) to sick newborns.

As a part of UIP immunization 10 vaccine antigens are administered at free of cost to the target age beneficiaries for prevention of vaccine preventable diseases. The Full Immunization achieved as per HMIS and NFHS-4 (2015-16) is given below:

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>NFHS-4(2015-16)</th>
<th>As per HMIS 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Immunization</td>
<td>68%</td>
<td>99%</td>
</tr>
</tbody>
</table>

MISSION INDRADHANUSH PROGRAMME UNDER GRAM SWARAJ ABHIYAN:

- **TELANGANA** is selected for the Intensified Mission Indradhanush Program for the 1st time
- **Beneficiaries:** Children in the age group of 0-2yrs and pregnant women.

Mission Indradhanush - SIMI programme was conducted in 19 districts i.e Adilabad, Badradri Kothagudem, Jagityal, Jangana, Jayashankar Bupalpalli, Karimnagar, Khammam, KumuramBheem Asfabad, Mahabubabad, Mahabubnagar, Mancherial, Nalgonda, Nirmol, Pedapalli, Rangareddy, Sangareddy, Suryapet, Vikarabad and Warangal (R).

- Total No. of targeted Pregnant Women immunized in 3 rounds of SIMI is 112
- Total No. of Children immunized in 3 rounds of SIMI are 485

Mission Indradhanush – Extended Gram Swaraj Abhiyan (Aspirational Districts): Mission Indradhanush under Gram Swaraj Abhiyan in Aspirational Districts (Mi – GSA(AD)) will be conducted in 3 rounds of 7 working days(excluding of RI and Public Holidays). i.e: KumuramBheem Asfabad , Khammam, Jayashankar Bupalpalli.

Achievement of Aspirational districts under EGSAs in July, August and September 2018 rounds:

**GSA Areas:**

- Total No. of targeted Children in 3 rounds of EGSAs: 4612
  - Achievement: 4704
  - Saturation: 102%
- Total No. of targeted Pregnant Women in 3 rounds of EGSAs: 1298
  - Achievement: 1331
  - Saturation: 102%

**Non-GSA Areas:**

- Total No. of targeted Children in 3 rounds of EGSA: 19446
  - Achievement: 19001
  - Saturation: 98%
- Total No. of targeted Pregnant Women in 3 rounds of EGSA: 5686
  - Achievement: 5750
  - Saturation: 101%
RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK):
The Rashtriya Kishor Swasthya Karyakram, which aims at addressing the health problems of adolescent boys and girls (10-19 years), was launched in the state during the year 2014-15 as an expansion of the previous Adolescent Reproductive & Sexual Health (ARSH) programme under National Health Mission.

PALLIATIVE AND ELDERLY CARE SERVICES
In a significant step towards providing care and support to end-stage cancer, other non-cancer and HIV patients in Telangana, the Health and Family Welfare Department have established 8 palliative care Centres in districts. Those are in Adilabad, Siddipet, Warangal (U), Janagaon, Yadadri, Rangareddy, Khammam and Mahbubnagar.

QUALITY ASSURANCE
National Quality Assurance Standards (NQAS) are comprehensive set of standards which have been developed in view the specific requirements for public health facilities as well as industry best practices across the globe. NQAS are currently available for District Hospitals, Area Hospitals, Community Health Centers, Primary Health Centers and Urban Primary Health Centers.

DH-Khammam and 36 PHC are fully certified under National Quality Assurance Standards (NQAS)

BLOOD CELL-PROGRAM
Total 31 blood banks and 31 blood storage centers are working in the government hospitals.

<table>
<thead>
<tr>
<th>SL. NO.</th>
<th>NO. OF BLOOD BANKS NACO SUPPORTED</th>
<th>NO. OF BLOOD BANKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Functional Government Blood Banks</td>
<td>31</td>
</tr>
<tr>
<td>2.</td>
<td>Blood Storage Centres</td>
<td>31</td>
</tr>
<tr>
<td>3.</td>
<td>New Blood Banks</td>
<td>26</td>
</tr>
<tr>
<td>4.</td>
<td>Inaugurated Licensed Blood Banks</td>
<td>17</td>
</tr>
<tr>
<td>5.</td>
<td>Not Inaugurated Blood Banks</td>
<td>6</td>
</tr>
</tbody>
</table>

NATIONAL PROGRAM FOR PREVENTION & CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)
60% mortality is due to Hypertension, & Diabetes (Non communicable diseases), NPCDCS program is aimed at screening all population above 30 years. This program started as pilot in 2 Districts (Janagaon & Peddapally) in 2017 and in 13 Districts in Feb 2017and in 11 Districts from February 2019. Not only screening, diagnosis & Management, it also focuses on awareness on lifestyle changes for control of diseases.

- In Phase I, total people screened is 27,67,487.
- In Phase II, total 4,95,984 people are screened.
- Total 32,63,471 individuals were screened for Hypertension, Diabetes and common cancers.
REVISED NATIONAL TB CONTROL PROGRAMME (RNTCP)

- Revised National TB Control Program (RNTCP) is an on-going Centrally Sponsored scheme, being implemented under the umbrella of National Health Mission. The programme was initiated from 1997, covered entire country in 2006.
- The new National Strategic Plan for TB 2017-2025 aims to accelerate progress towards goal of ending TB by 2025 from India.
- The major initiatives taken in program are expansion of Daily Regimen for treatment of TB across the country; scale up of Bedaquiline; release of newer guidelines on drug resistant TB and nutritional support to TB patients through DBT.

CASES DETECTED AND THE MODE OF DETECTION:

<table>
<thead>
<tr>
<th>Sl No</th>
<th>MODE OF DETECTION</th>
<th>CASES DETECTED</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RAPID ENQUIRY SURVEY</td>
<td>109</td>
<td>3.75%</td>
</tr>
<tr>
<td>2</td>
<td>SCHOOL HEALTH EDUCATION</td>
<td>56</td>
<td>1.92%</td>
</tr>
<tr>
<td>3</td>
<td>HEALTHY CONTACT SURVEY</td>
<td>196</td>
<td>6.74%</td>
</tr>
<tr>
<td>4</td>
<td>FOCAL / FOCUSED SURVEY</td>
<td>44</td>
<td>1.51%</td>
</tr>
<tr>
<td>5</td>
<td>VOLUNTARY REPORTING</td>
<td>784</td>
<td>26.94%</td>
</tr>
<tr>
<td>6</td>
<td>LEPROSY CASE DETECTION CAMPAIGN</td>
<td>515</td>
<td>17.70%</td>
</tr>
<tr>
<td>7</td>
<td>CASES DETECTED BY ASHAS</td>
<td>1085</td>
<td>37.29%</td>
</tr>
<tr>
<td>8</td>
<td>SPARSH LEPROSY AWARENESS CAMPAIGN</td>
<td>121</td>
<td>4.16%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2910</strong></td>
<td><strong>2910</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

The main objective of the National Leprosy Eradication Programme (NLEP) was to arrest the disease activity in all known cases of Leprosy. The programme is a centrally supported scheme with the sole objective of strengthening the process of elimination of Leprosy in the country.

OBJECTIVES:

- Early detection through active surveillance by the trained health workers.
- Regular treatment of cases by providing Multi-Drug Therapy (MDT) at PHC's & sub centers.
- Intensified health education and public awareness campaigns to remove social stigma attached to the disease.
- Appropriate medical rehabilitation and leprosy ulcer care services.

CASES DETECTED IN THE YEAR 20117-18 AND THE MODE OF DETECTION

### DEVELOPMENT INDICATORS FOR DEPARTMENT

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Indicators</th>
<th>Unit</th>
<th>2014</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Annual New cases detected rate ANCDR/100000 Population</td>
<td>Per 100000 Population</td>
<td>8.10</td>
<td>7.22</td>
<td>7.66</td>
</tr>
<tr>
<td>2</td>
<td>Prevalence Rate P P/100000 Population</td>
<td>Per 100000 Population</td>
<td>0.57</td>
<td>0.51</td>
<td>0.61</td>
</tr>
<tr>
<td>3</td>
<td>Treatment Completion Rate (TCR)</td>
<td>Per 100 Cases under Treatment</td>
<td>100</td>
<td>100</td>
<td>98.8</td>
</tr>
<tr>
<td>4</td>
<td>% of MDR Cases</td>
<td>Per 100 New Cases</td>
<td>62</td>
<td>67.6</td>
<td>64.6</td>
</tr>
<tr>
<td>5</td>
<td>% of Child Cases detected</td>
<td>Per 100 New Cases</td>
<td>9</td>
<td>6.90</td>
<td>6.39</td>
</tr>
<tr>
<td>6</td>
<td>% Female cases detected</td>
<td>Per 100 New Cases</td>
<td>38</td>
<td>36.3</td>
<td>38.11</td>
</tr>
<tr>
<td>7</td>
<td>% Gr. I Deformity cases</td>
<td>Per 100 New Cases</td>
<td>4</td>
<td>3.70</td>
<td>3.81</td>
</tr>
<tr>
<td>8</td>
<td>% Gr. II Deformity cases</td>
<td>Per 100 New Cases</td>
<td>5.93</td>
<td>7.20</td>
<td>4.16</td>
</tr>
</tbody>
</table>

### TB NOTIFICATION

<table>
<thead>
<tr>
<th>Year</th>
<th>Target for Public Sector</th>
<th>Number Notified by Public Sector</th>
<th>% Achieved by Public Sector</th>
<th>Target for Private Sector</th>
<th>Number Notified by Private Sector</th>
<th>% Achieved by Private Sector</th>
<th>Total Target (Public + Private)</th>
<th>% Achieved by Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>39498</td>
<td>1845</td>
<td>22.2%</td>
<td>35412</td>
<td>7865</td>
<td>22.2%</td>
<td>47251</td>
<td>51.6%</td>
</tr>
<tr>
<td>2016</td>
<td>39375</td>
<td>5785</td>
<td>22.2%</td>
<td>35412</td>
<td>9559</td>
<td>27%</td>
<td>45160</td>
<td>65.4%</td>
</tr>
<tr>
<td>2017</td>
<td>38839</td>
<td>35412</td>
<td>22.2%</td>
<td>35412</td>
<td>9559</td>
<td>27%</td>
<td>73752</td>
<td>66%</td>
</tr>
<tr>
<td>2018</td>
<td>41940</td>
<td>35412</td>
<td>22.2%</td>
<td>35412</td>
<td>9559</td>
<td>27%</td>
<td>51273</td>
<td>66%</td>
</tr>
</tbody>
</table>

### STATUS OF DBT THROUGH NIKSHAY

<table>
<thead>
<tr>
<th>Scheme Name</th>
<th>Total Number of Beneficiaries</th>
<th>Number of Beneficiaries Paid</th>
<th>Total Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nikshay Poshan Yojana TB Patient (Nutrition)</td>
<td>51273</td>
<td>31961</td>
<td>38737500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target for Public Sector</th>
<th>Number of Beneficiaries</th>
<th>Total Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31961</td>
<td>38737500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target for Private Sector</th>
<th>Number of Beneficiaries</th>
<th>Total Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>31961</td>
<td>38737500</td>
</tr>
</tbody>
</table>
104, 102 & 108 VEHICLE SERVICES
108 EMERGENCY RESPONSE SERVICES:

**PERFORMANCE REPORT OF 108 SERVICES**

<table>
<thead>
<tr>
<th>S.NO</th>
<th>PERFORMANCE INDICATOR</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Average number of calls to be attended per day</td>
<td>9,220</td>
</tr>
<tr>
<td>2</td>
<td>Average number of Emergencies to be attended per day</td>
<td>1,232</td>
</tr>
<tr>
<td>3</td>
<td>Average number of KMs to be travelled by ambulance per month</td>
<td>4,494</td>
</tr>
<tr>
<td>4</td>
<td>Average percentage on road vehicles per day should not be less than</td>
<td>293</td>
</tr>
<tr>
<td>5</td>
<td>Number of Pregnant EMs to be attended per month</td>
<td>9,691</td>
</tr>
<tr>
<td>6</td>
<td>Average time to be taken for call to scene in Urban Areas</td>
<td>17.27</td>
</tr>
<tr>
<td>7</td>
<td>Average time to be taken for call to scene in Rural Areas</td>
<td>24.18</td>
</tr>
<tr>
<td>8</td>
<td>Average time to be taken for call to scene in Tribal Areas</td>
<td>26.98</td>
</tr>
<tr>
<td>9</td>
<td>Average Trips per Ambulance</td>
<td>3.8</td>
</tr>
</tbody>
</table>

104 SERVICES:
The Government has started Fixed Day Health Services (FDHS). The key objective of the MUH is to reach populations in remote and in accessible areas with a set of preventive, promotive and curative services including but not limited to RCH services, which are free to the patient at the point of care.

THE PERFORMANCE OF 104 FDHS IS AS FOLLOWS:

<table>
<thead>
<tr>
<th></th>
<th>2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>104 - FDHS Beneficiaries</td>
<td>3,30,4190</td>
</tr>
<tr>
<td>104 - FDHS Lab Test Conducted</td>
<td>1,45,0542</td>
</tr>
</tbody>
</table>

Identification of total service provider to pick up & drop back of all antenatal women, postnatal women, Infants and tracking of all pregnancies through 102 toll-free call centre in Telangana.

Government have launched the services of “102 Referral Transport Service” (Amma Vodi) for pickup and drop back of pregnant women and neonatal children under the funds of Janani Shishu Suraksha Karyakram(JSSK), National Health Mission in the State of Telangana.

**Total number of 5,54,702 of pregnant women have utilized the “102 Referral Transport Service” (Amma Vodi) for 2018-19 FY in 299 vehicles.**
POPULATION STABILIZATION & SPECIAL PROGRAMME (PS&SP)

The Family Planning scheme was started in 1952 with an objective to control the population growth in India. Sterilization services are provided to eligible couples who want to adopt permanent or spacing methods to attain small family norm on voluntary basis. Permanent FP methods are birth control operations Vasectomies / Tubectomies for males and females. Under Spacing methods oral pills and contraceptive condoms are distributed to the eligible couples. Other FP methods are IUCD and PPIUCD services are provided to the willing females who wanted to postpone pregnancy for longer duration.

Government of India (NHM) is providing family planning incentives as compensation to BPL, SC and ST families the amount of Rs. 1000/- is paid towards Tubectomy per acceptor and for per acceptor. Similarly, Rs. 1500/- is paid to the Male Sterilization (Vasectomy) BPL / SC/ ST and APL (as per the Central Sponsored Scheme Package).

<table>
<thead>
<tr>
<th>S.NO</th>
<th>YEAR</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of Vasectomies</td>
<td>2,844</td>
</tr>
<tr>
<td>2</td>
<td>Number of Tubectomies (including DPL cases)</td>
<td>1,17,678</td>
</tr>
<tr>
<td>3</td>
<td>Total Sterilizations</td>
<td>1,20,522</td>
</tr>
<tr>
<td>5</td>
<td>IUD</td>
<td>51,572</td>
</tr>
<tr>
<td>6</td>
<td>Oral Pill Users</td>
<td>44,457</td>
</tr>
<tr>
<td>7</td>
<td>Contraceptive Condom Users</td>
<td>51,008</td>
</tr>
<tr>
<td>8</td>
<td>PPIUCD</td>
<td>5,076</td>
</tr>
</tbody>
</table>

TEMPORARY METHOD

NON-COMMUNICABLE DISEASE

The achievements and progress of NCD Scheme reflects its objective towards avoiding and regulating the Non-Communicable Diseases like Hypertension (20%), Diabetes (6%) that are on the rise. In order to be able to eradicate the common NCDs and its complications, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stoke has been instigated in Telangana state.

The programme will be inclined towards a universal screening that has been initiated from 2017 to detect the common NCDs like Hypertension, Diabetes, Oral cancer, Breast Cancer and Cervical Cancer.

During the preliminary phase under Universal screening, Population based screening (PBS) was commenced in Jangaon and Peddapally in 2017-18 and extended to 9 other districts in the same year.

**Under PBS:**
- 26,41,535 individuals - screened across - 12 districts.
- 3,00,678 cases have been suspected - Hypertension/Diabetes or common cancer.
- 3,00,678 suspected cases,
- 1,14,266 cases have been confirmed and put on treatment.

At the same time, data on PBS has been entered digitally in the Sampoorna Swasthatha app. PBS under NPCDCS will be extended to remaining 19 districts in the year 2019-20.
NATIONAL AYUSH MISSION  
POWER TO HEAL WITH THERAPEUTIC SCIENCE

The Department of Indian Medicine & Homeopathy was formed in 1952 under the Ministry of Health, Medicine & Family Welfare in the erstwhile state of Andhra Pradesh. Subsequently in the year 2004 the Department is renamed as AYUSH duly recognising the Naturopathy & Yoga as therapeutic science. After the formation of new Telangana state, the Government have taken the conscious decision to preserve and promote this system of medicine and endeavoured its continuation. There are 27 unit offices including 5 Teaching Colleges, 3 Pharmacies, 3 Research Departments, 1 Drug Testing Laboratory, 2 Herbarium and 11 Hospitals apart from 834 Dispensaries. There is an Autonomous body functioning under the aegis of this department called Telangana State Yogadhayana Parishad with its 2 research wings on Yoga and Pranayama.

The Department of AYUSH, Ministry of Health and Family Welfare, Government of India has launched National Ayush Mission (NAM) during 12th Plan for implementing through States/UTs. The basic objective of NAM is to promote Ayush medical systems through cost effective Ayush services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha and Unani & Homoeopathy (ASU &H) drugs and sustainable availability of ASU & H raw materials.

The details of the Department functioning units are presented herewith.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Item</th>
<th>Ayurveda</th>
<th>Unani</th>
<th>Homoeo</th>
<th>Naturopathy &amp; Yoga</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>4</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
<td>Colleges</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Research Department</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>Pharmacies</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Herbarium</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Government Dispensaries</td>
<td>224</td>
<td>122</td>
<td>94</td>
<td>0</td>
<td>440</td>
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<td>7</td>
<td>NRHM funded co-existing Dispensaries</td>
<td>199</td>
<td>62</td>
<td>105</td>
<td>28</td>
<td>394</td>
</tr>
</tbody>
</table>

Department of AYUSH, Telangana State Hyderabad is actively involved in the programmes under National Ayush Mission (NAM) by Government of India like Ayushgram, AYUSH wellness centers, AYUSH wing Hospitals etc to popularize the systems of AYUSH in general and the system of Ayurveda in particular.

The Government of Indian, by recognising the importance of Health in the process of economic and social development and enhancing the quality of life of the citizens has launched National Rural Health Mission to carry out necessary architectural correction in the basic health care delivery system.

Considering AYUSH Department, the important goals of National Rural Health Mission (NRHM) has been towards ‘Co-location of AYUSH at PHCs/CHCs’ and ‘Mainstreaming of AYUSH’. The budget sanctioned under NHM has been utilised for Human Resources and supply of essential medicines. Likewise, under NAM, The Telangana State Medicinal Plants Board (TSMPB) has been actively working towards the conservation, propagation, cultivation, research and development, marketing and other activities related to medicinal plants in the state.

The perspective has been inclined towards incorporating these two schemes, Centrally Sponsored Scheme on “National Ayush Mission on Medicinal Plants” and Central Sector Scheme for “Conservation, Development and Sustainable Management of Medicinal Plants”.
Under National Ayush Mission (NAM) on Medicinal Plants, raising of Model Nurseries, Cultivation, Post-Harvest Management and value addition, Quality testing, Marketing, Certification are the activities implemented in Telangana.

More than 80 varieties of important Medicinal Plants species like Tulasi (6 varieties), Amla, Coleus, Aegle marmelos, Sandal wood, Red sanders, Stevia, Saraswati, Brahmi, Aswagandha, Mint, Terminalia arjun, etc., are raised at Moolikavanam Nursery, Aziz nagar, Ranga Reddy of TSMPB every year.

TSMPB has constructed Drying and Storage Godowns in 5 districts viz. 1. Banjara yellapur(V), Tadvali (M), Warangal district, 2. Cherupally (V), Khammam district, Bhadradri 2. Kothapally (V), Kotapally(M), Adilabad, 3. Hossali (V), Nyakal (M), Medak district and S. Somaram (V), Rajapet (M), Yadadri Bhuvanagiri district for accomplishing the primary tasks of drying and storing the produce in hygienic conditions in key functional areas where production of medicinal plants are there.

TSMPB in coordination with CIMAP has set up a Processing Unit for Aloevera, Amla, Aswagandha and Senna at CIMAP, Research Centre, Boduppal, Hyderabad with financial assistance of Rs. 50 lakh for facilitating the farmers to process their produce free of cost. This will help the farmers to get remunerative prices for their produce.

TSMPB has set up Quality Testing Laboratory in the premises of CIMAP Research Centre, Boduppal, Hyderabad.

### NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME

Every year in India, approximately 2/3rd of the population remains unprotected from Iodine Deficiency, which indicates that per year almost 1 million newborns may be at hazard of suffering from preventable brain damage that can be the consequence from Iodine Deficiency in mothers.

**KEY OBJECTIVES:**

1. Conducting surveys in the District to assess the magnitude of Iodine Deficiency Disorders (IDD).
2. Conducting awareness campaign in the District to create awareness about IDD and usage of Iodized salt.
3. Training of ASHA, ANMS and AWW for community awareness and monitoring.
4. Coordinating with the civil supplies department to ensure supply of iodized salt through PDS.

#### PHYSICAL PERFORMANCE

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Item</th>
<th>Total No. of salt samples collected &amp; tested</th>
<th>No. of salt samples with Nil Iodine content</th>
<th>No. of Salt samples with 15 PPM or more of Iodine</th>
<th>% of the salt samples with 15 PPM or More of Iodine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2017-18</td>
<td>716</td>
<td>87</td>
<td>574</td>
<td>80.16</td>
</tr>
<tr>
<td>2</td>
<td>2018-19</td>
<td>484</td>
<td>41</td>
<td>405</td>
<td>83.67</td>
</tr>
</tbody>
</table>
**NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS**

**OBJECTIVE OF THE PROGRAMME:**
- The NPPCF aims to prevent and control of Fluorosis cases in the country
- Assess and use the baseline survey data of fluorosis of Drinking water and sanitation
- Comprehensive management of fluorosis in the selected areas.
- Capacity building for prevention, diagnosis and management of fluorosis cases

**PHYSICAL PROGRESS:**
In the financial year 2018-19, 106 villages were surveyed in Nalgonda, Mahbubnagar and Karimnagar districts.

**SCHOOL SURVEY**
In 2018-19, 94 schools were covered, 2154 children were surveyed and 1014 children are suspected with dental fluorosis.

**COMMUNITY SURVEY**
In 2018-19, 5527 persons were examined and 1269 are suspected to have dental fluorosis and 206 are suspected to have skeletal fluorosis.

**Water Analysis**
In 2018-19, 211 water samples were tested and 112 samples were found to be having above 1.5ppm.

**NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)**

**OBJECTIVE OF THE PROGRAMME:**
- Training of health and social workers, NGOs, school teachers, and enforcement stakeholders.
- Information, education, and communication (IEC) activities. School programmes.
- Monitoring of tobacco control laws.
- Coordination with Panchayati Raj Institutions for village level activities.

**NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)**

The early case detection of Tuberculosis, Dengue and Chikungunya and their control and complete treatment have been discussed covering both urban and rural areas. The overall information below serves as a guide for understanding the diverse parameters and issues concerning various diseases and the solutions provided by the Government of Telangana.

**STRATEGIES IMPLEMENTED FOR ADDRESSING THE DISEASES**
- Early detection and complete treatment of malaria cases.
- Introducing ACT tablets for control of Falciparum Malaria.
- Involvement of Community in prevention of the Vector borne diseases
- Case detection through sentinel surveillance Hospitals for control of Dengue & Chikungunya.
- Introduced Filariasis for controlling Mass Drug Administration (MDA) in Endemic areas of Nalgonda, Medak, and Warangal 17 PHCs.
- Morbidity Management of Lymphoedema cases and Hydrocelectomy operations were undertaken.
- The RNTCP program shifted to daily regimen for treatment of TB based on the weight bands.
- Initiated usage of Bedaquiline for treatment of drug resistant TB with Drug susceptibility testing (DST) guided treatment.
- ICT (Information, Communication & Technology) based adherence support and post treatment follow up with NIKSHAY.
- Revision in diagnostic algorithm with use of CXR (Chest X Ray) in screening and early use of CBNAAT (cartridge-based nucleic acid amplification test).
- Treatment of all forms of drug resistant TB Single window delivery approach for HIV TB care and 99 DOTS (Mobile based adherence system).
- Medical Colleges actively involved in the TB control program.
A GLIMPSE OF THE ACHIEVEMENTS

During 2018-3234738 fever cases screened for Malaria in which 1792 positive cases were detected. ABER is 9.1 and API is 0.05. Target blood smears is 3529603, Achievements are 3234738, (92%). In 2018, (8,98,497 population) covered with 1st & 2nd rounds in 2298 villages.

COMPARATIVE SCREENING OF DENGUE
No. of persons Screened in 2017 - 20710
No of persons Screened in 2018 - 36138

COMPARATIVE SCREENING OF FEVER CASES
No. of Blood Smear examined in 2017 - 2883295
No. of Blood Smears examined in 2018 - 3234738

CONSOLIDATED ACTION TAKEN REPORT FOR DENGUE CONTROL

<table>
<thead>
<tr>
<th>No. of PHCs Affected</th>
<th>No. of Villages Affected</th>
<th>No. of Villages covered with Pyrethrum</th>
<th>No. Population covered with Pyrethrum</th>
<th>No. of Houses covered with Pyrethrum</th>
</tr>
</thead>
<tbody>
<tr>
<td>443</td>
<td>1938</td>
<td>1973</td>
<td>1797635</td>
<td>310378</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Rooms covered with Pyrethrum</th>
<th>No. of Medical Camps Conducted</th>
<th>No. of Villages Covered with Fogging</th>
<th>No. of Houses searched for treating of Water sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>531047</td>
<td>4765</td>
<td>1119</td>
<td>453811</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Containers searched for larval treatment</th>
<th>No. of Containers positive for Aedes Larva</th>
<th>No. of Dry Days observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>994371</td>
<td>4765</td>
<td>8986</td>
</tr>
</tbody>
</table>

CENTRAL SECTOR SCHEME ON CONSERVATION, DEVELOPMENT AND SUSTAINABLE MANAGEMENT ON MEDICINAL PLANTS.

- **Medicinal Herbal Gardens and School Herbal Garden:** TSMPB has developed 20 School Herbal Gardens with each 40 varieties (20 Nos tree species and 20 Nos. herbs/shrub variety) of medicinal plant species in the areas of Ranga Reddy and Hyderabad districts. Posters on medicinal plants used in different ailments are distributed for awareness.

- **HOME HERBAL GARDEN:** TSMPB has developed 1050 Home Herbal Gardens in and around Hyderabad district with 10 varieties of medicinal plant species, which are useful in our primary health care. Home Herbal Garden and primary health care remedies brochures and books are also distributed to the households.

- **SET UP QUALITY PLANTING MATERIAL PRODUCTION CENTRE CUM CREATION OF KNOWLEDGE PARK** at Aziz nagar, Himayat Sagar, Ranga Reddy District to raise mother stock of various species of Medicinal Plants for production of quality planting material in 20 acres (8 ha) area.

- **GENE BANK CUM EX-SITU CONSERVATION IN N-AYUSH HEALING CENTRE** at Nazeenb Nagar, Moinabad(M), Ranga Reddy is being developed to treat the patients of different diseases coming here with these medicinal plants and to create a serene atmosphere to the patients which will help them in fast recovery.
EMPOWERING THE MARGINALISED SECTIONS

There have been great challenges to be able to reach out to all mothers and empower them to have safer pregnancy and childbirth. At the same time, decrease burden of pregnancy and childbirth among tribal women by ensuring basic care and sustenance during ante/post-natal care safe delivery and under five childcares.

The perspective also remains inclined towards promoting primary immunisation to children against ten vaccine preventable diseases. Also, to deliver quality health services from common cold to cardiac surgery.

The following facilities have been provided to be able to facilitate the above-mentioned health benefits:

- Birth waiting Homes: the Pregnant women can stay with their family members in the birth waiting homes from ANC period till 48 hours after delivery. They are
  1. Utnoor–4
  2. Etunagaram–3
  3. Bhadrachalam–3
  4. Mannanur–3

- CUG Phone facility to MPHA (F) working at tribal areas

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name of the ITDA</th>
<th>Total No. of Tribal S/c</th>
<th>Sub centres functioning in Government Buildings</th>
<th>Sub centres Functioning in Private Buildings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ITDA Etunagaram</td>
<td>108</td>
<td>43</td>
<td>65</td>
</tr>
<tr>
<td>2</td>
<td>ITDA Bhadrachalam</td>
<td>267</td>
<td>86</td>
<td>181</td>
</tr>
<tr>
<td>3</td>
<td>ITDA Utnoor</td>
<td>186</td>
<td>140</td>
<td>46</td>
</tr>
<tr>
<td>4</td>
<td>ITDA MANNANOOR</td>
<td>57</td>
<td>16</td>
<td>41</td>
</tr>
<tr>
<td>6</td>
<td>Government dispensaries</td>
<td>224</td>
<td>122</td>
<td>94</td>
</tr>
<tr>
<td>7</td>
<td>NRHM funded co-existing Dispensaries</td>
<td>199</td>
<td>62</td>
<td>105</td>
</tr>
</tbody>
</table>

AAROGYASRI SCHEME

Aarogya Sri Scheme is a unique Community Health Insurance Scheme being implemented from 1st April, 2007. The scheme is the flagship of all health initiatives of the State Government with a mission to provide quality healthcare to the 77.19 lakh Below Poverty Line (BPL) families as defined by Civil Supplies Department of Government are eligible beneficiaries. Any BPL family can avail free Cashless treatment upto 2.00 lakhs per family per year with a facility of Rs. 1.50 Lakhs and as Rs. 50,000 on buffer basis.

The aim of the Government is to achieve «Health for All». The Scheme is a unique PPP model in the field of Health Insurance, tailor made to the health needs of poor patients and providing end-to-end cashless medical services for 949 identified diseases through a network of service providers from Government and Private sector empanelled under the Scheme.

MAJOR ACHIEVEMENTS/ACTIVITIES AND IMPORTANT STATISTICS:

- Beyond 2.00 Lakhs Annual Financial Coverage amount, under the following specialities Aarogya Sri beneficiaries are allowed to avail cashless treatment for High end therapies.
  - Medical Oncology
  - Organ Transplantation Surgeries

- Establishment of 42 Dialysis Centres in Government Hospitals in Telangana State under Public Private Partnership (PPP) to follow HUB AND SPOKE model for managing Dialysis units established in peripheral institutions in providing dialysis treatment to the patients under Aarogya Sri Scheme.

- Implementation of Organ Transplantation Surgery under Aarogya Sri Scheme along with the guidelines.

- Consideration of Age limit beyond 3yrs up to 5 yrs of age for Cochlear Implantation Surgery under exceptional conditions on case to case basis under Aarogya Sri Scheme

- Extending 136 procedures reserved for Govt. Hospitals under the Scheme were opened for Private Medical College Hospitals.
The Cadaver Transplantation Advisory Committee (CTAC) had been established by the Government of Telangana (former Andhra Pradesh) [G.O. No. 1462, HM&FW (M1) Department, dated 11.11.2009). The objective was to ensure a sustained cadaveric transplantation programme in the State of Telangana.

CTAC is the body appointed to oversee the implementation of the Transplantation of Human Organs Act of 1994 in the State. The Committee recommended the introduction of a comprehensive scheme called “Jeevandan”, to address the various issues relating to declaration of brain death, infrastructure, coordination and public awareness.

In the year 2013, the Government of Telangana (erstwhile Andhra Pradesh) commenced the new comprehensive scheme “Jeevandan” implying donation of life. In order to generate a boost to organ transplantation. Post bifurcation of the State Andhra Pradesh, the scheme is carried forward by the Government of Telangana State.

### JEEVANDAN SCHEME

#### OBJECTIVES:
- To encourage organ donation for transplantation as a treatment for many life-threatening diseases including heart disease, kidney disease, liver disease, diabetes and cystic fibrosis.
- To educate and inform the community, patients and their families and health professionals about organ and tissue donation to markedly improve rates of donation.
- To provide support, care, information and advocacy for people and with end stage organ failure, donor families, living donors transplant recipients and their families.
- Establish effective cadaver organ procurement and effective distribution.
- To facilitate the availability of organ donors by conduction awareness programs, events and workshops.

<table>
<thead>
<tr>
<th>District Name</th>
<th>Private Hospitals</th>
<th>Government Hospitals</th>
<th>Total Count</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Amount</td>
<td>Cases</td>
<td>Amount</td>
</tr>
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<td>4,52,43,845</td>
<td>2,573</td>
<td>5,55,17,977</td>
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<td>Badradri</td>
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<td>24,394</td>
<td>14,860</td>
<td>32,19,22,126</td>
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<td>Jagtial</td>
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<td>1,664</td>
<td>38,80,10,536</td>
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<tr>
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<td>Mahabubnagar</td>
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<td>Mancheril</td>
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<td>3,29,41,321</td>
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<td>Peddapalli</td>
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<td>Ranga Reddy</td>
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<td>Sangareddy</td>
<td>14,90,76,946</td>
<td>3,404</td>
<td>7,45,87,763</td>
<td>8,795</td>
</tr>
<tr>
<td>Siddipet</td>
<td>17,42,78,010</td>
<td>3,385</td>
<td>7,98,04,341</td>
<td>10,295</td>
</tr>
<tr>
<td>Suryapet</td>
<td>15,12,61,963</td>
<td>2,980</td>
<td>7,16,13,523</td>
<td>9,028</td>
</tr>
<tr>
<td>Vikarabad</td>
<td>9,60,08,013</td>
<td>2,854</td>
<td>6,35,35,381</td>
<td>6,173</td>
</tr>
<tr>
<td>Wanaparththy</td>
<td>8,03,31,788</td>
<td>1,615</td>
<td>3,80,79,557</td>
<td>4,726</td>
</tr>
<tr>
<td>Warangal Rural</td>
<td>17,61,31,786</td>
<td>3,090</td>
<td>7,52,01,340</td>
<td>10,412</td>
</tr>
<tr>
<td>Warangal Urban</td>
<td>21,75,54,533</td>
<td>3,392</td>
<td>8,20,74,732</td>
<td>12,785</td>
</tr>
<tr>
<td>Yadadri</td>
<td>11,74,18,395</td>
<td>2,471</td>
<td>5,92,63,588</td>
<td>7,249</td>
</tr>
<tr>
<td>Grand Total</td>
<td>492,73,23,977</td>
<td>97,071</td>
<td>227,34,95,733</td>
<td>2,98,983</td>
</tr>
</tbody>
</table>
DIGITAL TELANGANA
E-GOVERNANCE PROGRAMME FOR A SMARTER AND FASTER LIFE

Government of Telangana, in the recent past, had launched many IT initiatives which supported in better planning and monitoring of various programmes. In fact, the introduction of the e-Governance Programme targeting multiple verticals of life has been an exceptional revolution leading to a smarter way of life.

KCR KIT: The KCR KIT software helps in tracking the pregnant women and children. The due lists are available at various levels which help in providing timely services. The DBT is done through this software.

Jeevandan Organ Donation Awareness Programme on 7th February at Mallareddy Medical College all Medical Staff.
**KANTI VELUGU:** The Kanti Velugu software is an end-to-end solution, which helped the Government in planning and completing massive eye screening programme, wherein 1.54 crores of people are screened, provided spectacles and referrals. The Purchase orders to Prescription Glasses vendors are also given through this software.

**E-BIRTH AND NOTIFIED DISEASES PORTAL:** All births occurring in all Government and private hospitals are captured on a day to day basis. This data is vital for the administrators for planning and monitoring. The notifiable diseases are also notified by both public and private hospitals through this portal. The portal gives the reports of C-Section rates and Sex-ratio at birth.
VILLAGE HEALTH PROFILE: Health profile of all families are being captured. The monthly data gives the details of deaths occurring. Once completely implemented, the health profile of all families will be captured.

PHC OP MODULE: The Outpatients details are captured in all PHC through this portal. The patients are referred and followed up through this portal. The Aarogyasree referrals are monitored. This also gives the disease burden at Primary Health Care level.
**NCD SOFTWARE:** All non-communicable disease screenings and follow up are captured with this software.

**INTEGRATED HEALTH PORTAL**

A comprehensive complaint cell and grievance redressal mechanism is put in place through online system with clear TAT’s (Turnaround Time) in order to ensure timely redressal of grievances. These complaints and grievances are monitored at the highest level in the Trust on day to day basis. The following is Grievance Redressal workflow.

**Online application process for issue/Renewal of Licence**

An Online application process for issue/Renewal of Licence in Drugs Control Administration, mandating all applications for issuing, renewals and amendments of licenses is followed and for manufacturing & sales defining clear timelines for the different online services offered by Drugs Control Administration, like Grant/Renewal of manufacturing & Sales licenses, Approved Laboratories, Approval of Technical Staff, Recommending for Grant/Renewal of Licenses to Central Licensing Authority, Delhi with respect of Vaccines and sera: Large Volume Parenterals, r-DNA Derived Drugs, and Blood Banks.

**The System allows:**

- Online submission of drug licenses application
- Online submission of documents and verification without the need
- Online payment of license fees, tracking and monitoring the progress of application.
• Allows the users to download the final signed approval certificate from the online portal.

**Telangana State Medical Plants Board (TSMPB)**

TSMPB is the first and the only state in the country to inspect the cultivated medicinal plants by using GPS technology and disbursing the subsidy to medicinal plant farmers with transparency and accountability. Farmers’ fields are inspected by staff of Telangana State Medicinal Plants Board. Field area of farmers’ cultivated land will be perambulated using Technology of Global Positioning System (GPS).

The GPS readings are fed in Arc View software and area along with maps are generated by the software for each individual farmer. This map is superimposed on toposheets again and the final map is generated. A layer of cultivations will be prepared every year. This will be helpful in analyzing and interpretation of cultivations data, species-wise, areas suitable for cultivation and expansion of cultivation to similar areas in other districts of the state.

This helps in checking leakage of subsidy funds while disbursing subsidies to the Medicinal Plants farmers. The farmers are given subsidy along with their respective generated map of their fields.

---

**NIZAM’S INSTITUTE OF MEDICAL SCIENCES (NIMS)**

Nizam's Institute of Medical Sciences, Hyderabad is a University Established under the State Act w.e.f. 18.06.1989

<table>
<thead>
<tr>
<th>YEAR</th>
<th>OP</th>
<th>IP</th>
<th>SURGERIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>5,63,156</td>
<td>35,650</td>
<td>20,468</td>
</tr>
<tr>
<td>2016</td>
<td>5,95,401</td>
<td>39,234</td>
<td>20,155</td>
</tr>
<tr>
<td>2017</td>
<td>6,09,076</td>
<td>42,547</td>
<td>22,019</td>
</tr>
<tr>
<td>2018</td>
<td>6,01,509</td>
<td>49,069</td>
<td>23,315</td>
</tr>
</tbody>
</table>

**JOINT REPLACEMENTS**

<table>
<thead>
<tr>
<th>SI No</th>
<th>Name of the Surgery</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Knee Replacement</td>
<td>96</td>
<td>193</td>
</tr>
<tr>
<td>2</td>
<td>Total Hip Replacement</td>
<td>67</td>
<td>104</td>
</tr>
<tr>
<td>3</td>
<td>Spine Surgeries</td>
<td>60</td>
<td>52</td>
</tr>
<tr>
<td>4</td>
<td>Artificial Limbs</td>
<td>-</td>
<td>34</td>
</tr>
</tbody>
</table>

**TRANSPLANT SURGERIES**

<table>
<thead>
<tr>
<th>SI No</th>
<th>Name of the Surgery</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kidney Transplants</td>
<td>115</td>
<td>111</td>
</tr>
<tr>
<td>2</td>
<td>Liver Transplants</td>
<td>02</td>
<td>05</td>
</tr>
<tr>
<td>3</td>
<td>Heart Transplants</td>
<td>01</td>
<td>Nil</td>
</tr>
<tr>
<td>4</td>
<td>Bone marrow transplants</td>
<td>15</td>
<td>24</td>
</tr>
</tbody>
</table>

- For the last three years, the Institute has spent nearly an amount of Rs.78 Crore for the purchase of new equipments.
- The major equipments among them were Advanced Cath labs (2 numbers), 3T MRI, 128 MDCT Scan, Mammography, Mobile C-Arms, PET Scan, Spect CT, Spect Gamma Camera, Gastro Endosonography system and Endobronchial ultrasound scope (EBUS & EUS), Ultrasonic Aspirator, 3 D Laparoscopy , Liver Transplant Retractor etc.

<table>
<thead>
<tr>
<th>Equipments procured during the year</th>
<th>Total Cost in rupees</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>11,14,52,901</td>
</tr>
<tr>
<td>2016-2017</td>
<td>27,81,57,157</td>
</tr>
<tr>
<td>2017-2018</td>
<td>35,84,63,418</td>
</tr>
<tr>
<td>Grand total</td>
<td>Rs.74, 80, 73,476</td>
</tr>
</tbody>
</table>
MNJ INSTITUTE OF ONCOLOGY & RCC, HYDERABAD

MNJ Institute of Oncology (www.mnjorcc.in) is a 450 bedded Apex Cancer Hospital and teaching hospital with new patient registrations around 10,000 per year. More than 10,000 new patients are registered every year and about one lakh patients come for follow up. About 2500 major & minor surgeries are performed with the limited manpower. Every day 400 patients are given Radiotherapy, and 350 patients are given Chemotherapy. More than 1.5 lakh cancer related diagnostic tests are done every year. Further at any given point of time there are 500 to 550 patients in the Institute.

PERFORMANCE:

<table>
<thead>
<tr>
<th>Year</th>
<th>New OP</th>
<th>Follow up OP</th>
<th>In Patients</th>
<th>Total Services Availed by the patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>8655</td>
<td>69240</td>
<td>16675</td>
<td>578917</td>
</tr>
<tr>
<td>2015</td>
<td>9974</td>
<td>79792</td>
<td>14674</td>
<td>683970</td>
</tr>
<tr>
<td>2016</td>
<td>10474</td>
<td>83792</td>
<td>22672</td>
<td>759669</td>
</tr>
<tr>
<td>2017</td>
<td>10890</td>
<td>89089</td>
<td>23344</td>
<td>833840</td>
</tr>
<tr>
<td>2018</td>
<td>12010</td>
<td>98255</td>
<td>25746</td>
<td>919626</td>
</tr>
</tbody>
</table>

MNJIO&RCC, AS A NODAL CENTRE , STARTED DISTRICT CANCER CARE CENTRE’S PAIN & PALLIATIVE CARE CENTERS AND CANCER SCREENING CAMPS,

A) CANCER SCREENING TESTS

More than Five lakh cancer screening tests were done in 13 districts of the Telangana state and 2000 positive cases have been detected and referred for further treatment in MNJIO&RCC, Hyderabad.

B) DISTRICT CANCER SCREENING CENTRES/CAMPS

MNJIO&RCC, Hyd. has already started and operating District Cancer Screening Centre’s/ Camps in 13 Districts of Telangana from the month of June-2017 onwards.

As on date more than 5 lakh people have been screened in the District Cancer Screening Centers out of which more than 2000 people were detected with cancer. These cases are referred to MNJ Institute for further diagnosis & treatment.

C) PALLIATIVE CARE ACTIVITIES CARRIED OUT BY THE INSTITUTION.

The institute has a full-fledged Pain & Palliative care department for out-patients and in-patients with cancer. The department sees more than 2500 new patients and approximately 8000 review patients every year, who needs pain and other symptom management and end of life care MNJIO&RCC, Hyd. have started palliative care unit at the Area Hospital in Chevella, Telangana, first of its kind in India.

TELANGANA STATE DRUGS CONTROL ADMINISTRATION

ENSURING STANDARD QUALITY DRUGS AND COSMETICS

The Drugs Control Administration across the State executes the following Legislations endorsed by the Government of India.

- The Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules made thereunder.
- The Drugs (price Control) Order 1995.
- The Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954.
- The Andhra Pradesh Narcotic Drugs and Psychotropic Substances Rules, 1986 (Partly only)
- The Cigarettes and other Tobacco Products (Prohibition of advertisement and regulation of trade and commerce, production, supply and distribution) Act 2003.

TRANSPARENCY FROM PRODUCTION, DISTRIBUTION & PURCHASE OF DRUGS

The Department controls the production, distribution and sale of Drugs and Cosmetics across the State while also ensuring that standardized drugs reach to the public by obeying the prices fixed by the National Pharmaceuticals pricing authority.

The Drugs Control Laboratory at Hyderabad is able to analyze 1200 samples of certain categories of drugs per annum.

PERFORMANCE BY THE DEPARTMENT

Approximately there are 2644 sales licenses and 14 manufacturing units apart from the 12 blood banks are issued / approved in the State during in the year 2018-19.

The performance of the department for the years 2018-19.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Activity</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inspections</td>
<td>16282</td>
</tr>
<tr>
<td>2</td>
<td>Seizures</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>Suspensions</td>
<td>941</td>
</tr>
<tr>
<td></td>
<td>i) Sales Licences</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>ii) Mfg. Licences</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cancellations</td>
<td>445</td>
</tr>
<tr>
<td></td>
<td>i) Sales Licences</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>ii) Mfg. Licences</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Prosecutions</td>
<td>640</td>
</tr>
<tr>
<td>6</td>
<td>Convictions</td>
<td>15</td>
</tr>
<tr>
<td>7</td>
<td>Samples of Drugs Analysed</td>
<td>1199</td>
</tr>
<tr>
<td>8</td>
<td>Samples declared as not of standard quality</td>
<td>25</td>
</tr>
</tbody>
</table>
INSTITUTE OF PREVENTIVE MEDICINE, PUBLIC HEALTH LABORATORIES AND FOOD (HEALTH) ADMINISTRATION

A COLLECTIVE ACTION FOR THE LIFE OF CITIZENS

ENSURING BIOLOGICAL STANDARDS AND QUALITY CONTROL:
THE LABORATORY IS NABL ACCREDITED LABORATORY SINCE 2012.

• The department gives laboratory support to APSACS in monitoring the Quality of whole Human Blood and its components.

• The department is designated as National Reference Laboratory for HIV testing for the both the states of Telangana and AP by NACO. Objectives of NRL are inclined towards having a uniform and standard method of testing in HIV diagnosis in all HIV testing centers (ICTCs) & Blood Banks according to NACO guidelines.

• External Quality Assessment Programmes are being conducted.

• NRL Participates in HIV Surveillance in the state and supports NACO in the activities to be implemented in the states of Telangana and AP by preparation of panel’s distribution to SRLs & ICTC.

• (L4) (Regional Reference Laboratory) status has been given to this department under IDSP for the Surveillance of avian influenza.

• The laboratory is catering to the needs of the entire states of Telangana & AP and handled the testing of samples for diagnosis of Influenza H1N1 by PCR technique during 2009 & 10 epidemic:
  ◦ Positives/total 2009 – 593 / 2621 & 2010 – 728 / 3564
  ◦ Total – 1321 / 6185

• This department is designated as National Measles Laboratory by W.H.O and gives laboratory support for handling Measles & Rubella Out breaks in Telangana & AP. The Laboratory got 81% score in the recent annual accreditation by W.H.O.

• Recognized as Reference Laboratory by NVBDCP for Dengue and Chikungunya testing; JE diagnosis by ELISA method is also undertaken. PCR techniques will be started soon. For which staff will be trained at NIV, Pune.

• Diagnosis of Hepatitis markers such as Cholera & Other Gastroenteritis along with Enteric Fever.

• Environmental surveillance for polio had commenced in the year 2015 under WHO guidelines.

FOOD SAFETY AND STANDARDS ACT, 2006

<table>
<thead>
<tr>
<th>YEAR</th>
<th>No. Samples lifted</th>
<th>No. of Samples analysed</th>
<th>No. of samples found Unsafe / Misbranded / Substandard</th>
<th>No. of Cases launched</th>
<th>No. of Convictions</th>
<th>No. of Licenses issued under FSSA</th>
<th>No. of Registrations issued under FSSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>20</td>
<td>19,689</td>
</tr>
<tr>
<td>2018-19</td>
<td>1327</td>
<td>1327</td>
<td>441</td>
<td>255</td>
<td>260</td>
<td>20</td>
<td>19,689</td>
</tr>
</tbody>
</table>

IMPLEMENTATION OF PREVENTION OF FOOD ADULTERATION ACT

By having a determination to investigate the quality of food articles in the implementation of PFA Act, PFA Rules, AP PFA Rules. Grant and renewal of license to manufactures / whole sellers / retailers under the PFA Act.

The PFA Wing on a daily basis investigates the implementation of the act i.e., lifting of samples as per target fixed by the DGHS, obtaining detailed reports, launching prosecutions in respect of violations under the act, court cases etc., in the state by conducting review meetings monthly / periodical. Intern sends it to Government of India.

IMPORTANT STATISTICS

<table>
<thead>
<tr>
<th>Regional Public Health Laboratories:</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warangal</td>
<td>4758</td>
</tr>
<tr>
<td>Water Quality Monitoring Laboratory</td>
<td>1736</td>
</tr>
<tr>
<td>Medak</td>
<td>1781</td>
</tr>
<tr>
<td>Karimnagar</td>
<td>2822</td>
</tr>
<tr>
<td>Wanaparthy</td>
<td>2295</td>
</tr>
<tr>
<td>Nalgonda</td>
<td></td>
</tr>
</tbody>
</table>

DIAGNOSTIC UNITS

<table>
<thead>
<tr>
<th>YEAR</th>
<th>No. Samples Tested on payment</th>
<th>Amount Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2018-19</td>
<td>28565</td>
<td>10075260</td>
</tr>
</tbody>
</table>
### MAJOR ACHIEVEMENTS

<table>
<thead>
<tr>
<th>ACHIEVEMENTS 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. CENTRAL BLOOD BANK:</strong></td>
</tr>
<tr>
<td>a) No. of Blood units collected</td>
</tr>
<tr>
<td>b) No. of camps conducted.</td>
</tr>
<tr>
<td><strong>2. DIAGNOSTIC TESTS:</strong></td>
</tr>
<tr>
<td>a) Bacteriology</td>
</tr>
<tr>
<td>b) Serology</td>
</tr>
<tr>
<td>c) Pathology</td>
</tr>
<tr>
<td>d) Bio-Chemistry</td>
</tr>
<tr>
<td>e) Hepatitis</td>
</tr>
<tr>
<td>f) HIV samples screened (O.P.)</td>
</tr>
<tr>
<td>g) HIV samples screened (VCTC)</td>
</tr>
<tr>
<td><strong>3. WATER ANALYSIS</strong></td>
</tr>
<tr>
<td>a) Water Analysis Wing (Head Quarters.)</td>
</tr>
<tr>
<td><strong>4. FOOD ANALYSIS</strong></td>
</tr>
<tr>
<td>Food samples analyzed under PFA / FSSA</td>
</tr>
<tr>
<td><strong>5. ARV Clinic Patients: New patients treated:</strong></td>
</tr>
<tr>
<td><strong>6. International Vaccination done</strong></td>
</tr>
<tr>
<td><strong>7. Influenza A(H1N1)</strong></td>
</tr>
</tbody>
</table>

### TELANGANA STATE AIDS CONTROL SOCIETY

**AIMING AT CONTROLLING HIV INFECTIONS**

Telangana State AIDS Control Society is a body registered under societies act aims to control HIV infection and provide treatment services to the people living HIV.

Provisional approximations placed the number of people living with HIV in India in 2017 at 21.40 lakhs and 2.04 lakhs in Telangana.

TSACS works as per guidelines of NACO and funded by NACO. TSACS has no specific hospital in the state and the ICTC/ART centers are located in teaching hospital, district hospitals, areas hospitals and community health centers under control of TSACS. However, TSACS has funded for 100 bedded hospital for HIV patients in Chest hospital and pediatric center of excellence in Niloufer hospital premises.

**STRATEGIES UNDERTAKEN BY TSACS**

**TEST AND TREAT POLICY FOR HIV:** Testing all possible out patients clients coming to public health facilities on any accelerate with prior counselling 90% of HIV positives will know their status. More than 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy irrespective of CD4 count and doing periodic viral load more than 90% of all people receiving anti-retroviral therapy will have viral suppression by 2020.

**ELIMINATION OF PREVENTION OF PARENT TO CHILD TRANSMISSION (EMTCT)OF HIV AND SYPHILIS BY 2020:** To diminish the transmission rate of HIV. At the same time, testing all the ANC’s in Public health institutions and also in private hospitals through PPP Model tracking positives for keeping them on ART, Institutional delivery& giving ART drugs to infants born to them and follow up tests to the infants till 18 months of age.
## TSACS Key Establishments and Service Facilities

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Erstwhile Districts</th>
<th>TSACS Facilities as per New Districts-Component-wise</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Districts</td>
<td>ITC</td>
</tr>
<tr>
<td>1</td>
<td>Adilabad</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Adilabad</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Adilabad</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Adilabad</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Hyderabad</td>
<td>23</td>
</tr>
<tr>
<td>6</td>
<td>Karimnagar</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>Karimnagar</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Karimnagar</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>Karimnagar</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Khammam</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>Khammam</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>Mahbubnagar</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>Mahbubnagar</td>
<td>7</td>
</tr>
<tr>
<td>14</td>
<td>Mahbubnagar</td>
<td>4</td>
</tr>
<tr>
<td>15</td>
<td>Mahbubnagar</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>Medak</td>
<td>4</td>
</tr>
<tr>
<td>17</td>
<td>Medak</td>
<td>8</td>
</tr>
<tr>
<td>18</td>
<td>Medak</td>
<td>6</td>
</tr>
<tr>
<td>19</td>
<td>Nalgonda</td>
<td>10</td>
</tr>
<tr>
<td>20</td>
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<tr>
<td>21</td>
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<td>4</td>
</tr>
<tr>
<td>22</td>
<td>Nizamabad</td>
<td>5</td>
</tr>
<tr>
<td>23</td>
<td>Nizamabad</td>
<td>7</td>
</tr>
<tr>
<td>24</td>
<td>Rangareddy</td>
<td>9</td>
</tr>
<tr>
<td>25</td>
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</tr>
<tr>
<td>26</td>
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<td>7</td>
</tr>
<tr>
<td>27</td>
<td>Warangal</td>
<td>3</td>
</tr>
<tr>
<td>28</td>
<td>Warangal</td>
<td>4</td>
</tr>
<tr>
<td>29</td>
<td>Warangal</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>Warangal</td>
<td>3</td>
</tr>
<tr>
<td>31</td>
<td>Warangal Urban</td>
<td>4</td>
</tr>
<tr>
<td><strong>State Total</strong></td>
<td></td>
<td>176</td>
</tr>
</tbody>
</table>
AASARA PENSION

According to the G.O M.S No. 17, the Telangana Government has initiated pension scheme known as AASARA. The pension scheme is aimed to financially support poorer PLHIVs. An amount of Rs 1,000/- per patient per month is provided to those meeting the enrolment criteria. PLHIVs who were availing pensions in 2014 were 10942 and the numbers now raised up to 28,223 as of February, 2019.

FOLLOWING ARE THE DETAILS OF THE INTERVENTIONS AND POPULATION COVERED BY TSACS:

<table>
<thead>
<tr>
<th>Name of the District</th>
<th>FSW</th>
<th>MSM</th>
<th>Truckers</th>
<th>Migrants</th>
<th>ANC</th>
<th>PLHIV</th>
<th>OVC</th>
<th>OVP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adilabad</td>
<td>1889</td>
<td>307</td>
<td>1185</td>
<td>3059</td>
<td>700</td>
<td>192</td>
<td>112</td>
<td>4623</td>
</tr>
<tr>
<td>Karimnagar</td>
<td>309</td>
<td>16</td>
<td>502</td>
<td>1098</td>
<td>1800</td>
<td>197</td>
<td>0</td>
<td>2639</td>
</tr>
<tr>
<td>Khammam</td>
<td>2388</td>
<td>38</td>
<td>2978</td>
<td>2607</td>
<td>399</td>
<td>280</td>
<td>0</td>
<td>12390</td>
</tr>
<tr>
<td>Mahabubnagar</td>
<td>1278</td>
<td>7</td>
<td>850</td>
<td>15150</td>
<td>1592</td>
<td>344</td>
<td>72</td>
<td>6790</td>
</tr>
<tr>
<td>Nalgonda</td>
<td>1835</td>
<td>13</td>
<td>1176</td>
<td>8541</td>
<td>556</td>
<td>537</td>
<td>0</td>
<td>2490</td>
</tr>
<tr>
<td>Nizamabad</td>
<td>1815</td>
<td>82</td>
<td>2660</td>
<td>4441</td>
<td>1592</td>
<td>560</td>
<td>678</td>
<td>5231</td>
</tr>
<tr>
<td>Rangareddy</td>
<td>1131</td>
<td>30</td>
<td>979</td>
<td>5794</td>
<td>618</td>
<td>107</td>
<td>63</td>
<td>2015</td>
</tr>
<tr>
<td>Warangal</td>
<td>1351</td>
<td>273</td>
<td>857</td>
<td>16026</td>
<td>450</td>
<td>446</td>
<td>180</td>
<td>2231</td>
</tr>
</tbody>
</table>

LATEST INITIATIVES AND RELEASES TAKEN UP BY TSACS:

- 90-90-90 Strategy: TSACS is committed to ascertain that more than 90% of all people living with HIV will know their HIV status, more than 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and more than 90% of all people receiving antiretroviral therapy will have viral suppression by 2020.

- Elimination of Mother to Child Transmission of HIV and Syphilis (EMTCT): we have committed ourselves to achieve “Elimination of Parent to Child Transmission of HIV/AIDS and Syphilis by 2020

PRISON INTERVENTION

The National AIDS Control Organisation (NACO) under its National AIDS Control Programme, categorized prisoners as one of the ‘special groups’. In this context, project “Subhiksha” seeks to supplement the efforts of the National AIDS Programme towards reaching the national goals of 90-90-90 by enhancing HIV prevention to care services for prison population.

The table below gives an overview of the number of prisons and Other Closed like Ujjawala and Swadhar Home settings supported by TSACS, Telangana, SAATHII Subhiksha project implementation states.
TSACS organized World AIDS Day Run/Red Ribbon Run i.e., 2K Walk, 5K Run and 10K Marathon on 1st December, 2018 at People’s Plaza, Necklace road, Hyderabad. For which 1000 registered participants from Civil Society, 1400 participants from Army and 600 NSS students from different colleges were participated in the event and wore Red Colour T-Shirts with World AIDS Day 2018 Theme “Know your HIV Status” to raise awareness. Sri Shilendra Kumar Joshi Garu, Chief Secretary, Telangana State attended the event as Chief Guest along with Dr Preeti Meena, Project Director.

PERFORMANCE AT A GLANCE

1. DISTRICT WISE PERFORMANCE IN GENERAL CLIENTS FOR THE PERIOD 2018-19

<table>
<thead>
<tr>
<th>District wise Performance in General Clients for the period 2018-19</th>
<th>Target for 2018-19</th>
<th>Testings done</th>
<th>% of Achievement</th>
<th>Identified Positives</th>
<th>% of Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>792230</td>
<td>596866</td>
<td>75.34</td>
<td>9458</td>
<td>1.58</td>
<td></td>
</tr>
</tbody>
</table>

2. DISTRICT WISE PERFORMANCE IN ANTENATAL CASES FOR THE PERIOD 2018-19

<table>
<thead>
<tr>
<th>District wise Performance in Antenatal Cases for the period 2018-19</th>
<th>Target for 2018-19</th>
<th>Testings done</th>
<th>% of Achievement</th>
<th>Identified Positives</th>
<th>% of Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>700197</td>
<td>664170</td>
<td>94.85</td>
<td>550</td>
<td>0.08</td>
<td></td>
</tr>
</tbody>
</table>

3. PERFORMANCE OF BLOOD BANKS FOR THE PERIOD 2018-19

<table>
<thead>
<tr>
<th>Performance of Blood Banks for the period 2018-19</th>
<th>Total Blood Collection</th>
<th>Voluntary Blood Collection</th>
<th>% of Voluntary Blood Collection</th>
<th>Total Blood Collection at NACO Supported BBs</th>
<th>voluntary blood collection in NACO supported</th>
<th>% of Blood Collection at NACO supported BBs</th>
<th>Voluntary Blood Donation Campaigns organized</th>
</tr>
</thead>
<tbody>
<tr>
<td>340462</td>
<td>214073</td>
<td>62.88</td>
<td>176615</td>
<td>134003</td>
<td>75.87</td>
<td>2188</td>
<td></td>
</tr>
</tbody>
</table>

4. DISTRICT WISE STI / RTI PERFORMANCE FOR THE PERIOD 2018-19 :: DSRCS

<table>
<thead>
<tr>
<th>District wise STI / RTI Performance for the period 2018-19 :: DSRCs</th>
<th>Total Visits</th>
<th>STI Cases Treated</th>
<th>RMC</th>
<th>RPR Tests Conducted</th>
<th>RPR Reactives</th>
<th>Number of partner notification undertaken</th>
<th>Number of partners managed</th>
<th>Referred to ICTC</th>
<th>Found HIV Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>163048</td>
<td>119767</td>
<td>24053</td>
<td>83447</td>
<td>572</td>
<td>129852</td>
<td>56720</td>
<td>51194</td>
<td>287</td>
<td></td>
</tr>
</tbody>
</table>

5. DISTRICT WISE STI / RTI PERFORMANCE FOR THE PERIOD 2018-19 :: TI NGO

<table>
<thead>
<tr>
<th>District wise STI / RTI Performance for the period 2018-19 :: TI NGO</th>
<th>Total Visits</th>
<th>STI Cases Treated</th>
<th>RMC</th>
<th>RPR Tests Conducted</th>
<th>RPR Reactives</th>
<th>Number of partner notification undertaken</th>
<th>Number of partners managed</th>
<th>Referred to ICTC</th>
<th>Found HIV Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>175725</td>
<td>2352</td>
<td>130174</td>
<td>23838</td>
<td>13</td>
<td>14082</td>
<td>166</td>
<td>71573</td>
<td>1009</td>
<td></td>
</tr>
</tbody>
</table>
KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, WARANGAL
Imparting knowledge for the future generations
KNRUHS, Warangal had commenced its journey of imparting knowledge curve on 26th Sep, 2014 at Warangal, keeping it as the Head Quarters. It had been functioning as per ACT 2014 from 01.06.2016 as Affiliating University of Health Sciences for the State of Telangana.

ADMISSIONS PROCEDURE
All the admissions have been completed as per the Schedule issued by the Central Councils, like MCI,DCI,CCIM,CCH,INC etc., All the Admissions have been conducted on Web Based Online admissions criteria.
Details of Admissions for the academic year 2016-17, 2017-18, 2018-19 are shown in the below table.

ADMISSIONS CONDUCTED INTO THE COURSES FOR THE YEAR 2018-19 AS FOLLOWING:

<table>
<thead>
<tr>
<th>Modern Medicine</th>
<th>Ayurvedic</th>
<th>Paramedical</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.G 3500</td>
<td>P.G 1428</td>
<td>S. Spl 88</td>
</tr>
<tr>
<td>PDF 32</td>
<td>U.G 674</td>
<td>P.G 117</td>
</tr>
<tr>
<td>U.G 5980</td>
<td>P.G 570</td>
<td></td>
</tr>
</tbody>
</table>

EXAMINATIONS PROCEDURE
This is the only University implementing Complete Digitalization process of Pre-Examination, Examination, Post-Examination activities in collaboration with a Renowned Software Company for transparent, effective error free results in examinations.
For the year 2016-17 and 2017-18 admitted batches UG & PG examinations have also been conducted, answer scripts are evaluated through Digital evaluation process.
### OVERALL STATISTICS

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Total</th>
<th>Passed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>PG AYUSH</td>
<td>80</td>
<td>78</td>
<td>97.5</td>
</tr>
<tr>
<td></td>
<td>PG PARAMEDICAL</td>
<td>262</td>
<td>155</td>
<td>59.16030534</td>
</tr>
<tr>
<td></td>
<td>UG AYUSH</td>
<td>635</td>
<td>595</td>
<td>93.7007874</td>
</tr>
<tr>
<td></td>
<td>UG PARAMEDICAL</td>
<td>4606</td>
<td>2776</td>
<td>60.26921407</td>
</tr>
<tr>
<td></td>
<td>MD HOMEO</td>
<td>30</td>
<td>23</td>
<td>76.66666667</td>
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<tr>
<td></td>
<td>BDS</td>
<td>1112</td>
<td>1020</td>
<td>91.72661871</td>
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<tr>
<td></td>
<td>MBBS</td>
<td>3688</td>
<td>3666</td>
<td>99.40347072</td>
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<tr>
<td></td>
<td>PG DEGREE</td>
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<td>30</td>
<td>100</td>
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<tr>
<td></td>
<td>PG DIPLOMA</td>
<td>195</td>
<td>174</td>
<td>89.23076923</td>
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<tr>
<td></td>
<td>APPLIED NUTRITION</td>
<td>22</td>
<td>22</td>
<td>100</td>
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<tr>
<td></td>
<td><strong>TOTAL</strong></td>
<td><strong>10660</strong></td>
<td><strong>8539</strong></td>
<td><strong>80.10318949</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Total</th>
<th>Passed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>MBBS-1st year</td>
<td>3200</td>
<td>3090</td>
<td>96.5625</td>
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<tr>
<td></td>
<td>BDS-1st &amp; 2nd Year</td>
<td>1140</td>
<td>918</td>
<td>80.52631579</td>
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<tr>
<td></td>
<td>BAMS-1st Year</td>
<td>96</td>
<td>54</td>
<td>56.25</td>
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<tr>
<td></td>
<td>BAMS-2nd Year</td>
<td>87</td>
<td>60</td>
<td>68.96551724</td>
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<td></td>
<td>BHMS-1st year</td>
<td>402</td>
<td>348</td>
<td>86.56716418</td>
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<td></td>
<td>BHMS-2nd year</td>
<td>246</td>
<td>220</td>
<td>89.43089431</td>
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<td></td>
<td>BPT-1st Year</td>
<td>819</td>
<td>367</td>
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<td>BPT-2nd Year</td>
<td>556</td>
<td>262</td>
<td>47.12230216</td>
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<td>BNYS Part-II</td>
<td>30</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>BSC Nursing-1st Year</td>
<td>3486</td>
<td>1279</td>
<td>36.69</td>
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<tr>
<td></td>
<td>BSC Nursing-2nd Year</td>
<td>2827</td>
<td>1099</td>
<td>38.88</td>
</tr>
<tr>
<td></td>
<td>Post Basic Nursing-1st Year</td>
<td>244</td>
<td>62</td>
<td>25.41</td>
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<tr>
<td></td>
<td>Post Basic Nursing-2nd Year</td>
<td>154</td>
<td>34</td>
<td>22.08</td>
</tr>
<tr>
<td></td>
<td>MLT-1st Year</td>
<td>536</td>
<td>136</td>
<td>25.27</td>
</tr>
<tr>
<td></td>
<td>MLT-2nd Year</td>
<td>230</td>
<td>92</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>MD Ayurveda-1st Year</td>
<td>34</td>
<td>28</td>
<td>82.35</td>
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<tr>
<td></td>
<td>MD Unani-1st Year</td>
<td>48</td>
<td>41</td>
<td>85.42</td>
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<td>MPT-1st Year</td>
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<td>1.01</td>
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<td>MPT-2nd Year</td>
<td>13</td>
<td>6</td>
<td>46.15</td>
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<td></td>
<td>MSc Nursing-1st Year</td>
<td>210</td>
<td>141</td>
<td>67.14</td>
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<td>MSc Nursing-2nd Year</td>
<td>106</td>
<td>96</td>
<td>90.57</td>
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<tr>
<td></td>
<td>BiUMS 1st Year</td>
<td>137</td>
<td>115</td>
<td>83.94</td>
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<tr>
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<td>BiUMS 2nd Year</td>
<td>155</td>
<td>73</td>
<td>47.1</td>
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<td><strong>TOTAL</strong></td>
<td><strong>14855</strong></td>
<td><strong>8552</strong></td>
<td><strong>57.5698418</strong></td>
</tr>
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</table>

### OVERALL STATISTICS

<table>
<thead>
<tr>
<th>Year</th>
<th>Course</th>
<th>Total</th>
<th>Passed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td>MBBS-2nd Year</td>
<td>3638</td>
<td>6</td>
<td>Results declared</td>
</tr>
<tr>
<td></td>
<td>MSc Applied Nutrition-Supplementary</td>
<td>6</td>
<td></td>
<td>Exams Scheduled in April Month</td>
</tr>
<tr>
<td></td>
<td>BHMS-1st Year Supplementary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BHMS-2nd Year Supplementary</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>BAMS-1st Year Supplementary</td>
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</tr>
<tr>
<td></td>
<td>BAMS-2nd Year Supplementary</td>
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</tr>
<tr>
<td></td>
<td>1st BNYS Part-II</td>
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<tr>
<td></td>
<td>II BNYS Part-I</td>
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<tr>
<td></td>
<td>BPT-1st Year Supplementary</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>BPT-2nd Year Supplementary</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Image of graduation ceremony]
**STRENGTHENING OF HEALTH CARE FACILITIES IN THE STATE**

The overall emphasis from the Healthcare Facilities have been inclined towards upgradation of the infrastructure which includes Primary Health Centers (PHC’s) to Community Health Centers (CHC’s), Community Health Centers (CHC) to Area Hospitals, etc, undertaking civil works related issues and at the same time initiating recruitment procedures, etc. The below figures show an overview of the same:

**TYPES OF CIVIL WORKS UNDERTAKEN**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the scheme</th>
<th>No. of works takenup</th>
<th>Budget Provision (Rs. In lakhs)</th>
<th>Expenditure (Rs.in lakhs)</th>
<th>No. of works completed</th>
<th>No. of works ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DME works</td>
<td>16</td>
<td>2500.00</td>
<td>7722.18</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Upkeep (DME Hospitals)</td>
<td>25</td>
<td>2700.00</td>
<td>533.62</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>TVVP Hospitals (Upgradation)</td>
<td>18</td>
<td>1500.00</td>
<td>965.61</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>TVVP Hospitals (Strengthening)</td>
<td>83</td>
<td>10.00</td>
<td>134.32</td>
<td>69</td>
<td>18</td>
</tr>
<tr>
<td>5</td>
<td>DoPH&amp; FW</td>
<td>14</td>
<td>2000.00</td>
<td>178.22</td>
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<td>10</td>
</tr>
<tr>
<td>6</td>
<td>NABARD</td>
<td>28</td>
<td>3046.26</td>
<td>861.00</td>
<td>21</td>
<td>7</td>
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<tr>
<td>7</td>
<td>NRHM Works</td>
<td>228</td>
<td>1983.00</td>
<td>2161.92</td>
<td>103</td>
<td>53</td>
</tr>
<tr>
<td>8</td>
<td>Ayush</td>
<td>49</td>
<td>337.60</td>
<td>112.14</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td>9</td>
<td>MNJ</td>
<td>2</td>
<td>400.00</td>
<td>117.77</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>NIMS Rangapur</td>
<td>1</td>
<td>800.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>413</strong></td>
<td><strong>37776.86</strong></td>
<td><strong>12836.78</strong></td>
<td><strong>126</strong></td>
<td><strong>118</strong></td>
</tr>
</tbody>
</table>

**MAJOR WORKS TAKEN UP BY THE CIVIL WING DURING FINANCIAL YEAR 2018-19**

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name of the Work</th>
<th>Amount in Rs (in Crs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Construction of Government Medical College, Mahaboobnagar</td>
<td>130.00</td>
</tr>
<tr>
<td>2</td>
<td>Construction of Government Medical College, Siddipet</td>
<td>135.00</td>
</tr>
<tr>
<td>3</td>
<td>Establishment of New Government Medical College &amp; Hospital at Nalgonda</td>
<td>275.00</td>
</tr>
<tr>
<td>4</td>
<td>Establishment of New Government Medical College &amp; Hospital at Suryapet</td>
<td>485.00</td>
</tr>
<tr>
<td>5</td>
<td>Construction of Second Floor with RCC Roof Third Floor with GI sheet Roofing renovation of part of the GF and FF of Existing Polytechnic College Suryapet</td>
<td>12.00</td>
</tr>
<tr>
<td>6</td>
<td>Construction of Administrative Block at Kailoj Narayana Rao University of Health Sciences, Central Prison Campus, Auto Nagar Road, Warangal District</td>
<td>20.00</td>
</tr>
<tr>
<td>7</td>
<td>Contraction of Govt.NursingCollege at Siricilla in RajannaSiricilla District</td>
<td>27.75</td>
</tr>
<tr>
<td>8</td>
<td>Upgradation of Kohi Hospital, Sangareddy District from 16 bedded hospital to 50 bedded Hospital</td>
<td>11.50</td>
</tr>
<tr>
<td>9</td>
<td>Construction of 50 bedded MCH Centres (4) Nos. at various places</td>
<td>28.00</td>
</tr>
<tr>
<td>10</td>
<td>Construction of 100 bedded MCH centres (8) Nos. at various places</td>
<td>136.00</td>
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</table>

**CIVIL WORKS**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of Hospitals / Colleges</th>
<th>Adm. sanction</th>
<th>Agmt. Amount Expenditure (Rs. In Crores)</th>
<th>Expenditure (Rs. In Crores)</th>
<th>Cumulative Expenditure</th>
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<tr>
<td>1</td>
<td>DME Works</td>
<td>714.07</td>
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<td>MNJIO RCC</td>
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<td>5</td>
<td>TVVP (Upgradation)</td>
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<td>6</td>
<td>TVVP (Strengthening)</td>
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<td>NABARD</td>
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<td>Ayush</td>
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**NRHM WORKS**

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<td>11</td>
<td>MCH</td>
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<td>13</td>
<td>NRHM Works (PHCs, Sub-Centres etc)</td>
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<td>14</td>
<td>TVVP Repairs</td>
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<td>5.82</td>
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<tr>
<td>15</td>
<td>Labour rooms</td>
<td>23.42</td>
<td>10.02</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>1915.61</strong></td>
<td><strong>1186.37</strong></td>
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**GRAND TOTAL**

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<td><strong>TOTAL</strong></td>
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## FURNITURE & EQUIPMENT

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<td>1</td>
<td>Furniture–Govt. Hospitals</td>
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<td>Equipment–Labour rooms &amp; MCH centres</td>
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<td>4</td>
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<td>5</td>
<td>Equipment–ICUs</td>
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<td>KCR KIT</td>
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<td><strong>118.90</strong></td>
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<td><strong>219.17</strong></td>
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## CLOTH & TENTAGES (CTS)

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<tr>
<td><strong>Total No. of PO’s placed</strong></td>
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<tr>
<td><strong>Total No. of items supplied</strong></td>
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<tr>
<td><strong>Total Worth of PO’s placed</strong></td>
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<tr>
<td><strong>Total Worth of Surgicals supplied</strong></td>
<td>Rs. 45,64,88,923/-</td>
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## GENERAL MEDICINES

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<th>2018-19</th>
<th>2019-20</th>
<th>TOTAL</th>
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<tr>
<td><strong>Total No. of PO’s placed</strong></td>
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<tr>
<td><strong>Total No. of items supplied</strong></td>
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<td><strong>Total Worth of PO’s placed</strong></td>
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<tr>
<td><strong>Total Worth of Drugs Supplied</strong></td>
<td>Rs. 170,14,73,555/-</td>
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<td><strong>Total Worth of PO’s placed</strong></td>
<td>Rs. 207,31,90,005/-</td>
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<tr>
<td><strong>Total Worth of Drugs supplied</strong></td>
<td>Rs. 148,24,32,949/-</td>
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## SURGICAL CONSUMABLES

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<td><strong>Total No. of PO’s placed</strong></td>
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<tr>
<td><strong>Total No. of items supplied</strong></td>
</tr>
<tr>
<td><strong>Total Worth of PO’s placed</strong></td>
</tr>
<tr>
<td><strong>Total Worth of Surgicals supplied</strong></td>
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STRENGTHENING SCHEMES

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<th>Scheme</th>
<th>Total No. of PO's Placed</th>
<th>Total Worth of PO's Placed</th>
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<tbody>
<tr>
<td>Bantli Doshikshana (NUHM)</td>
<td>65</td>
<td>Rs. 26,93,957/-</td>
</tr>
<tr>
<td>Epidemic</td>
<td>23</td>
<td>Rs. 2,54,64,621/-</td>
</tr>
<tr>
<td>NRHM</td>
<td>5</td>
<td>Rs. 3,47,91,209/-</td>
</tr>
<tr>
<td>NVBDCP</td>
<td>19</td>
<td>Rs. 1,92,92,964/-</td>
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<tr>
<td>NPCDS</td>
<td>24</td>
<td>Rs. 2,35,88,360/-</td>
</tr>
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<td>Kanti Vehuga Programme</td>
<td>17</td>
<td>Rs. 1,66,66,343/-</td>
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<tr>
<td>Tribal Welfare Dept.</td>
<td>4</td>
<td>Rs. 31,62,714/-</td>
</tr>
<tr>
<td>RNTCP</td>
<td>10</td>
<td>Rs. 55,41,621/-</td>
</tr>
<tr>
<td>FDHS (TYA-N) Programme</td>
<td>40</td>
<td>Rs. 6,62,70,972/-</td>
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<table>
<thead>
<tr>
<th>Scheme</th>
<th>Total No. of Items Supplied</th>
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</thead>
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<tr>
<td>Bantli Doshikshana (NUHM)</td>
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<td>Rs. 6,43,943/-</td>
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<td>Epidemic</td>
<td>19</td>
<td>Rs. 2,02,77,150/-</td>
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<tr>
<td>NRHM</td>
<td>5</td>
<td>Rs. 3,48,24,943/-</td>
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<tr>
<td>NVBDCP</td>
<td>18</td>
<td>Rs. 1,51,57,576/-</td>
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<tr>
<td>NPCDS</td>
<td>10</td>
<td>Rs. 4,18,29,333/-</td>
</tr>
<tr>
<td>Kanti Vehuga Programme</td>
<td>16</td>
<td>Rs. 10,02,99,719/-</td>
</tr>
<tr>
<td>Tribal Welfare Dept.</td>
<td>4</td>
<td>Rs. 31,42,714/-</td>
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<tr>
<td>RNTCP</td>
<td>10</td>
<td>Rs. 53,31,825/-</td>
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<tr>
<td>FDHS (TYA-N) Programme</td>
<td>34</td>
<td>Rs. 4,48,13,516/-</td>
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</table>
CAPACITY BUILDING AND TRAININGS

The training programmes undertaken and capacity building includes the below mentioned categories:

1. CHILD HEALTH & IMMUNISATION (CHI)

The following are the various training programmes considered under child health and immunisation (CHI):

**TRAININGS:**

- **Facility Based New Born care trainings** are conducted to the SNCU and NBSU staff namely the Medical Officers totalling to 30 numbers along with Staff Nurses totalling to 147 numbers.
- **CPAP (Continuous Positive Airway Pressure)** training was conducted to the Medical Officers and Staff Nurses totalling to 320 persons.
- **Routine Immunization trainings** were provided to a total number of 637 medical officers trained for the year 2018-19.
- **Boosting Routine Immunization Demand Generation (BRIDGE)** Trainings were provided to a total of 57 participants in two batches.

2. RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)

- Training of Trainers for Peer Education Programme has been completed in the districts such as Adilabad, Nagarkurnool, Mancherial, Mahbubnagar, Nirmal, Wanaparthi & Gadwal.
- Training of 24 Adolescent Health Counselors have been finished.
- Total 19 ANMs were trained on Peer Education has taken place at Adilabad for and 120 persons at Mahabubnagar.

3. Blood Cell

E-Rakthkosh had taken place on 14th & 15th June, 2018 at (IIHFW), Vengal Rao Nagar, Hyderabad along with VBD meeting in all blood banks on July 4th 2018.
RESEARCH WORKS UNDERTAKEN
EXPLORING THE POSSIBILITIES
The following research activities have been undertaken in the State of Telangana under diverse disciplines. The below outline gives more prominence to the research works taken up under different tenure.

MEDICAL RESEARCH UNIT:
Govt. of India sanctioned 5 Crs. to establish MRU Facility

GENETICS LABORATORY:
Govt. of India sanctioned 1.5 Crs. to establish Genetic Lab Facility.

"Both facilities will help in diagnosis (Molecular Lab.) of Patient’s illness and also for Research purpose". Marketing Research with an emphasis layed up on Market Intelligence on Medicinal Plants.

TELANGANA STATE MEDICINAL PLANTS BOARD (TSMPB):
+ TSMPB along with ICAR -National Academy of Agricultural Research Management has conducted Market Intelligence on Medicinal Plants and a report is released on “Exploring Potential for Medicinal Plants Cultivation in Telangana” to characterize the production system of selected medicinal plants in Telangana State.
+ TSMPB along with Institute of Forest Biodiversity (IFB), Ministry of Environment, Forests and Climate Change, GOI, Hyderabad is undergoing a pilot Research cum Development project on Vach (Acorus calamus, Kullu variety) under Intensive Organic Farming system based on Paddy, Vach with Fish and Trees in Agro forestry system.
+ Dasamoola Research Project: TSMPB along with Agriculture College, Ashwaraopeta under PJTS Agricultural University is taking up a research project» Production of Young Roots for 5 Medicinal Tree species used in Dasamoola under High Density Short term Plantations Scheme».
+ TSMPB along with Environment Protection and Research Institute (EPTRI),Hyderabad has taken up study on “Estimation of Standing Biomass and Carbon sequestration of tree species present in TSMPB Herbal Garden at Himayat Sagar, Ranga Reddy District”.
+ During the last financial year, IIHFW conducted one important study on “Vulnerability assessment in metropolitan city of Hyderabad in Telangana state under NUHM”. The objective was to identify the geographical localities/slums and population groups that have risk for ill-health and conditions wherein interventions are needed to be initiated by the state to reduce the risk.

AWARDS, RECOGNITIONS & MoUs
AN OVERVIEW OF THE BRIGHTER ACHIEVEMENTS
Rewards are the finest way to bring into prominence the great works. The following are the outline of the superior works delivered by the Department of Health, Medical & Family Welfare, Government of Telangana.

A GLIMPSE OF THE PRESTIGIOUS AWARDS RECEIVED
+ MNJ Institute of Oncology & RCC, Hyd. is the first state Government Institute which achieved the prestigious ‘Guinness World Record’. MNJ Institute of Oncology & RCC organized the largest men’s health awareness lesson on prostate cancer in Hyderabad on October 26th, 2018.
+ The awareness programme, held on Cancer Day, saw the participation of 487 men. This is the first Guinness World Records achievement for the Telangana Government in the field of Medicine.

AWARDS RECEIVED IN THE YEAR 2018-19
+ KCR Kit scheme bagged Skoch order of merit award under smart governance projects category.
+ Awarded with Florence Nightingale Awards
  + Smt. Dunna Jaya, MPHA (F) Subcentre Chintapalli Nalgonda dist received National Florence Nightingale award for the year 2017
  + Smt. B. Vijayalaxmi, MPHA (F) Subcentre Kandi Sangareddy dist received National Florence Nightingale award for the year 2017
THE LIST OF THE MOUS

- The Government of Telangana in partnership with the Fernandez Hospital Foundation and technical support from UNICEF and State Nursing Council has designed this unique 18 months Nurse Practitioner Midwifery training initiative for optimizing normal birthing by providing respectful maternity care (RMC). A Memorandum of understanding (MOU) was entered between CH&FW and Fernandez Hospital Foundation on 24th October 2017.
- Memorandum of Understanding is in force with TATA TRUSTS for setting up of Green field L1Cancer care centre in and around Hyderabad.
- MoU With Department of Postal Services and RNTCP for Sputum Transportation (MoU signed)

EVENTS AND CONFERENCES IEC ACTIVITIES AND CAMPAIGNS
MEDIA COVERAGE OF THE ACHIEVEMENTS

GOVT HOSPITALS IN ‘PINK’ OF HEALTH

Should we always rely on public hospitals for quality treatment & clean surroundings? Telangana government is proving that idea wrong.

Spick & span Chumper Panchayat, a role model for others

Giving private peers a run for their money

TS healthcare the best

Aarogyasri way ahead of Ayushman

Key NHM observations

TS emerges as NHM rogue for MCH and family care
<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name of the Head of the Department/ Designation</th>
<th>Contact</th>
<th>Fax</th>
<th>E-mail ID</th>
<th>Dept. Website</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Shri Eatala Rajender, Minister for Health, Medical &amp; Family Welfare</td>
<td>040-23452699</td>
<td>040-23452945</td>
<td><a href="mailto:prscey_hmfw@telangana.gov.in">prscey_hmfw@telangana.gov.in</a></td>
<td><a href="http://www.health.telangana.gov.in">www.health.telangana.gov.in</a></td>
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<tr>
<td>2</td>
<td>Smt. A. Santhi Kumari, IAS Special Chief Secretary to Government, Department for Health, Medical &amp; Family Welfare</td>
<td>040-23455824</td>
<td>040-23455824</td>
<td>040-23455936</td>
<td><a href="mailto:chfw.ts@gmail.com">chfw.ts@gmail.com</a>, <a href="mailto:mdnhwwts@gmail.com">mdnhwwts@gmail.com</a></td>
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<td>3</td>
<td>Dr. Yogita Rana, IAS Director of Health &amp; Family Welfare &amp; Mission Director, NHM</td>
<td>040-24624545</td>
<td>040-24624545</td>
<td>chfw.telangana.gov.in</td>
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<td>4</td>
<td>Dr. G. Srinivas Rao, Director Public Health &amp; Family Welfare</td>
<td>040-23999999</td>
<td><a href="mailto:dir_healthtgg@yahoo.in">dir_healthtgg@yahoo.in</a></td>
<td><a href="http://dphfw.telangana.gov.in/">http://dphfw.telangana.gov.in/</a></td>
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<tr>
<td>5</td>
<td>Dr. K. Ramesh Reddy, Director of Medical Education</td>
<td>040-24602515</td>
<td><a href="mailto:dmetelangana@gmail.com">dmetelangana@gmail.com</a></td>
<td><a href="mailto:dme@telangana.gov.in">dme@telangana.gov.in</a></td>
<td>dmetelangana.gov.in</td>
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<tr>
<td>6</td>
<td>Shri K. Manicka Raj, IAS, Commissioner of Telangana Vaidyaa Vidhana Parishad</td>
<td>040-24734885</td>
<td><a href="mailto:dcatelangana@gmail.com">dcatelangana@gmail.com</a></td>
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<td>7</td>
<td>Shri. K. Chandrasekhar Reddy, Managing Director of Telangana State Medical Services &amp; Infrastructure Development Corporation</td>
<td>040-24656688</td>
<td><a href="mailto:md_msidc@telangana.gov.in">md_msidc@telangana.gov.in</a></td>
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<td>8</td>
<td>Dr. Preeti Meena, IAS, Director of Drugs Control Administration</td>
<td>040-23713563</td>
<td><a href="mailto:dcatelangana@gmail.com">dcatelangana@gmail.com</a></td>
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<td>9</td>
<td>Dr. Preeti Meena, IAS Project Director of Telangana State AIDS Control Society</td>
<td>040-24743897</td>
<td><a href="mailto:pd_acs@telangana.gov.in">pd_acs@telangana.gov.in</a></td>
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<td>Dr. V.S. Alagu Varshini, IAS, Director AYUSH</td>
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<td>040-24743897</td>
<td><a href="http://www.ayush.telangana.gov.in">www.ayush.telangana.gov.in</a></td>
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<td>11</td>
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<td>040-23810400</td>
<td><a href="mailto:iihf6_hyd@rediffmail.com">iihf6_hyd@rediffmail.com</a></td>
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<td>13</td>
<td>Dr. K. Shankar, Director IPM</td>
<td>040-23547107</td>
<td>040-23555657</td>
<td>ceotsaarogyasri.telangana.gov.in</td>
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<td>14</td>
<td>Shri K. Manicka Raj, IAS, Chief Executive Officer (FAC), Aarogyasri Health Care Trust</td>
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<td>Shri K. Manicka Raj, IAS, Chief Executive Officer (FAC), EHS&amp;JHS</td>
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<td>16</td>
<td>Smt. A. Sonibala Devi, IFS, Chief Executive Officer (Ex-Officio), Telangana State Medicinal Plant Board</td>
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<td>20</td>
<td>Dr. Ch. Hannamantha Rao, Registrar, Medical Council of India, Telangana</td>
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<td>Smt. Banda Vidhyavati, Registrar, Nursing Council of India, Telangana</td>
<td>9849332400</td>
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<td>Shri Gopal Reddy, Secretary, Paramedical Board, Telangana</td>
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<td>25</td>
<td>Dr. T. Gangadhar, OSD to Hon’ble Minister for Health, Medical &amp; Family Welfare</td>
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<td>26</td>
<td>Shri Prasad Jakkani, OSD to Hon’ble Minister for Health, Medical &amp; Family Welfare</td>
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