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HON'BLE CHIEF MINISTER OF TELANGANA



**SHRI. EATALA RAJENDER**  
HON'BLE MINISTER FOR HEALTH, MEDICAL  
& FAMILY WELFARE  
GOVERNMENT OF TELANGANA

# HEALTH MATTERS...



**ANNUAL  
REPORT** 2018-19



DEPARTMENT OF HEALTH, MEDICAL  
& FAMILY WELFARE  
GOVERNMENT OF TELANGANA.

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**Shri Eatala Rajender**  
Minister for Health, Medical  
& Family Welfare  
Government of Telangana

## MESSAGE

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.

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 combatting 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.



**Smt. A. Santhi Kumari, IAS**  
Special Chief Secretary to Government  
Department of Health, Medical &  
Family Welfare  
Government of Telangana



**CREATING  
EQUAL ACCESS  
TO QUALITY  
HEALTHCARE  
SERVICES.**



## 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 (U5MR) 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 persons'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

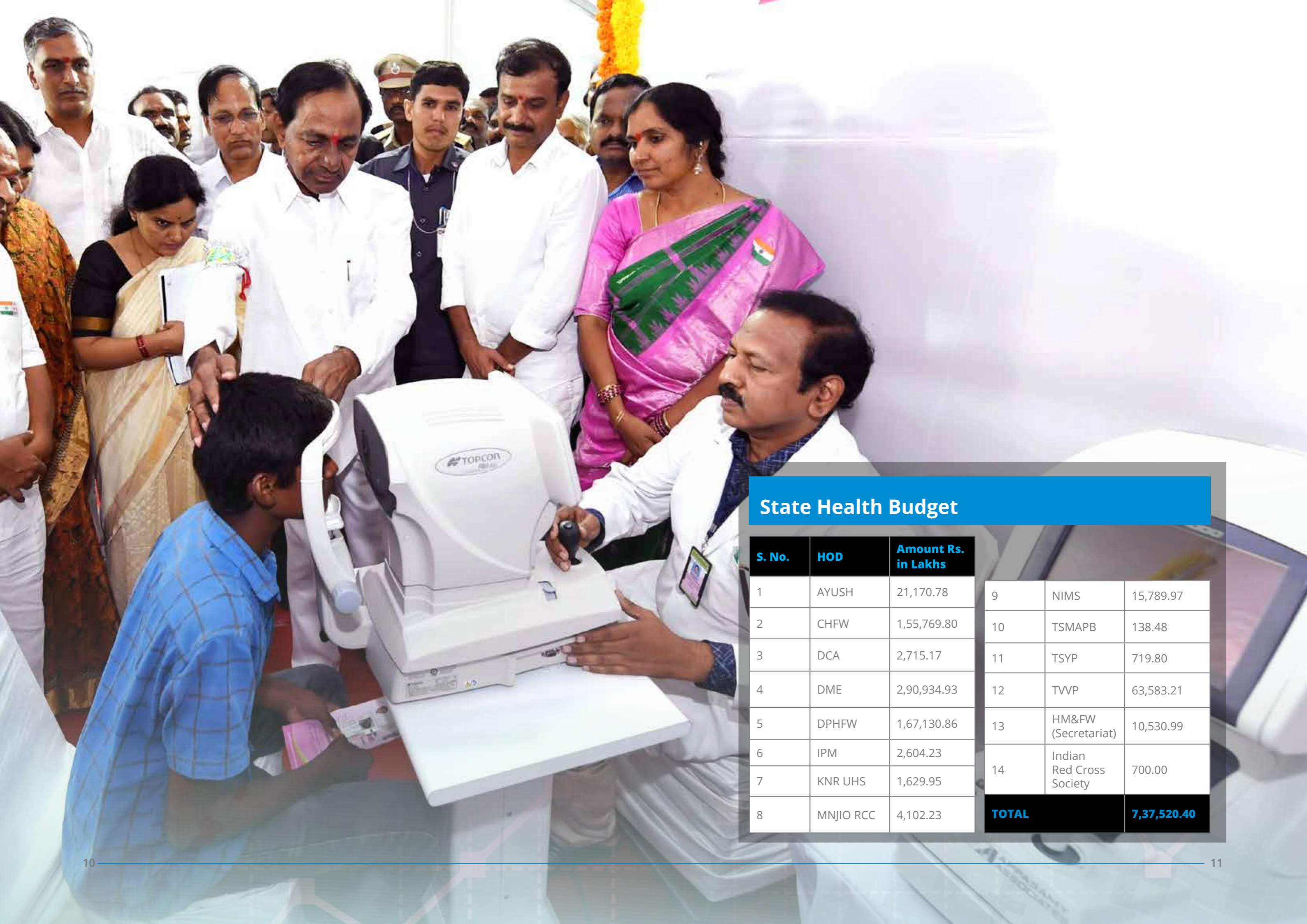
The comprehensive outline of the overall Health Department under Government of Telangana have been emphasized. It prominently reflects the excellence through its massiveness under different disciplines.

S No.	Particulars	Total
1	Number of HoDs	23
2	Number of Acts / Legislations	23
3	Health Facilities in the State:	
	• Number of Health Facilities (With beds)	1064
	• Number of Teaching Hospitals	7
	• Number of Speciality Hospitals (Incl. NIMS, MNJ)	14
	• Number of Ayurveda Hospitals	4
	• Number of Homeo Hospitals	3
	• Number of Unani Hospitals	3
	• Number of Naturopathy Hospitals	1
	• Number of District Hospitals	31
	• Number of Area Hospitals	19
	• Number of MCH (Functioning)	10
	• Number of Community Health Centers	90
	• Number of Primary Health Centers	882
	• Number of Sub Centers	4797
4	Number of Beds in Govt health facilities (Allopathy)	25698
5	Number of Seats in Govt Colleges (Allopathy)	2234
	Number of UG seats (Allopathy)	1150
	Number of PG seats (Allopathy)	766
	Number of Super Speciality seats (Allopathy)	147
	Number of PHD seats (Allopathy)	18
6	Number of Medical Universities	1
7	Number of Courses affiliated to KNRUHS	11
8	Number of institutions affiliated to KNRUHS	221
9	Number of Seats – KNRUHS	14440
	• Number of UG seats	11930

S No.	Particulars	Total
	• Number of PG seats	2392
	• Number of Super Speciality seats	88
10	Number of Staff Working	49709
	• Number of Doctors Working (MBBS - Allopathy)	2556
	• Number of Doctors Working (Specialists - Allopathy)	3796
	• Number of Nurses Working (Allopathy)	10900
	• Number of Paramedical Staff Working (Allopathy)	11886
11	Number of Posts under recruitment	8290
12	Number of Wellness Centers (Functioning)	12
13	Number of Basthi Dawakhana (Functioning)	115
14	Number of MCH (Functioning)	10
15	Number of Dialysis Centers (Functioning)	39
16	• Number of Dialysis Machines working (Functioning)	307
17	Number of In-Patients (in lakhs) [Allopathy]	19.76
18	Number of Out Patients (in lakhs) [Allopathy]	281.69
19	Number of Hearse Vehicles (Functioning)	50
20	102, 104 & 108 Vehicles (Functioning)	796
21	Number of Blood banks (Functioning)	30
	• Blood Storage Centers (Functioning)	28
	• Blood Component Separation Units (Functioning)	21
22	Number of CEMONC Centers (Functioning)	66
23	Number of registered hospitals under Jeevandhan Scheme	26

Sl. No	Category	No. of Colleges	Number of Seats				Total Seats
			UG	PG	SS	Ph.D	
1	Allopathy						
	Government	8	1150	766	147	18	2081
	Private	19	2250	726	12	0	2988
	<b>Total</b>	<b>27</b>	<b>3400</b>	<b>1492</b>	<b>159</b>	<b>18</b>	<b>5069</b>
2	Dental Surgery						
	Government	1	100	24	0	0	124
	Private	12	1040	254	0	0	1294
	<b>Total</b>	<b>13</b>	<b>1140</b>	<b>278</b>	<b>0</b>	<b>0</b>	<b>1418</b>
3	Homeopathy						
	Government	1	100	30	0	0	130
	Private	4	350	0	0	0	350
	<b>Total</b>	<b>5</b>	<b>450</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>480</b>
4	Ayurveda						
	Government	2	100	38	0	0	138
	Private	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>100</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>138</b>
5	Unani						
	Government	1	75	36	0	0	111
	Private	2	100	0	0	0	100
	<b>Total</b>	<b>3</b>	<b>175</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>211</b>
6	Naturopathy						
	Government	1	30	0	0	0	30
	Private	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>
7	Nursing						
	Government	7	390	32	0	0	422
	Private	108	4410	349	0	0	4759
	<b>Total</b>	<b>115</b>	<b>4800</b>	<b>381</b>	<b>0</b>	<b>0</b>	<b>5181</b>

Sl. No	Category	No. of Colleges	Number of Seats				Total Seats
			UG	PG	SS	Ph.D	
8	Medical Lab Technology						
	Government	1	20	0	0	0	20
	Private	16	655	0	0	0	655
	<b>Total</b>	<b>17</b>	<b>675</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>675</b>
9	Physiotherapy (BPT/MPT)						
	Government	2	50	15	0	0	65
	Private	30	1000	136	0	0	1136
	<b>Total</b>	<b>32</b>	<b>1050</b>	<b>151</b>	<b>0</b>	<b>0</b>	<b>1201</b>
	<b>TOTAL GOVERNMENT</b>	<b>24</b>	<b>2015</b>	<b>941</b>	<b>147</b>	<b>18</b>	<b>3121</b>
	<b>TOTAL PRIVATE</b>	<b>191</b>	<b>9805</b>	<b>1465</b>	<b>12</b>	<b>0</b>	<b>11282</b>
	<b>GRAND TOTAL</b>	<b>215</b>	<b>11820</b>	<b>2406</b>	<b>159</b>	<b>18</b>	<b>14403</b>



## State Health Budget

S. No.	HOD	Amount Rs. in Lakhs
1	AYUSH	21,170.78
2	CHFW	1,55,769.80
3	DCA	2,715.17
4	DME	2,90,934.93
5	DPHFW	1,67,130.86
6	IPM	2,604.23
7	KNR UHS	1,629.95
8	MNJIO RCC	4,102.23
9	NIMS	15,789.97
10	TSMAPB	138.48
11	TSYP	719.80
12	TVVP	63,583.21
13	HM&FW (Secretariat)	10,530.99
14	Indian Red Cross Society	700.00
<b>TOTAL</b>		<b>7,37,520.40</b>

# DISTRICT WISE HEALTH INSTITUTIONS IN TELANGANA



## ADILABAD

District Hospital	01
CHC	01
PHC	22
UPHC	05
Teaching Hospital	01

## BADRADRI KOTHAGUDEM

District Hospital	01
Area Hospital	01
CHC	04
PHC	29
UPHC	05

## HYDERABAD

District Hospital	01
Area Hospital	03
CHC	02
UCHC	08
MCH	02
UPHC	90
Speciality Hospital	10
Teaching Hospital	02
Ayurveda Hospital	02
Homoeopathy Hospital	01
Naturopathy Hospital	01
Unani Hospitals	01

## JAGTIAL

District Hospital	01
CHC	03
PHC	18
UPHC	05

## JANGAON

District Hospital	01
MCH	01
PHC	16
UPHC	01

## JAYASHANKAR BHUPALPALLY

District Hospital	01
CHC	03
PHC	17
UPHC	04

## JOGULAMBA GADWAL

District Hospital	01
CHC	01
PHC	10
UPHC	03

## KARIMNAGAR

District Hospital	01
CHC	03
MCH	01
PHC	20
UPHC	06

## KHAMMAM

District Hospital	01
CHC	03
MCH	01
PHC	26
UPHC	04

## KUMURAM BHEEM

District Hospital	01
CHC	01
PHC	20
UPHC	02

## MAHABUBABAD

District Hospital	01
CHC	02
PHC	20
UPHC	01

## MAHABUBNAGAR

District Hospital	01
CHC	04
PHC	28
UPHC	05
Teaching Hospital	01

## MANCHERIAL

District Hospital	01
CHC	03
PHC	17
UPHC	04

## MEDAK

District Hospital	01
Area Hospital	01
CHC	02
PHC	18
UPHC	01
Ayurveda Hospital	01

## NAGARKURNOOL

District Hospital	01
CHC	04
PHC	26

## NALGONDA

District Hospital	01
CHC	02
PHC	20
UPHC	01

## NIRMAL

District Hospital	01
Area Hospital	01
CHC	02
MCH	01
PHC	17
UPHC	03

## NIZAMABAD

District Hospital	01
CHC	08
PHC	27
UPHC	10
Teaching Hospital	01
Unani Hospitals	01

## PEDDAPALLI

District Hospital	01
Area Hospital	01
CHC	02
PHC	18
UPHC	06

## RAJANNA SIRICILLA

District Hospital	01
PHC	15
UPHC	02

## RANGAREDDY

District Hospital	01
Area Hospital	01
CHC	07
PHC	30
UPHC	26

## SANGAREDDY

District Hospital	01
Area Hospital	04
CHC	02
MCH	01
PHC	31
UPHC	06

## WARANGAL RURAL

District Hospital	01
CHC	02
PHC	17

## SIDDIPET

District Hospital	01
Area Hospital	01
CHC	02
MCH	01
PHC	32
UPHC	02
Teaching Hospital	01

## SURYAPET

District Hospital	01
Area Hospital	01
CHC	02
PHC	23
UPHC	04

## VIKARABAD

District Hospital	01
CHC	04
MCH	01
PHC	23
UPHC	02

## WANAPARTHY

District Hospital	01
CHC	02
PHC	13
UPHC	02

## WARANGAL URBAN

District Hospital	01
PHC	13
UPHC	14
Speciality Hospital	04
Teaching Hospital	01
Ayurveda Hospital	01
Unani Hospitals	01

## YADADRI BHUVANAGIRI

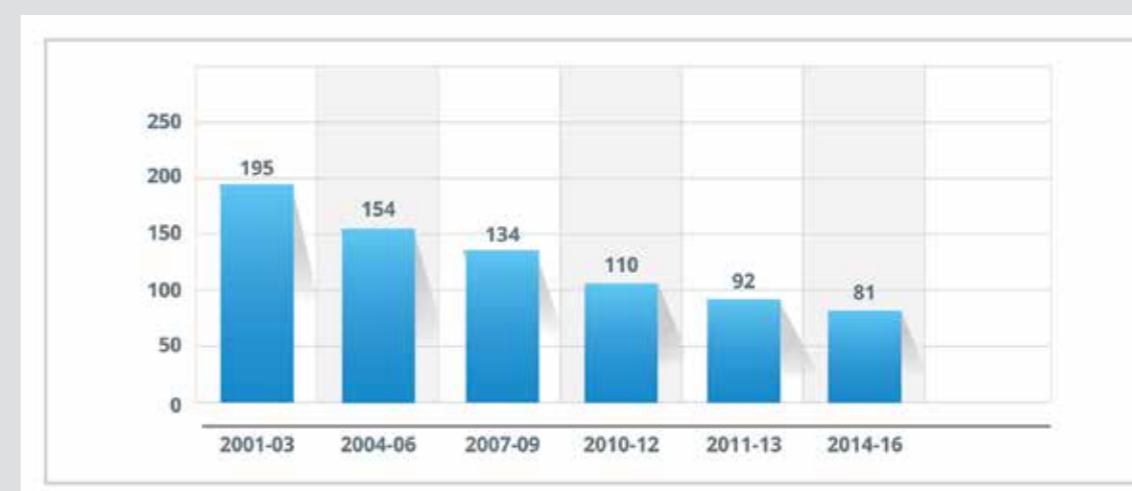
District Hospital	01
CHC	03
PHC	20
UPHC	01
Homoeopathy Hospital	01

## Kamareddy

District Hospital	01
Area Hospital	01
CHC	06
PHC	21
UPHC	02

## TELANGANA STATE HEALTH PROFILE

S.No	Indicator	Definition	Telangana	National Average	Best State	Best country
1	Maternal Mortality Ratio	No. of Maternal deaths per 100000 live births (per year)	81	130	Kerala (46)	Finland (3)
2	Infant Mortality Rate	No. of Infant deaths (between birth and exactly 1 year of age) per 1000 live births	31	34	Kerala (10)	Iceland (1.2)
3	Under 5 Mortality Rate	No. of under 5 deaths (between birth and exactly 5 years of age) per 1000 live births	34	29	Kerala (9)	Iceland (2.1)
4	Neonatal Mortality Rate	No. of neonatal deaths (less than 28 days of age) per 1000 live births	21	28	Kerala (6)	Iceland (1)
5	Total Fertility Rate	No. of Children per women in child bearing age group usually over a year (Age: 15-49)	1.7	2.3	(Delhi, TN & WB - 1.6)	Korea Republic (1.17)
6	Full Immunization	Percentage	68.1	62	Punjab (89.1)	29 Countries including Sri Lanka have 99%
7	Institutional Deliveries	Percentage	91.5	78.9	Kerala - 99.9	13 Countries with 100%; Qatar, Rep. of Korea etc
8	Institutional Deliveries in Public Facilities	Percentage (As per HMIS)	49	66	Bihar - 94.5%	NA
9	Birth Rate	No. of live births per 1000 population per year	17.5	20.4	Kerala (14.3)	Lowest of 7.8 in Japan & Italy; Highest of 48.14 in Niger
10	Death Rate	Number of deaths per thousand populations.	6.1	6.4	Delhi (4.0)	Lowest of 1.53 in Qatar; Highest of 15.10 in Bulgaria
11	Life Expectancy	Average number of years that a person is expected to live	69.6	67.9	Kerala (74.9)	Hongkong (84.83%); Japan (83.98%)
12	Sex Ratio at Birth	Number of girl children born for every 1,000 boys born	881	900	Kerala (967)	Highest: Sierra Leone (980)
13	Low birth weight (LBW)	Percentage (As per HMIS)	7	13	Telangana (7)	Finland, Iceland, Republic of Korea (4)
14	Sex Ratio	Number of females per thousand males	988	943	Kerala (1084)	Sierra Leone (1041)

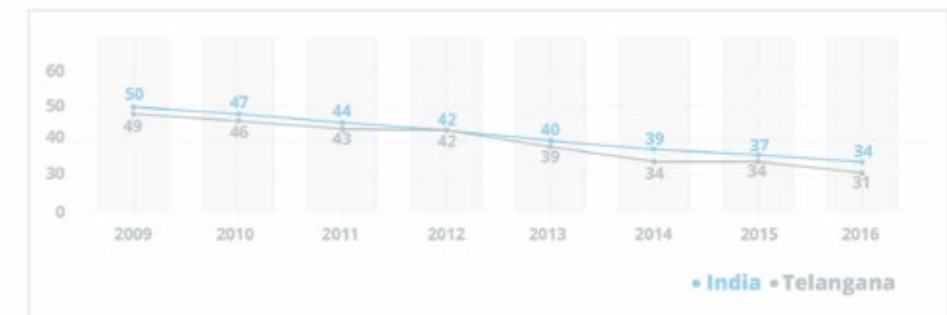


Maternal Mortality Ratio (MMR) Over the Years





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

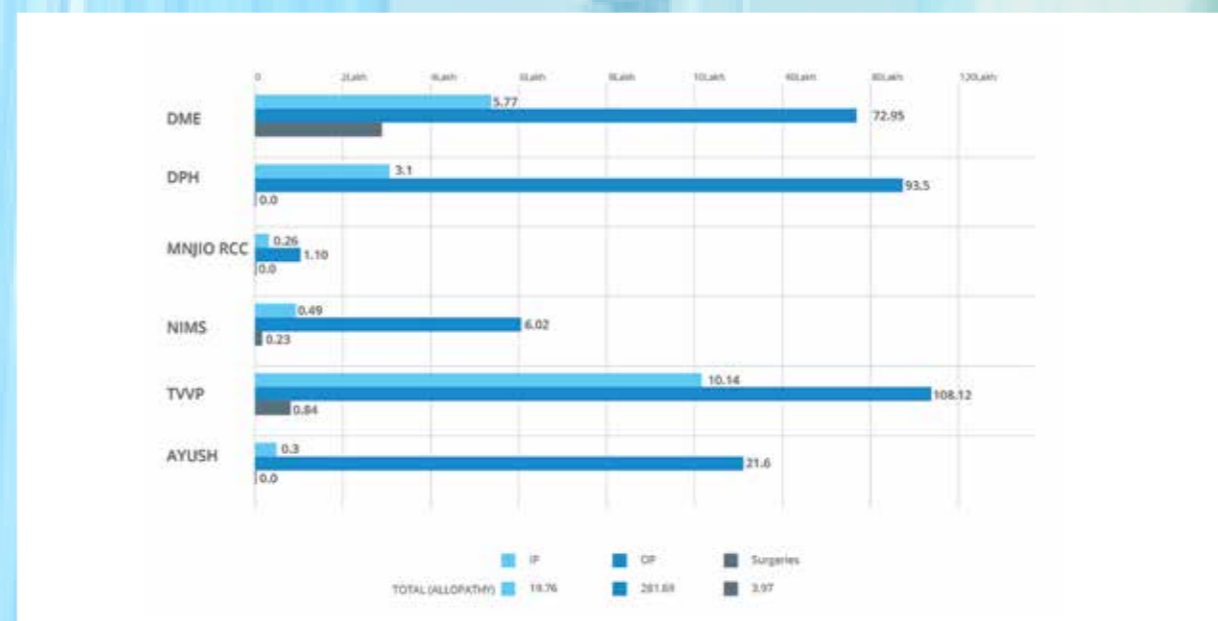


Infant Mortality Ratio (IMR) Trend Compared to All India average

# TELANGANA HEALTH CARE DELIVERY SYSTEM & INSTITUTIONAL SERVICES IN GOVT. HEALTH FACILITIES



Telangana Healthcare Delivery System



Institutional Services in Govt. Health Facilities



## 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 3<sup>rd</sup> 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 1<sup>st</sup> 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:



KCR KIT Govt Hospital Deliveries in 2018-2019 Financial Year

### KANTI VELUGU

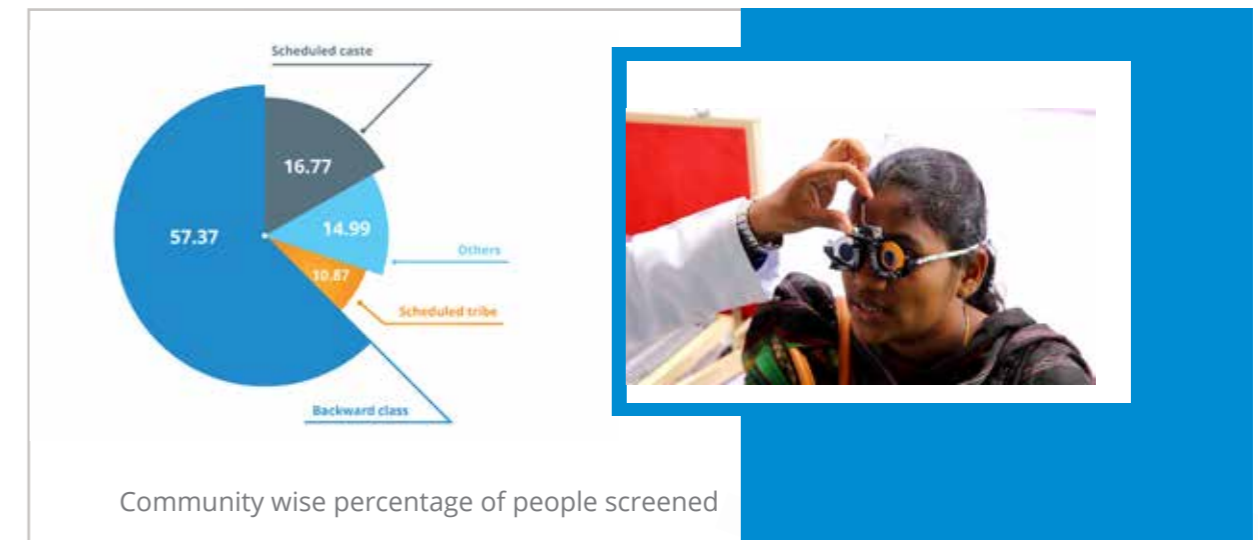
The programme has been launched by the Government of Telangana On 15<sup>th</sup> Aug 2018 across all districts in Telangana State. The aim was to identify and treat eye health problems of the people of Telangana, covering population of 3.70 Crore with an aim to make Avoidable Blindness Free Telangana.



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:

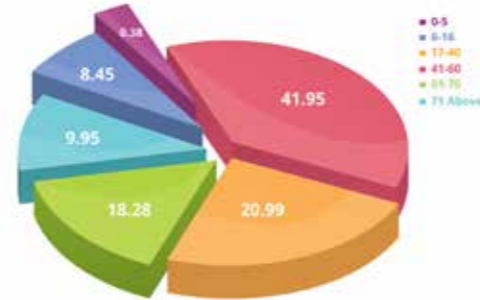
- + Universal eye screening.
- + Providing reading glasses, medicines on the spot and prescription glasses in 45 days.
- + Arranging for surgeries, other form of treatments.



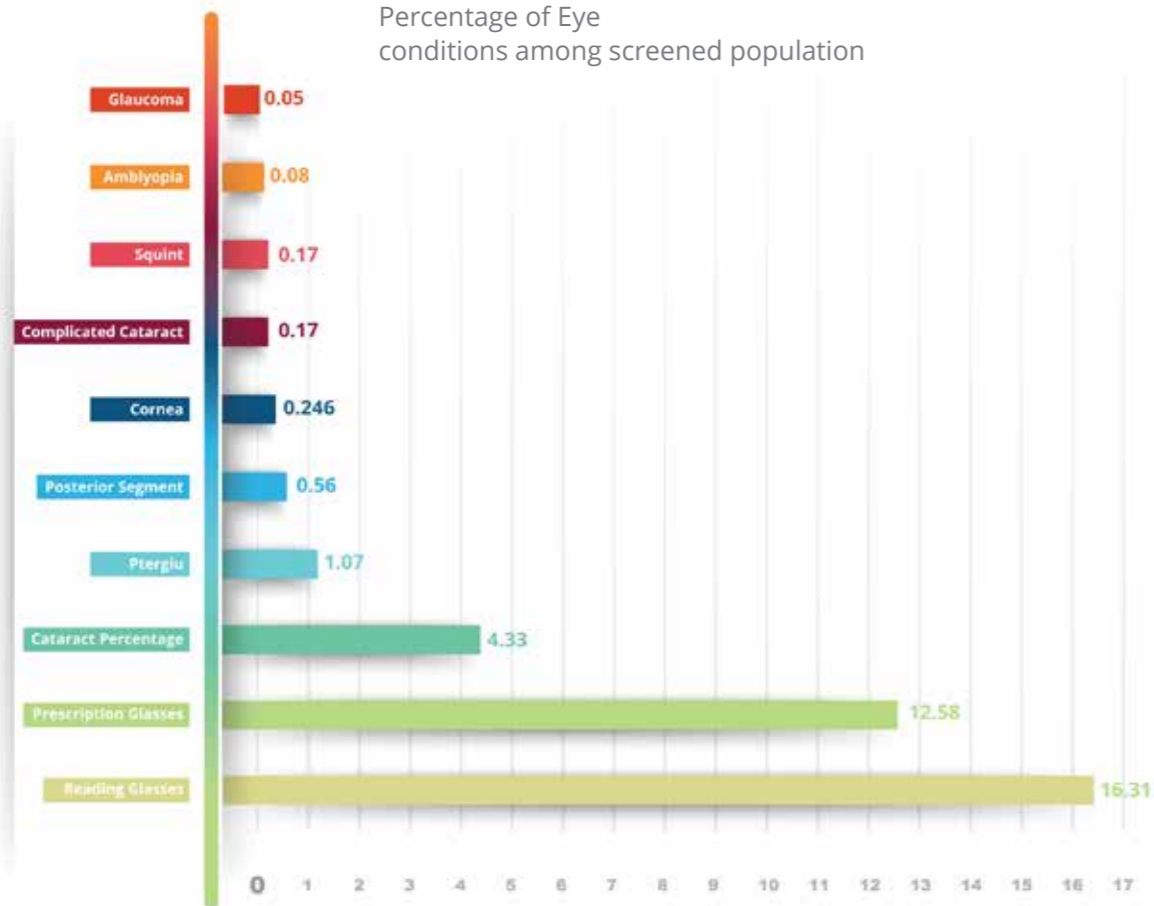
INDICATOR	ACHIEVEMENT
Number of People Screened	1.54 crores
Number of spectacles Handed Over	41.06 lakhs

Achievement AS ON 1.4.2019

Age wise Distribution of all eye conditions



Percentage of Eye conditions among screened population



## BASTI DAWAKHANAS

The State aims to establish 247 Bastidawakhana in Urban areas for making health facilities available at the doorsteps of urban poor. Basti Dawakhana includes Medical consultation, free drugs and free diagnostics. Each Basti Dawakhana has a doctor, staff nurse and a supporting staff.



The status of Basti Dawakhana is as follows:

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

## 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:

Type of facility	Sanctioned in 2018-19	Functional	Sanctioned for 2019-20
Sub-Centers	86	86	487
Basti Dawakhanas	247	96	0
PHC	68	68	568
UPHC	249	249	0
	<b>650</b>	<b>499</b>	<b>1055</b>

## 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.

Total	No. of Patients	No. of Samples Tested	No. Tests Conducted	Parameters Tested
	<b>315739</b>	<b>569146</b>	<b>801885</b>	<b>4005159</b>



## 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)

RKS



### 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.

## CHILD HEALTH AND IMMUNIZATION (CHI)

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.

*The Government of Telangana envisaged establishing 35 Special Newborn Care Units (SNCUs) out of which 3 are in Tribal areas with 12-bedded SNCUs, remaining 32 are in other areas with 20-bedded SNCUs. Presently 24 SNCUs are functioning, 49 New Born Stabilization Units (NBSUs) and 562 New Born Care Corners (NBCCs) in the state in order to reduce Infant Mortality Rate (IMR) by strengthening the neo-natal care services.*

YEAR	ADMISSION	LAMA	REFERRED	EXPIRED	DISCHARGES
2018-19	30681	1987	3706	1852	2311



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:

INDICATOR	NFHS-4(2015-16)	As per HMIS 2018-19
Full Immunization	68%	99%

## MISSION INDRADHANUSH PROGRAMME UNDER GRAM SWARAJ ABHIYAN:

- TELANGANA is selected for the Intensified Mission Indradhanush Program for the 1<sup>st</sup> 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, Jangoan, Jayashankar Bhupalpalli, Karimnagar, Khammam, Kumurambheem Asifabad, Mahabubabad, Mahabubnagar, Mancherial, Nalgonda, Nirmal, 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 Asifabad , Khammam, Jayashankar Bhupalpalli.*

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

**GSA Areas:**

*Total No. of targeted Children in 3 rounds of EGSA: 4612  
Achievement: 4704  
Saturation: 102%.*

*Total No. of targeted Pregnant Women in 3 rounds of EGSA: 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.

SL. NO.	NO. OF BLOOD BANKS NACO SUPPORTED	NO. OF BLOOD BANKS
1.	Functional Government Blood Banks	31
2.	Blood Storage Centres	31
3.	New Blood Banks	26
4.	Inaugurated Licensed Blood Banks	17
5.	Not Inaugurated Blood Banks	6



### 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 2017 and 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:

State TB Training & Demonstration Centre (STDC)	1
District TB Centres (DTCS)	31
TB Units (TU)	171
Designated Microscopy Centres (DMCs)	750
Intermediate Reference Laboratory (IRL)	IRL, Hyderabad
Cartridge Based Nucleic Acid Amplification Testing (CBNAAT) Labs	30 stand-alone + 1 Mobile ACF Van
TrueNat	14 Sites
Nodal Drug Resistant TB Centre (DRTBC) (MDR TB Wards)	4 Nodal DRTBC in TS: Nodal DRTBC -GGCH, Hyderabad; TB Hospital, Warangal; DH Khammam; AH Kondapur, Rangareddy.

### TB NOTIFICATION

Year	Target for Public Sector	Number Notified by Public Sector	% Achievement Public Sector	Target for Private Sector	Number Notified by Private Sector	% Achievement for Private Sector	Total Target (Public + Private)	Total Achievement (Public + Private)	% Achievement or Total
2015		39498			1845			41343	
2016		39375			5785			45160	
2017	38839	40685	104.5%	35412	7865	22.2%	74251	48550	65.4%
2018	41940	41714	99.5%	35412	9559	27%	77352	51273	66 %

### STATUS OF DBT THROUGH NIKSHAY

Scheme Name	Total Number of Beneficiaries	Number of Beneficiaries Paid	Total Amount Paid
Nikshay Poshan Yojana TB Patient (Nutrition)	51273	31961	38737500

## 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 2011-18 AND THE MODE OF DETECTION

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

### DEVELOPMENT INDICATORS FOR DEPARTMENT

SI No	Indicators	Unit	Status		
			2014	2017	2018
1	Annual New cases detected Rate ANCDR/100000 Population	Per100000 opulation	8.10	7.22	7.66
2	Prevalence Rate P.R/10000population	Per 10000 opulation	0.57	0.51	0.61
3	Treatment Completion Rate (TCR)	Per 100 Cases under Treatment	100	100	98.8
4	% of MB Cases	Per 100 New Cases	62	67.6	64.6
5	% of Child Cases detected.	Per 100 New Cases	9	6.90	6.39
6	% Female cases detected	Per 100 New Cases	38	36.3	38.11
7	% Gr. I Deformity cases	Per 100 New Cases	4	3.70	3.81
8	% Gr. II Deformity cases	Per 100 New Cases	5.93	7.20	4.16



**104, 102 & 108 VEHICLE SERVICES**  
**108 EMERGENCY RESPONSE SERVICES:**  
**PERFORMANCE REPORT OF 108 SERVICES**

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



**102- DROP BACK SERVICES**

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.**

**104 SERVICES:**

The Government has started Fixed Day Health Services (FDHS), The key objective of the MHU 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:**

	2018-2019
104 - FDHS Beneficiaries	3,30,4190
104 - FDHS Lab Test Conducted	1,45,0542



## 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).

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



## 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 Stroke 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 Yogadhyayana Parishad with its 2 research wings on Yoga and Pranayama.



The details of the Department functioning units are presented herewith.

Sl. No.	Item	Ayurveda	Unani	Homoeo	Naturopathy & Yoga	Total
1	Hospitals	4	3	3	1	11
2	Colleges	2	1	1	1	5
3	Research Department	1	1	1	2	5
4	Pharmacies	1	1	1	0	3
5	Herbarium	1	1	0	0	2
6	Government Dispensaries	224	122	94	0	440
7	NRHM funded co-existing Dispensaries	199	62	105	28	394



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.

*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.*

### NATIONAL RURAL HEALTH MISSION IN THE STATE OF TELANGANA

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 (TSMPPB) 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".

## NATIONAL AYUSH MISSION (NAM) ON MEDICINAL PLANTS ACTIVITIES / FACILITIES:

- 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), Tadvai (M), Warangal district, 2.Cherupally (V),Khammam district, Bhadradi 2.Kothapally (V),Kotapally(M), Adilabad, 3. Hossali (V), Nyakal (M), Medak district and 5. Somaram (V), Rajapet (M), YadadriBhuvanagiri 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.



## OTHER CENTRALLY FUNDED HEALTH SCHEMES

The Government of Telangana have initiated a strategic move by adopting & implementing diverse range of national health programmes inclined towards the most challenging modern public health problems for India. The actions which have been taken up would ensure in resolving the challenges faced by the people from various diseases.

### 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

Sl. No.	Item	Total No. of salt samples collected & tested	No. of salt samples with Nil Iodine content	No. of Salt samples with 15 PPM or more of Iodine	% of the salt samples with 15 PPM or More of Iodine
1	2017-18	716	87	574	80.16
2	2018-19	484	41	405	83.67



## 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 Falciperam 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 PHC's.
- + Morbidity Management of Lymphoedema cases and Hydrocelecto my 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

<b>443</b> No. PHCs Affected	<b>1938</b> No. of Villages Affected	<b>1973</b> No. of Villages covered with Pyrethrum	<b>1797635</b> No. Population covered with Pyrethrum	<b>310378</b> No. of Houses covered with Pyrethrum
<b>531047</b> No. of Rooms covered with Pyrethrum	<b>4765</b> No. of Medical Camps Conducted	<b>1119</b> No. Villages Covered with fogging	<b>2929</b> No. Villages Covered with ALO	<b>453811</b> No. of Houses searched for treating of Water sources
<b>994371</b> No. of containers searched for larval treatment	<b>4765</b> No. Containers positive for Aedes Larva	<b>8986</b> No. of Dry Days observed		

## 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 Nazeebnagar, 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

Statement showing the particulars of Tribal Sub Centres in Telangana State				
Sl.No	Name of the ITDA	Total No. of Tribal S/c	Sub centres functioning in Government Buildings	Sub centres Functioning in Private Buildings
1	ITDA Eturunagaram	108	43	65
2	ITDA Bhadrachalam	267	86	181
3	ITDA Utnoor	186	140	46
4	ITDA MANNANOR	57	16	41
6	Government Dispensaries	224	122	94
7	NRHM funded co-existing Dispensaries	199	62	105

## AAROgyASRI SCHEME

Aarogyasri 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 Aarogyasri 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 Aarogyasri Scheme.
- Implementation of Organ Transplantation Surgery under Aarogyasri Scheme along with the guidelines.
- Consideration of Age limit beyond 3yrs up to 5yrs of age for Cochlear Implantation Surgery under exceptional conditions on case to case basis under Aarogyasri Scheme
- Extending 136 procedures reserved for Govt. Hospitals under the Scheme were opened for Private Medical College Hospitals.



District Name	Private Hospitals		Government Hospitals		Total Count	Total Amount
	Cases	Amount	Cases	Amount		
Adilabad		4,52,43,845	2,573	5,55,17,977	4,099	10,07,61,822
Badradri	3,732	10,18,83,480	2,570	5,80,71,222	6,302	15,99,54,702
Hyderabad	24,394	54,11,31,055	14,860	32,19,22,126	39,254	86,30,53,181
Jagtial	7,158	18,19,78,577	1,664	3,88,10,536	8,822	22,07,89,113
Jangaon	4,519	11,00,44,703	2,219	5,46,33,270	6,738	16,46,77,973
Jayashankar	5,171	12,33,59,909	1,544	4,01,88,643	6,715	16,35,48,552
Jogulamba	1,895	4,77,57,729	1,299	2,52,31,109	3,194	7,29,88,838
Kamareddy	4,175	10,55,56,330	3,019	7,19,80,441	7,194	17,75,36,771
Karimnagar	8,939	21,42,20,474	1,780	4,57,26,766	10,719	25,99,47,240
Khammam	8,324	21,85,97,806	3,409	8,36,84,490	11,733	30,22,82,296
Komaram Bheem	1,284	3,52,40,684	572	1,44,49,514	1,856	4,96,90,198
Mahabubabad	5,584	14,53,91,569	2,491	6,27,00,767	8,075	20,80,92,336
Mahabubnagar	11,520	27,15,95,534	4,382	11,01,67,534	15,902	38,17,63,068
Mancherial	3,680	9,38,04,160	1,360	3,29,41,321	5,040	12,67,45,481
Medak	4,209	10,78,19,147	2,775	6,64,74,430	6,984	17,42,93,577
Medchal	9,889	22,48,54,541	4,791	11,17,00,577	14,680	33,65,55,118
Nagarkurnool	4,070	10,09,32,188	2,562	5,73,96,677	6,632	15,83,28,865
Nalgonda	11,220	27,20,25,850	5,265	12,88,30,539	16,485	40,08,56,389
Nirmal	2,937	7,99,65,827	2,345	5,32,48,263	5,282	13,32,14,090
Nizamabad	9,355	23,50,07,146	3,021	7,26,90,897	12,376	30,76,98,043
Peddapalli	5,387	13,63,54,343	1,112	2,73,41,072	6,499	16,36,95,415
Rajanna	3,764	9,95,48,576	1,040	2,22,13,402	4,804	12,17,61,978
Ranga Reddy	12,008	27,29,49,070	7,227	17,34,13,935	19,235	44,63,63,005
Sangareddy	5,391	14,90,76,946	3,404	7,45,87,763	8,795	22,36,64,709
Siddipet	6,910	17,42,78,010	3,385	7,98,04,341	10,295	25,40,82,351
Suryapet	6,048	15,12,61,963	2,980	7,16,13,523	9,028	22,28,75,486
Vikarabad	3,319	9,60,08,013	2,854	6,35,35,381	6,173	15,95,43,394
Wanaparthy	3,111	8,03,31,788	1,615	3,80,79,557	4,726	11,84,11,345
Warangal Rural	7,322	17,61,31,786	3,090	7,52,01,340	10,412	25,13,33,126
Warangal Urban	9,393	21,75,54,533	3,392	8,20,74,732	12,785	29,96,29,265
Yadadri	4,778	11,74,18,395	2,471	5,92,63,588	7,249	17,66,81,983
<b>Grand Total</b>	<b>2,01,012</b>	<b>492,73,23,977</b>	<b>97,071</b>	<b>227,34,95,733</b>	<b>2,98,083</b>	<b>720,08,19,710</b>

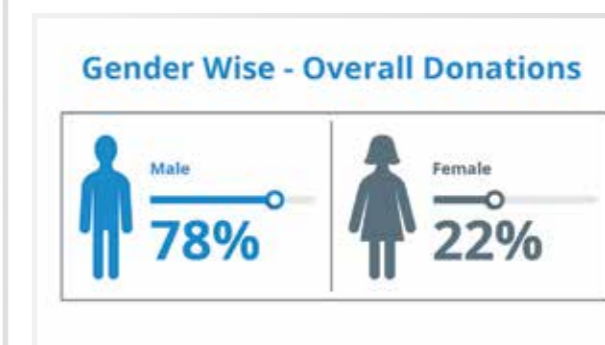
## JEEVANDAN SCHEME

### MAKING EFFECTIVE ORGAN TRANSPLANTATIONS POSSIBLE MAKING EFFECTIVE ORGAN TRANSPLANTATIONS POSSIBLE

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.

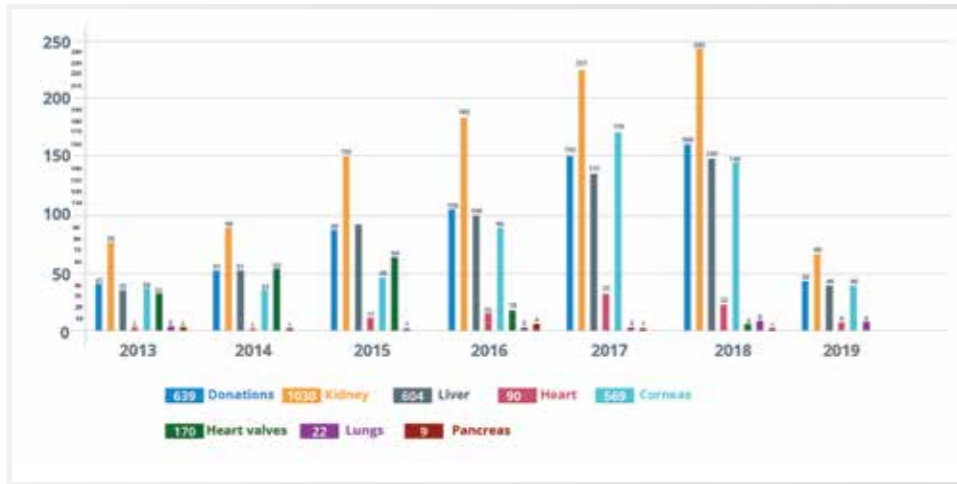
In the year 2013, the Government of Telangana (erstwhile Andhra Pradesh) commenced the new comprehensive scheme "Jeevandan" implying donation of life. In order to generate a boost to organ transplantation. Post bifurcation of the State Andhra Pradesh, the scheme is carried forward by the Government of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



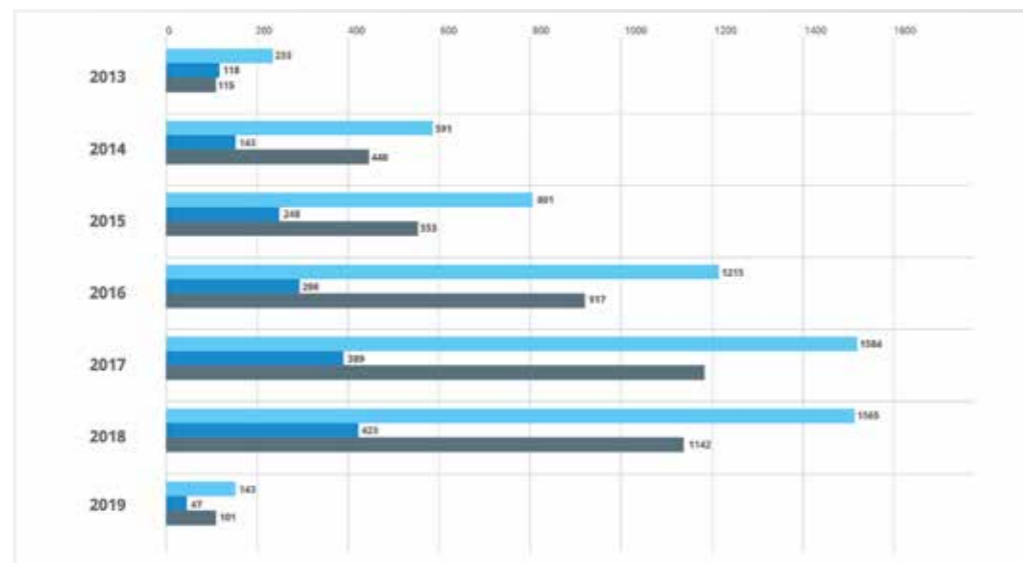
### OBJECTIVES:

- 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.





Year wise Organ Donation Received



Year wise Progress



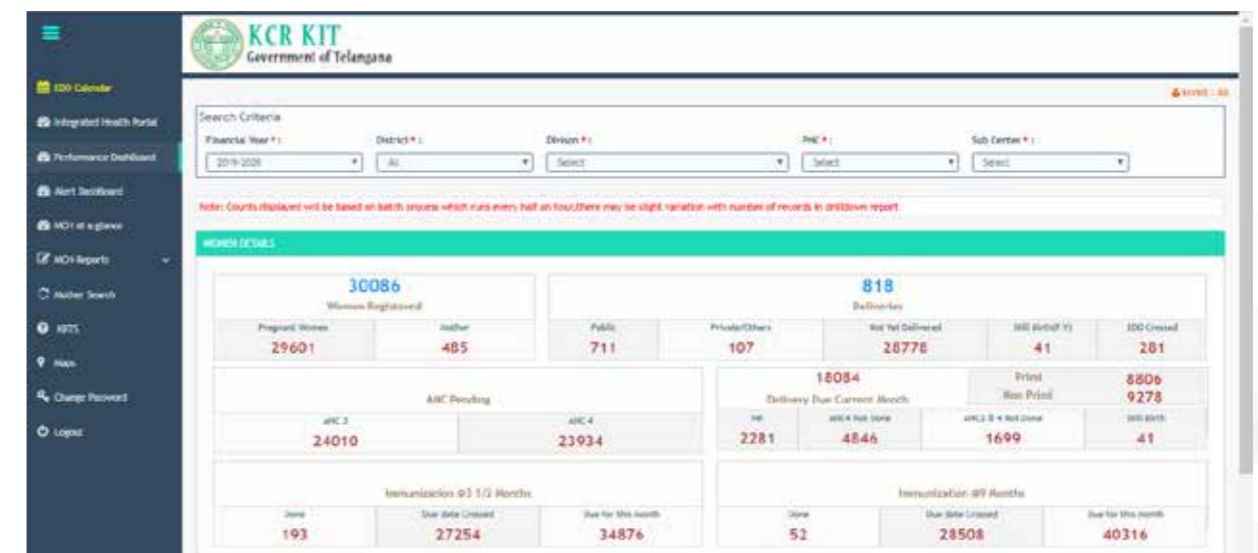
Jeevandan Organ Donation Awareness Programme on 7th February at Mallareddy Medical College all Medical Staff.

## 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.



**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.

Kanti Velugu Eye Camps Summary Report

S.NO	PARTICULARS	ACHEVEMENT		
		TODAY (03-04-2019)	CUMULATIVE	%
1	Number of Villages Completed		9,888	91.54
2	Number of Villages In Progress	4		0.04
3	Number of Wards Completed		919	100
4	Number of Wards In Progress	0		0
5	Number of People Screened	0	1,34,72,849	
	Male	0	70,41,797	45.51
	Female	0	84,29,548	54.48
	Transgender	0	1,504	0.01
	SC	0	25,49,093	18.4
	ST	0	17,05,447	11.82
	BC	0	89,91,929	52.11
	OT	0	11,21,272	7.34

Kanti Velugu Eye Camps District Performance Review Report - Completed Villages & Wards

S.NO	DISTRICT NAME	POPULATION COVERED	NO. OF TEAMS	NO. OF PEOPLE SCREENED	% OF POPULATION COVERED	Avg. NO OF PEOPLE SCREENED PER DAY PER TEAM	READING GLASSES ISSUED	PRESCRIPTION GLASSES REQUIRED	REFERRED FOR REFERRALS
1	JAYAPUR	5,36,917	31	4,74,555	44.42	153	76,388	95,799	13,394
2	KARNATAK	40,74,529	24	8,48,332	20.9	353	88,894	11,877	10,712
3	MAHABUBNAGAR	8,35,828	20	4,44,814	53.46	222	79,171	41,728	14,493
4	MAHABUBNAGAR	8,35,794	14	2,13,245	25.63	152	15,344	11,109	14,188
5	JANGALM	3,49,379	12	2,17,987	62.39	182	46,021	25,928	5,482
6	KARIMNAGAR	8,71,913	22	8,40,229	96.43	382	76,813	18,248	12,174
7	KARIMNAGAR	8,71,913	40	7,13,741	81.91	178	40,947	43,849	19,113
8	RAJESHWAR	7,76,212	17	3,42,292	44.11	201	84,307	40,429	16,407
9	MEDAK	7,47,916	20	4,13,794	55.21	207	89,899	89,611	12,640
10	KARIMNAGAR	8,45,494	14	4,44,814	52.61	317	81,899	45,794	18,814
11	KADAPPA	7,08,149	18	3,43,282	48.46	191	51,387	33,112	12,880
12	KARIMNAGAR	8,71,913	11	2,78,899	32.01	253	42,989	85,785	13,183
13	MAHABUBNAGAR	8,35,828	16	3,19,891	38.28	199	51,954	41,313	13,889
14	MAHABUBNAGAR	8,35,828	17	4,44,814	53.23	261	1,00,949	46,128	13,822
15	MAHABUBNAGAR	8,35,828	23	3,44,843	41.25	149	84,383	47,142	18,518
16	MAHABUBNAGAR	8,35,828	19	3,13,888	37.56	165	58,914	61,241	11,182
17	KARIMNAGAR	8,71,913	12	2,76,138	31.68	230	40,199	17,389	12,999
18	KARIMNAGAR	8,71,913	22	4,34,388	49.83	197	1,00,476	85,819	25,828
19	JOGULAMPUR	8,08,990	18	2,42,312	29.95	134	31,189	26,347	17,688
20	MAHABUBNAGAR	8,35,828	17	2,13,245	25.63	125	1,11,944	61,141	19,497
21	MAHABUBNAGAR	8,35,828	24	4,10,394	49.09	171	88,918	47,907	18,071
22	MAHABUBNAGAR	8,35,828	19	4,44,814	53.23	232	22,983	21,152	28,484

**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-ratation at birth.

Telangana Birth/Death/Notifiable Diseases Registrations Monitoring System

Home, About Health, Gallery, Help & Support, News and Events

Log-In

Enter your User ID: \_\_\_\_\_

Enter your password: \_\_\_\_\_

Log In Reset

NEW Search Delivery Details

Government of Telangana HEALTH, MEDICAL & FAMILY WELFARE

Health Profile Report

Select District: [---] Select PHC: [---]

S.NO	Particular	TODAY (16-04-2019)	CUMULATIVE
1	Number of PHC's Updated OPD	292	792
2	Number of PHC's Not Updated OPD	518	17
3	Total Patients Registered	3375	605694
	Male	1470	244258
	Female	1905	361222
	Transgender	0	204
4	Top 5 Health Issues		
	Knee / stomach / Body Pain		158691
	Fever		119157
	Sore Throat / ENT / Cough		96490
	ANC Checkup		55544
	Allergy		37793

Birth/Death/Notifiable Diseases Registrations Monitoring System Government of Telangana

Dashboard (Cumulative) and Death Details Updated today

From Date: 01-03-2019 To Date: 16-04-2019

Location of hospital: [---] Cause of Death: [---]

Search

Dashboard (Cumulative)

Total: 712 Government facilities: 648 Private Hospitals: 64

Death Details Updated Today

**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.

**PHC Registrations At a Glance**

S.No	Particular	TDMM 01-04-2019	CUMULATIVE
1	Number of PHC's Registered OP	580	778
2	Number of PHC's Not Registered OP	217	19
3	Total Patients Registered	3243	41547
	Male	979	16612
	Female	1265	24476
	TransGender	8	149
4	Complaints		
	Fever	4280	82711
	A/R Checkup	851	35971
	Arthritis	272	4772
	Insultation	1278	8314
	Cynea Issues	992	5115
	Diarrhea	811	14862
	Allerg	1790	25534
	Snake Bite	12	136
	Sore Throat / ENT / Cough	3773	67328
	Hypertension	1427	25425
	Diabetes	764	14013
	TB	38	812

**District Wise Health Statistics Report**

S.No	District	Mandals	Villages	Population	Families	People with Disability	Pregnant Women	People married in last 3 years	People Confirmed	People Newly Added	People Referred	People with Diabetic	People with Hypertension	People with Diabetic & Hypertension	People Issued Anti-Di
1	Adilabad	18	505	7,17,494	3,12,900	6,255	12	58	4,37,257	1,26,512	21,444	1	3	1	4
2	Bhadrachal	22	446	9,08,148	3,16,542	8,513	94	234	4,99,354	1,35,984	26,322	48	90	20	137
3	Hyderabad	0	0	22,70,113	7,65,073	6,190	4	3	16,762	11,629	262	5	13	4	19
4	Jagtai	18	374	9,52,412	3,13,248	12,757	141	187	7,29,174	1,49,421	31,896	48	192	19	80
5	Jangon	11	219	5,46,806	1,74,166	8,708	861	3,779	3,76,005	62,180	17,455	2,135	5,097	889	2,418
6	Jayashankar	20	464	4,44,984	2,30,432	8,297	141	380	5,16,248	1,04,042	35,797	164	331	55	301
7	Jogulamba	12	221	5,69,561	1,56,324	8,164	91	150	3,52,227	1,29,640	14,364	23	35	6	50
8	Kanewadi	22	472	9,09,294	2,80,157	7,838	211	1,485	6,13,555	1,38,811	22,705	84	249	34	290
9	Karimnagar	18	252	9,33,956	3,15,165	17,466	220	200	7,52,058	1,45,298	60,970	59	91	14	668
10	Khammam	21	418	13,27,833	4,61,337	14,878	689	2,180	8,55,921	2,19,871	44,729	478	1,158	161	544
11	Kamarn Bheem	15	414	5,18,417	1,50,479	4,301	242	761	4,74,771	84,395	14,965	28	142	9	314
12	Mahabubabad	18	278	7,78,250	2,55,846	10,885	139	222	6,16,587	1,43,398	25,454	83	300	37	152
13	Mahabubnagar	24	586	13,54,029	3,58,514	19,089	391	1,006	10,32,858	2,81,177	40,371	99	212	52	143
14	Naracherla	18	426	7,46,945	2,54,253	8,823	212	994	3,90,483	58,633	15,316	106	602	50	367
15	Nidad	20	410	7,11,077	2,23,684	8,644	22	31	5,08,977	1,43,740	18,119	9	27	6	16
16	Nedichal Malkajgiri	9	125	19,34,248	6,52,887	7,712	214	277	1,73,493	36,410	4,155	59	171	27	151

**District Wise Health Statistics Report**

S.No	District	Mandals	Villages	Population	Families	People with Disability	Pregnant Women	People married in last 3 years	People Confirmed	People Newly Added	People Referred	People with Diabetic	People with Hypertension	People with Diabetic & Hypertension	People Issued Anti-Di
1	Adilabad	18	505	7,17,494	3,12,900	6,255	12	58	4,37,257	1,26,512	21,444	1	3	1	4
2	Bhadrachal	22	446	9,08,148	3,16,542	8,513	94	234	4,99,354	1,35,984	26,322	48	90	20	137
3	Hyderabad	0	0	22,70,113	7,65,073	6,190	4	3	16,762	11,629	262	5	13	4	19
4	Jagtai	18	374	9,52,412	3,13,248	12,757	141	187	7,29,174	1,49,421	31,896	48	192	19	80
5	Jangon	11	219	5,46,806	1,74,166	8,708	861	3,779	3,76,005	62,180	17,455	2,135	5,097	889	2,418
6	Jayashankar	20	464	4,44,984	2,30,432	8,297	141	380	5,16,248	1,04,042	35,797	164	331	55	301
7	Jogulamba	12	221	5,69,561	1,56,324	8,164	91	150	3,52,227	1,29,640	14,364	23	35	6	50
8	Kanewadi	22	472	9,09,294	2,80,157	7,838	211	1,485	6,13,555	1,38,811	22,705	84	249	34	290
9	Karimnagar	18	252	9,33,956	3,15,165	17,466	220	200	7,52,058	1,45,298	60,970	59	91	14	668
10	Khammam	21	418	13,27,833	4,61,337	14,878	689	2,180	8,55,921	2,19,871	44,729	478	1,158	161	544
11	Kamarn Bheem	15	414	5,18,417	1,50,479	4,301	242	761	4,74,771	84,395	14,965	28	142	9	314
12	Mahabubabad	18	278	7,78,250	2,55,846	10,885	139	222	6,16,587	1,43,398	25,454	83	300	37	152
13	Mahabubnagar	24	586	13,54,029	3,58,514	19,089	391	1,006	10,32,858	2,81,177	40,371	99	212	52	143
14	Naracherla	18	426	7,46,945	2,54,253	8,823	212	994	3,90,483	58,633	15,316	106	602	50	367
15	Nidad	20	410	7,11,077	2,23,684	8,644	22	31	5,08,977	1,43,740	18,119	9	27	6	16
16	Nedichal Malkajgiri	9	125	19,34,248	6,52,887	7,712	214	277	1,73,493	36,410	4,155	59	171	27	151

**PHC Registrations At a Glance**

S.No	Particular	TDMM 02-04-2019	CUMULATIVE
1	Number of PHC's Registered OP	580	779
2	Number of PHC's Not Registered OP	217	19
3	Total Patients Registered	3243	41547
	Male	979	16612
	Female	1265	24476
	TransGender	8	149
4	Complaints		
	Fever	4280	82711
	A/R Checkup	851	35971
	Arthritis	272	4772
	Insultation	1278	8314
	Cynea Issues	992	5115
	Diarrhea	811	14862
	Allerg	1390	25534
	Snake Bite	12	136
	Sore Throat / ENT / Cough	3773	67328
	Hypertension	1427	25425
	Diabetes	764	14013
	TB	38	812
5	Lab Test Required	6388	112111

**NCD SOFTWARE:** All non-communicable disease screenings and follow up are captured with this software.

### INTEGRATED HEALTH PORTAL

Government of Telangana  
HEALTH, MEDICAL & FAMILY WELFARE

PATIENT CARE - IP / OP

Sl no	Name of HoD	IP Yesterday	OP Yesterday	IP Cumulative	OP Cumulative	Number of Health Facilities
1	EPHF/W	49	554	11377	193048	4
2	DME	523	4074	227716	2536029	10
3	TVVP	2434	37758	779470	8796161	80
4	Bashhi Dawakhanaas	0	4098	0	409808	92
5	TG Diagnostics	0	1391	0	306146	87
<b>Total</b>		<b>3006</b>	<b>51765</b>	<b>1018563</b>	<b>12243192</b>	<b>273</b>

Health Profile Report

S.NO	Particular	TODAY	
		16-04-2019	CUMULATIVE
1	Number of PHC's Updated OPD	292	793
2	Number of PHC's Not Updated OPD	518	17
3	Total Patients Registered	3375	605694
	Male	1470	244268
	Female	1505	351222
	Transgender	0	204
4	Top 5 Health Issues		
	Knee / Stomach / Body Pain		158891
	Fever		119157
	Sore Throat / ENT / Cough		96400
	ANC Checkup		55544
	Allergy		37793
5	Number of Referrals Suggested	11	4565
	Aerogyaashree Referral	1	78

### Aarogyashri grievance redressal mechanism

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.

Health Profile Report

S.NO	Particular	TODAY	
		16-04-2019	CUMULATIVE
1	Number of PHC's Updated OPD	292	793
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	Allergy		37793
5	Number of Referrals Suggested	11	4565
	Aerogyaashree Referral	1	78

### 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.

**Online Drugs Licensing System**  
Drugs Control Administration, Government of Telangana

Manufacturing: No of Applications: 4069, No of Approval: 1650, No of Rejection: 66

Sales: No of Applications: 19315, No of Approval: 18040, No of Rejection: 321

Blood Bank: No of Applications: 16, No of Approval: 0, No of Rejection: 0

NDPS: No of Applications: 11, No of Approval: 0, No of Rejection: 0

Buttons: Apply Online, Third Party Verification, Feedback, Dept. Login

### The System allows:

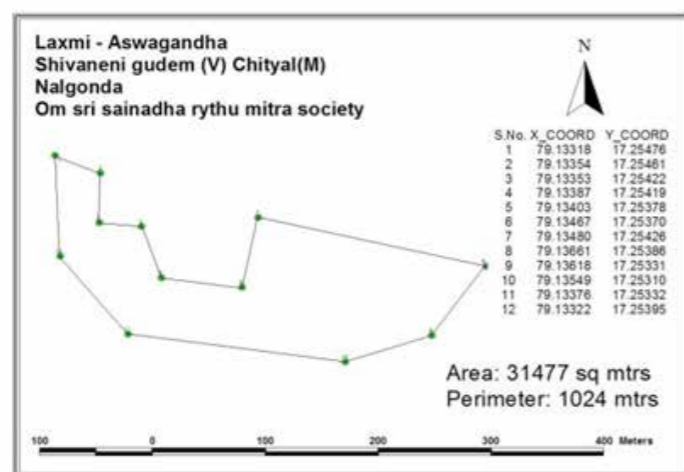
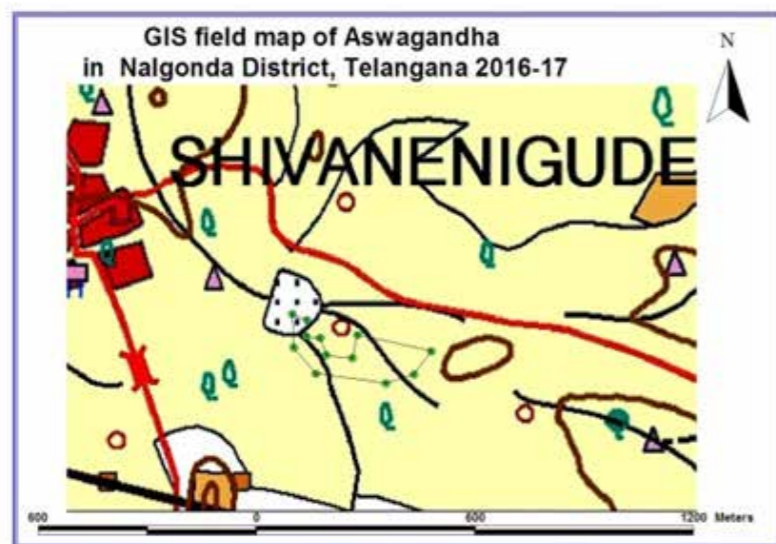
- Online submission of drug licenses application
- Online submission of documents and verification without the need
- Online payment of license fees, tracking and monitoring the progress of application.

- 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

PERFORMANCE:	YEAR	OP	IP	SURGERIES
	2015	5,63,156	35,650	20,468
	2016	5,95,401	39,234	20,155
	2017	6,09,076	42,547	22,019
	2018	6,01,509	49,069	23,315

### JOINT REPLACEMENTS

SI No	Name of the Surgery	2017	2018
1	Total Knee Replacement	96	193
2	Total Hip Replacement	67	104
3	Spine Surgeries	60	52
4	Artificial Limbs	-	34

### TRANSPLANT SURGERIES

SI No	Name of the Surgery	2017	2018
1	Kidney Transplants	115	111
2	Liver Transplants	02	05
3	Heart Transplants	01	Nil
4	Bone marrow transplants	15	24

- 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 Laproscopy, Liver Transplant Retractor etc.

Equipments procured during the year	Total Cost in rupees
2015-2016	11,14,52,901
2016-2017	27,81,57,157
2017-2018	35,84,63,418
<b>Grand total</b>	<b>Rs.74, 80, 73,476</b>

## MNJ INSTITUTE OF ONCOLOGY &RCC, HYDERABAD

MNJ Institute of Oncology ([www.mnjiorcc.in](http://www.mnjiorcc.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 in patients in the Institute.

### PERFORMANCE:

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

### 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 CENTRE'S/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 there under.
- 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.

Sl.No.	Activity	2018-19
1	Inspections	16282
2	Seizures	18
3	Suspensions i) Sales Licences ii) Mfg. Licences	941 3
4	Cancellations i) Sales Licences ii) Mfg. Licences	445 0
5	Prosecutions	640
6	Convictions	15
7	Samples of Drugs Analysed	1199
8	Samples declared as not of standard quality	25

## 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

YEAR	No. Samples lifted	No. of Samples analysed	No. of samples found Unsafe / Misbranded / Substandard	No. of Cases launched		No. of Convictions	No. of Licensed issued under FSSA	No. of Registrations issued under FSSA
				Civil	Criminal			
1	2	3	4	5	6	7	8	9
2018-19	1327	1327	441	255	260	20	19,689	13,679

## 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

Regional Public Health Laboratories:	2018-19
	Achievement
<b>Warangal</b>	<b>4758</b>
Water Quality Monitoring Laboratory	
Medak	1736
Karimnagar	1781
Wanaparthy,	2822
Nalgonda	2295

### DIAGNOSTIC UNITS

YEAR	No. Samples Tested on payment	Amount Collected
1	2	3
2018-19	28565	10075260

## MAJOR ACHIEVEMENTS

ACHIEVEMENTS 2018-19	
<b>1. CENTRAL BLOOD BANK:</b>	
a) No. of Blood units collected	1891
b) No. of camps conducted.	23
<b>2. DIAGNOSTIC TESTS:</b>	
a) Bacteriology	
b) Serology	
c) Pathology	
d) Bio-Chemistry	179758
e) Hepatitis	
f) HIV samples screened (O.P.)	
g) HIV samples screened (VCTC)	
<b>3. WATER ANALYSIS</b>	
a) Water Analysis Wing (Head Quarters.)	14735
<b>4. FOOD ANALYSIS</b>	
Food samples analyzed under PFA / FSSA	
State Food Lab	3083
<b>5. ARV Clinic Patients: New patients treated:</b>	34563
<b>6. International Vaccination done</b>	15128
<b>7. Influenza A(H1N1)</b>	870 Postives Tested-4078

## 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.







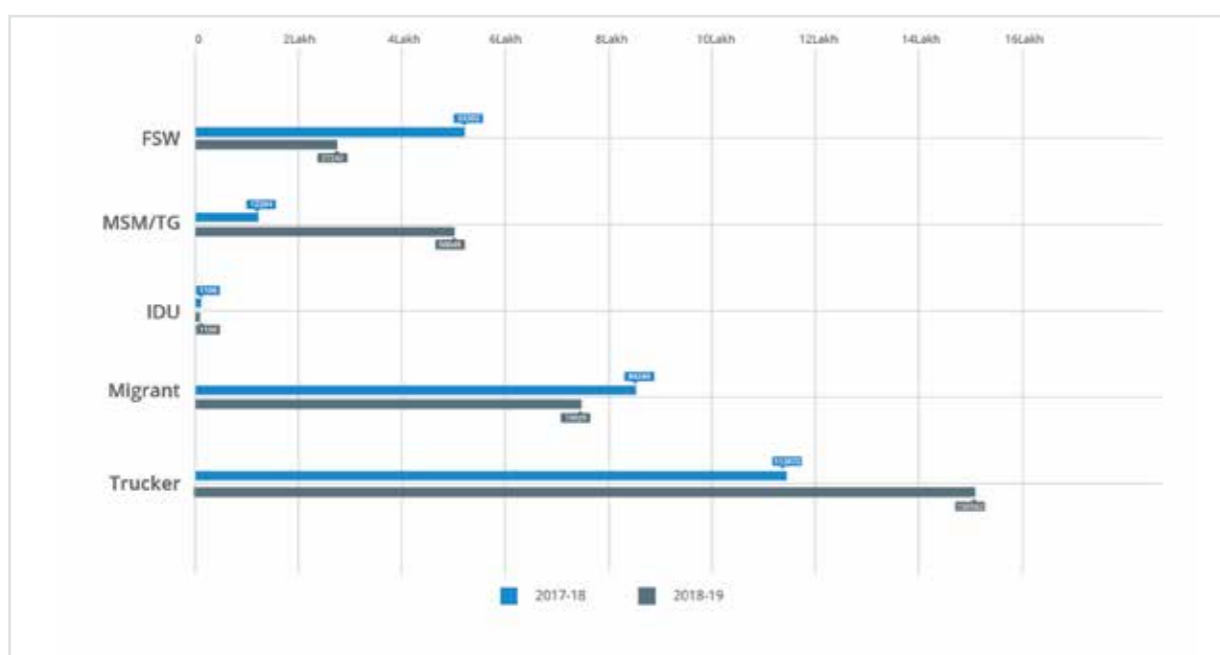
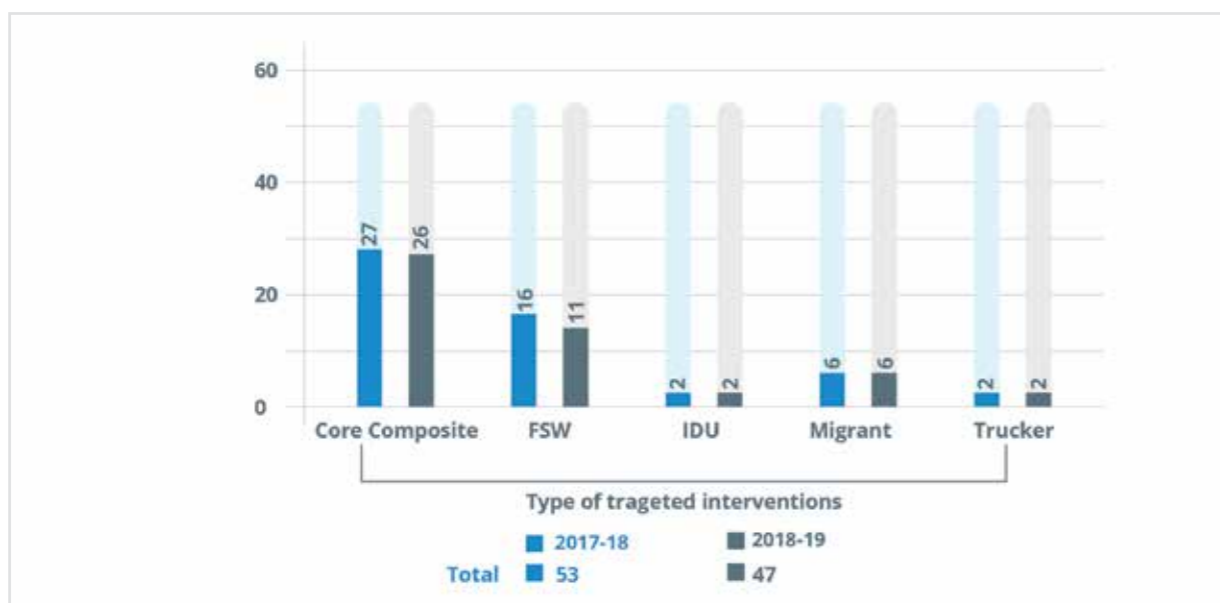
## TSACS Key Establishments and Service Facilities

TSACS Facilities as per New Districts-Component-wise								
Sl. No.	Erstwhile Districts	Districts	ICTC	FICTC	DSRC	Blood Bank	ART centre	Total Facilities
1	Adilabad	Adilabad	4	26	1	2	1	33
2	Adilabad	Komarambheem (Asifabad)	3	16	1	0	0	20
3	Adilabad	Mancherial	5	19	1	2		27
4	Adilabad	Nirmal	6	20	3	1	0	30
5	Hyderabad	Hyderabad	23	36	10	71	5	144
6	Karimnagar	Jagitial	3	23	1	2	1	30
7	Karimnagar	Karimnagar	4	25	1	6	1	36
8	Karimnagar	Peddapalli	5	18	1	1	1	26
9	Karimnagar	RajannaSircilla	1	16	1	0	0	18
10	Khammam	Badradi (Kothagudem)	7	34	2	4	1	47
11	Khammam	Khammam	4	44	1	7	1	56
12	Mahbubnagar	Jogulambha (Gadwal)	3	13	1	1	0	18
13	Mahbubnagar	Mahabubnagar	7	39	2	3	1	50
14	Mahbubnagar	Nagarkurnool	4	29	1	0	0	34
15	Mahbubnagar	Wanaparthy	2	14	1	1	0	18
16	Medak	Medak	4	21	1	0	0	26
17	Medak	Sangareddy	8	34	2	3	1	48
18	Medak	Siddipet	6	33	2	1	1	43
19	Nalgonda	Nalgonda	10	41	2	4	1	58
20	Nalgonda	Suryapet	5	28	2	1	1	37
21	Nalgonda	Yadadi (Bhuvanagiri)	4	23	1	0	0	27
22	Nizamabad	Kamareddy	5	26	2	2	2	36
23	Nizamabad	Nizamabad	7	48	2	4	1	61
24	Rangareddy	Malkajgiri	9	14	0	10	0	33
25	Rangareddy	Rangareddy	14	50	2	7	1	73
26	Rangareddy	Vikarabad	7	17	1	1	0	26
27	Warangal	Jangoan	3	14	1	1	1	20
28	Warangal	Jayashankar (Bhupalapally)	4	22	0	1	0	27
29	Warangal	Mahabubabad	2	17	1	0	0	20
30	Warangal	Warangal Rural	3	23	0	0	0	25
31	Warangal	Warangal Urban	4	24	3	5	1	37
<b>State Total</b>			<b>176</b>	<b>807</b>	<b>50</b>	<b>141</b>	<b>22</b>	<b>1184</b>

## 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:



### Following are the details of the District wise Coverage:

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

### 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 Ujjwala and Swadhar Home settings supported by TSACS, Telangana, SAATHII Subhiksha project implementation states.

State	Central Jail	District Jail	Sub Jail	Women's Jail	Open Jail	Special Jail	Total
Telangana(TS)	3	7	24	1	1	0	36
Ujjwala Homes	4	0	0	0	0	0	4
Swadhar Homes	20	0	0	0	0	0	20

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

District wise Performance in General Clients for the period 2018-19				
Target for 2018-19	Testings done	% of Achievement	Identified Positives	% of Positivity
792230	596866	75.34	9458	1.58

District wise Performance in Antenatal Cases for the period 2018-19				
Target for 2018-19	Testings done	% of Achievement	Identified Positives	% of Positivity
700197	664170	94.85	550	0.08

### 2. DISTRICT WISE PERFORMANCE IN HIV / TB REFERRALS FOR THE PERIOD 2018-19

District wise Performance in HIV / TB Referrals for the period 2018-19					
Number of persons Referred to RNTCP Unit		Diagnosed as TB out of Referred TB Suspects		Number receiving DOTS out of Diagnosed TB Patients	
HIV Positive	HIV Negative	HIV Positive	HIV Negative	HIV Positive	HIV Negative
8968	26732	329	1905	288	1922

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

Performance of Blood Banks for the period 2018-19						
Total Blood Collection	Voluntary Blood Collection	% of Voluntary Blood Collection	Total Blood Collection at NACO Supported BBs	voluntary blood collection in NACO supported	% of Blood Collection at NACO supported BBs	Voluntary Blood Donation Camps organized
340462	214073	62.88	176615	134003	75.87	2188

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

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

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

District wise STI / RTI Performance for the period 2018-19 :: TI NGO								
Total Visits	STI Cases Treated	RMC	RPR Tests Conducted	RPR Reactives	Number of partner notification undertaken	Number of partners managed	Referred to ICTC	Found HIV Positive
175725	2352	130174	23838	13	14082	166	71573	1009



# 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:

Modern Medicine				Ayurvedic		Paramedical	
U.G	P.G	S. Spl	PDF	U.G	P.G	U.G	P.G
3500	1428	88	32	674	117	5980	570

## 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				
Year	Course	Total	Passed	%
2016-17	PG AYUSH	80	78	97.5
	PG PARAMEDICAL	262	155	59.16030534
	UG AYUSH	635	595	93.7007874
	UG PARAMEDICAL	4606	2776	60.26921407
	MD HOMEO	30	23	76.66666667
	BDS	1112	1020	91.72661871
	MBBS	3688	3666	99.40347072
	PG DEGREE	30	30	100
	PG DIPLOMA	195	174	89.23076923
	APPLIED NUTRITION	22	22	100
	<b>TOTAL</b>	<b>10660</b>	<b>8539</b>	<b>80.10318949</b>
	Year	Course	Total	Passed
2017-18	MBBS-1st year	3200	3090	96.5625
	BDS-1st & 2nd Year	1140	918	80.52631579
	BAMS-1st Year	96	54	56.25
	BAMS-2nd Year	87	60	68.96551724
	BHMS-1st year	402	348	86.56716418
	BHMS-2nd year	246	220	89.43089431
	BPT-1st Year	819	367	44.81074481
	BPT-2nd Year	556	262	47.12230216
	BNYS Part-II	30	30	100
	BSC Nursing-1st Year	3486	1279	36.69
	BSC Nursing-2nd Year	2827	1099	38.88
	Post Basic Nursing-1st Year	244	62	25.41
	Post Basic Nursing-2nd Year	154	34	22.08
	MLT-1st Year	536	136	25.37
	MLT-2nd Year	230	92	40
	MD Ayurveda-1st Year	34	28	82.35
	MD Unani-1st Year	48	41	85.42
	MPT-1st Year	99	1	1.01
	MPT-2nd Year	13	6	46.15
	MSc Nursing-1st Year	210	141	67.14
	MSc Nursing-2nd Year	106	96	90.57
	BUMS 1st Year	137	115	83.94
	BUMS 2nd Year	155	73	47.1
	<b>TOTAL</b>	<b>14855</b>	<b>8552</b>	<b>57.5698418</b>

OVERALL STATISTICS				
Year	Course	Total	Passed	%
2018-19	MBBS-2nd Year	3638	Results declared	
	MSc Applied Nutrition-Supplementary	6		
	BHMS-1st Year Supplementary	Exams Scheduled in April Month		
	BHMS-2nd Year Supplementary			
	BAMS-1st Year Supplementary			
	BAMS-2nd Year Supplementary			
	Ist BNYS Part-II			
	II BNYS Part-I			
	BPT-1st Year Supplementary			
	BPT-2nd Year Supplementary			



## 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

Sl. No.	Name of the scheme	No. of works takenup	Budget Provision (Rs. In lakhs)	Expenditure (Rs.in lakhs)	No. of works completed	No. of works ongoing
1	DME works	16	25000.00	7772.18		16
2	Upkeep (DME Hospitals)	25	2700.00	533.62	18	7
3	TVVP Hospitals (Upgradation)	18	1500.00	965.61	13	5
4	TVVP Hospitals (Strengthening)	83	10.00	134.32	69	18
5	DoPH& FW	14	2000.00	178.22	4	10
6	NABARD	28	3046.26	861.00	21	7
7	NRHM Works	228	1983.00	2161.92	103	53
8	Ayush	49	337.60	112.14	14	30
9	MNJ	2	400.00	117.77		2
10	NIMS Rangapur	1	800.00		1	
<b>Total</b>		<b>413</b>	<b>37776.86</b>	<b>12836.78</b>	<b>126</b>	<b>118</b>

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

Sl. No	Name of the Work	Amount in Rs (in Crs)
1	Construction of Government Medical College, Mahaboobnagar	130.00
2	Construction of Government Medical College, Siddipet	135.00
3	Establishment of New Government Medical College & Hospital at Nalgonda	275.00
4	Establishment of New Government Medical College & Hospital at Suryapet	485.00
5	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	12.00
6	Construction of Administrative Block at Kaloji Narayana Rao University of Health Sciences, Central Prison Campus, Auto Nagar Road, Warangal District	20.00
7	Construction of Govt.NursingCollege at Siricilla in RajannaSircilla District	27.75
8	Upgradation of KohirHospital, Sangareddy District from 16 bedded hospital to 50 bedded Hospital	11.50
9	Construction of 50 bedded MCH Centres (4) Nos. at various places	28.00
10	Construction of 100 bedded MCH centres (8) Nos. at various places	136.00

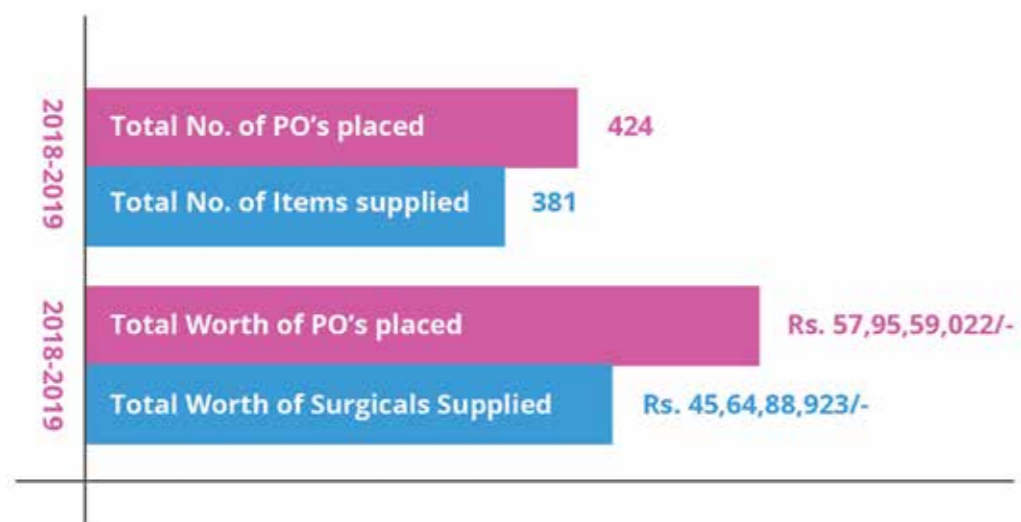
## CIVIL WORKS

Sl. No.	Name of Hospitals / Colleges	Adm sanction	Agmt. Amount Expenditure (Rs. In Crores)	Expenditure (Rs. In Crores)					Cumulative Expenditure
				2014-15	2015-16	2016-17	2017-18	2018-19	
1	DME Works	714.07	494.42	21.25	74.17	75.86	93.05	62.50	326.84
2	Upkeep (Teaching Hosp.) under DME	63.13	35.31	0.00	0.00	4.16	10.40	5.34	19.90
3	MNJIO RCC	13.40	8.26	0.00	0.00	0.31	1.18	3.15	4.64
4	NIMS Division	153.39	128.36	0.00	0.00	1.98	8.02	1.06	11.06
5	TVVP (Upgradation)	235.46	127.88	4.32	24.89	38.43	18.89	15.00	101.54
6	TVVP (Strengthening)	33.50	21.22	0.00	0.00	0.34	5.66	3.00	9.00
7	DoPH&FW (Upgradation)	92.92	52.02	0.00	0.85	8.15	9.69	5.00	23.69
8	PHCs - DPHFW	7.20	3.37	0.00	1.19	0.42	0.53	0.20	2.34
9	NABARD	187.20	119.28	1.75	27.06	38.60	29.17	35.00	131.58
10	AYUSH	22.46	10.34	1.04	0.37	1.36	1.12	0.69	4.59
NRHM WORKS									
11	MCH	188.00	93.02	20.44	13.42	30.03	24.65	12.50	101.04
12	Niloufer Hospital	54.06	14.43	4.53	1.80	5.02	2.91	0.00	14.26
13	NRHM Works (PHCs, Sub-Centres etc)	117.19	62.61	24.69	14.10	10.37	3.61	0.00	52.78
14	TVVP Repairs	10.20	5.82	0.00	0.37	5.56	0.34	0.00	6.28
15	Labour rooms	23.42	10.02	0.00	0.00	0.07	5.49	3.00	8.56
<b>TOTAL</b>		<b>1915.61</b>	<b>1186.37</b>	<b>78.01</b>	<b>158.23</b>	<b>220.67</b>	<b>214.73</b>	<b>146.44</b>	<b>818.04</b>
1	SE Level works	37.62	25.40	2.39	2.43	7.90	8.35	0.00	21.07
2	EE Level works	60.11	43.99	10.68	7.15	12.70	11.13	15.77	57.43
<b>GRAND TOTAL</b>		<b>2013.34</b>	<b>1255.76</b>	<b>91.09</b>	<b>167.81</b>	<b>241.27</b>	<b>234.20</b>	<b>162.21</b>	<b>896.98</b>

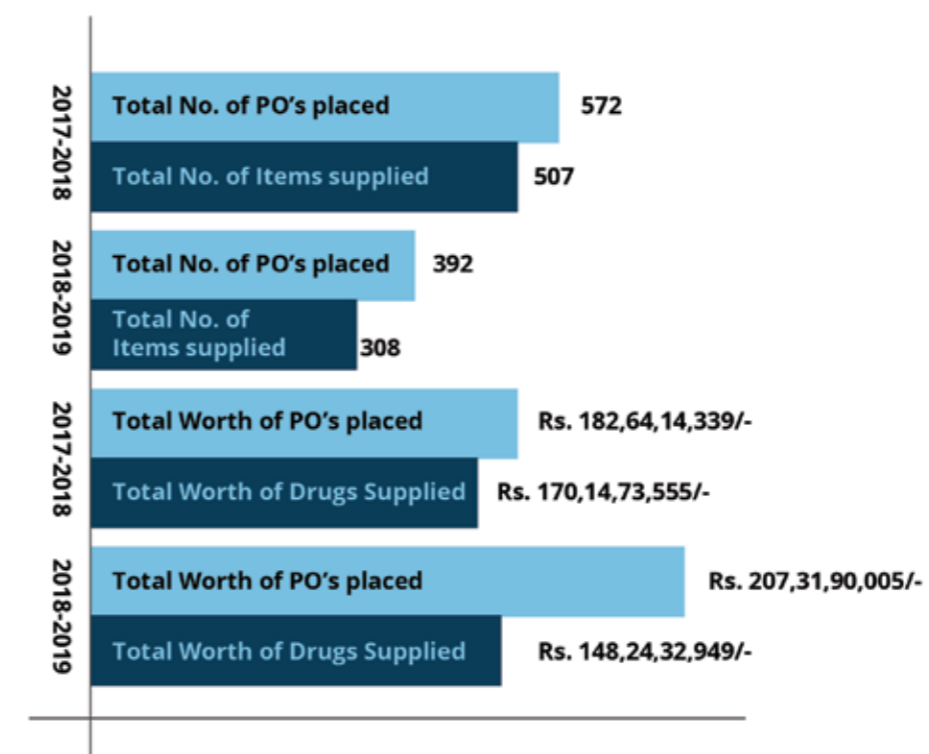
## FURNITURE & EQUIPMENT

S No	Description	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	TOTAL
1	Furniture-Govt. Hospitals	1.64	6.01	30.66	14.44	6.98	0.15	59.88
2	Equipment-Labour rooms & MCH centres	0.49	5.38	10.00	0	0.14	0	16.01
3	Equipment-Diagnostic Services	1.18	12.86	38.97	24.28	3.28	1.51	82.08
4	Equipment-Operation Theatre	0	5.51	9.01	0	0	0	14.52
5	Equipment-ICUs	4.78	10.73	16.58	0	0	0	32.09
6	KCR KIT	0	0	0	54.86	77.77	0	132.63
7	Kanti Velugu Program	0	0	0	7.46	106.20	0	113.66
8	Other Equipment-Govt. Hospitals	4.51	14.77	13.68	108.49	24.80	1.33	167.54
<b>TOTAL</b>		<b>12.60</b>	<b>55.26</b>	<b>118.90</b>	<b>209.49</b>	<b>219.17</b>	<b>2.99</b>	<b>618.41</b>

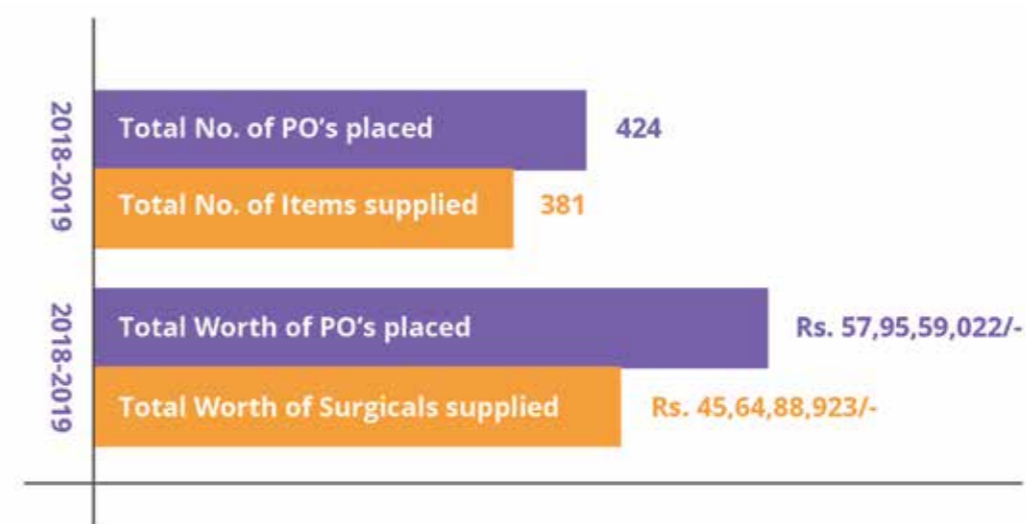
## CLOTH & TENTAGES (CTS)

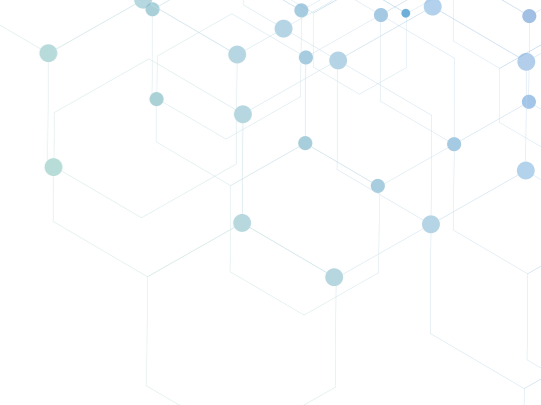


## GENERAL MEDICINES

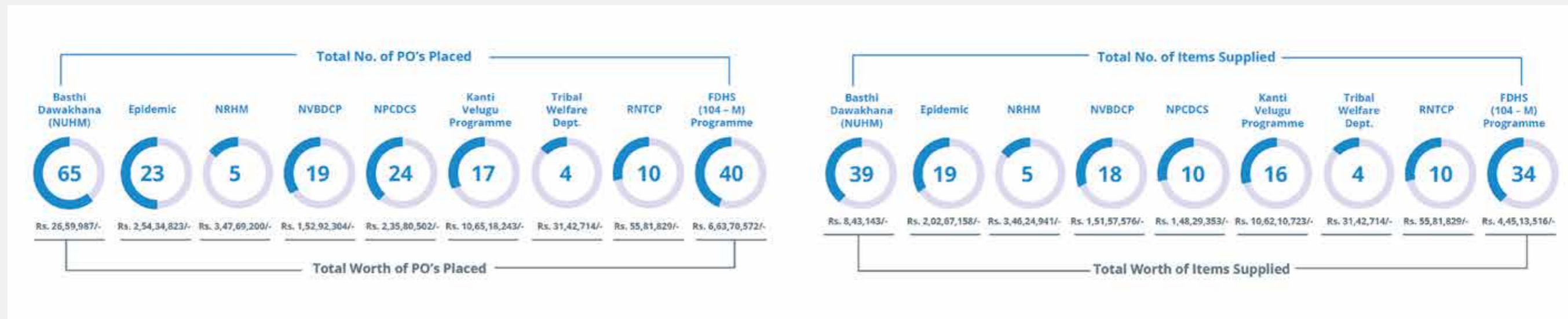


## SURGICAL CONSUMABLES





## STRENGTHENING SCHEMES





## 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, Wanaparthy & 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 14<sup>th</sup> & 15<sup>th</sup> June, 2018 at (IIHFW), Vengalrao Nagar, Hyderabad along with VBD meeting in all blood banks on July 4<sup>th</sup> 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 (TSMGPB):

- + TSMGPB 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.
- + TSMGPB 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: TSMGPB 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».
- + TSMGPB 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 TSMGPB Herbal Garden at Himayat Sagar, Ranga Reddy District”.
- + During the last financial year, IIFHW 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 an 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

### పాగాకుతో ప్రాణానికే ముప్పు

మెడల్ కలెక్టర్, సూన్ టుడే: పాగాకు, సంబంధిత ఉత్పత్తులను సేవించడం వల్ల ప్రాణాలకు ముప్పు వాటిల్లుతుంది వస్త్రే ఆరోగ్య శాఖ ఎన్ఎస్ఐ అదనపు డైరెక్టర్ వద్దావతి అన్నారు. ప్రపంచ పాగాకు వ్యతిరేక దినోత్సవాన్ని పురస్కరించుకుని గురువారం కలెక్టర్లలో అవగాహన కార్యక్రమం నిర్వహించారు. ఈ సందర్భంగా ఆమె మాట్లాడుతూ సిగరెట్ తాగడం వల్ల ఉపరితలతలు చెడిపోయి ముక్కు ఒడికి చేరుతున్నారని అన్నారు. కార్యక్రమంలో జిల్లా వైద్యఆరోగ్య శాఖ అధికారి వెంకటేశ్వర్లరావు, డీఐఓ నవీన్ కుమార్, డీఎంఓ చక్రవర్తి, వైద్య సిబ్బంది రేణుకుమార్, అనూప, నాగరాజు, శ్రీనివాసులు, వెంకటరాంరెడ్డి పాల్గొన్నారు.



ప్రసంగిస్తున్న వద్యావతి

### నిబంధనలు పాటించని దుకాణదారులకు జరిమానా

- స్పందించిన రాష్ట్ర ఆరోగ్య శాఖ అధికారులు
- కిరాణా దుకాణాలపై ఆచరణ తనిఖీ

రామంలాపూర్: ఈ సెం 22వ సార్టిలో వచ్చిన అందులోని పాగ కటానికి రాష్ట్ర ఆరోగ్య శాఖ స్పందించింది. ఆ శాఖ జాయింట్ కలెక్టర్ శ్రీనివాస్ రావు ఆధీనంలో రామంలాపూర్లోని పలు కిరాణా దుకాణాలను అధికారులు గురువారం ఆచరణ తనిఖీలు నిర్వహించారు. నిబంధనలకు విరుద్ధంగా సిగరెట్లు, పాగాకు మద్యాలను అమ్ముతున్న పాగు యజమానులకు జరిమానాలు చేశారు. 18 వ్యక్తులపై విజ్ఞప్తి నిగ్రహం, డీడీలు



కిరాణా దుకాణాలపై ఆచరణ తనిఖీ

# అవయవ దానం.. మరొకరికి ప్రాణం

కోటపల్లి: మరణానంతరం తమ కేరళలోని అవయవాల దానం చేయటం వ్యవస్థలగా ముందుకు రావాలని సదాశంకర్ అర్జున్ డోనేషన్ వెర్సర్ల సొసైటీ సభ్యులు పేర్కొన్నారు. మండలంలోని బహువర్ణ గ్రామంలో ఆదివారం గత సెం 22వ రెస్పాన్డర్ సమీపంలో జరిగిన రోడ్డు ప్రమాదంలో త్రయింకెడేతో మరణించిన చల్లా తిరుపతిరెడ్డి సస్యరం సభ్యుని నిర్వహించారు. జీవనానంతరం సుందర్ వచ్చింది, అపోలో హాస్పిటల్ లో చేరిన వెంటనే డాక్టర్ గిరీష్, సదాశంకర్ సొసైటీ ప్రధాన కార్యదర్శి లింగమూర్తి ముఖ్య అధికారి హాజరై చల్లా తిరుపతిరెడ్డి కుటుంబాన్ని ప్రార్థనలు చేసారు. అవయవదానం చేసిన తిరుపతిరెడ్డి భార్య లలిత, కొడుకు సాయికృష్ణ, కుమార్తె సాయిశ్రీకాంత్ సు ఘనంగా సన్మానించి అభినందన పత్రం అందజేశారు. ఆ సందర్భంగా ప్రస్తుత సభ్యులు మాట్లాడుతూ తిరుపతిరెడ్డి త్రయింకెడేతో అయి మరణించినా ఎంతో గొప్ప మనస్సుతో అవయవ దానానికి ముందుకు వచ్చి ఇవ్వటం ప్రాణదానం చేసిన ఆ కుటుంబసభ్యుల ఔదార్యానికి సదాశంకర్, జీవనానంతరం పాండిషన్ ప్రత్యేకంగా అభినందించింది. దీన్ని స్ఫూర్తిగా తీసుకుని మంచిదానం జిల్లా రాష్ట్రంలోని ప్రధానంగా నిలవాలని గ్రామ సభ్యుల కోరారు. అనంతరం గ్రామస్థులకు అవయవదానంపై అవగాహన కల్పించారు. దీంతో సర్పంచ్ వచ్చిరెడ్డి రాంరెడ్డి ఆ దర్శనంలో గ్రామంలోని సుమారు 100 అవయవదానానికి ముందుకు రాగా వారికి ఐడీ కార్డులు అందజేశారు. కార్యక్రమంలో అంపేటి జయశ్రీకాంత్, చెలిమల బాబురెడ్డి, మేడ తిరుపతిరెడ్డి, ఉపసర్పంచ్ నలీం, ముల్లపల్లి శివారెడ్డి, గడ్డ గౌడ్, గోవిందారెడ్డి, మాజీ ఎంపీటీసీ వేముల రాజు, సదాశంకర్ సొసైటీ సభ్యులు రాంరెడ్డి, రాజు పాల్గొన్నారు.



అవయవదానం అందజేస్తున్న డాక్టర్ల సభ్యులు

# దంత వైద్య విద్యలో మార్పులు అవసరం

### బోర్డ్ ఆఫ్ సైడిస్ సమావేశాల్లో వల్లిపేటి వీణ్ కరుణాకర్ రెడ్డి

అంతం ఆసుపత్రి, న్యూఢిల్లీ: దంత వైద్య విద్యా విధానం మెరుగు కోసం ప్రస్తుత విధానంలో మార్పులు చేయాల్సిన అవసరం ఎంతైనా ఉంది కాళీ ఆరోగ్య విజ్ఞాన విశ్వవిద్యాలయం ఉప కులపతి డాక్టర్ కరుణాకర్ రెడ్డి చెప్పారు. సూత్రంగా ఏర్పాటు చేసిన బోర్డ్ ఆఫ్ సైడిస్ సమావేశాల్లో వల్లిపేటి వీణ్ కరుణాకర్ రెడ్డి, దంత కళాశాల చట్టం, విద్యా బోధనలో ప్రమాణం పెంపును ఏర్పాటు చేసిన కోర్ట్ ఆఫ్ సైడిస్ (వీటిఎస్) సమావేశాలు గురువారం రెండు రోజులు కొనసాగాయి. బుధవారం ప్రారంభమైన ఈ సమావేశాలు తనెం 18 వరకు కొనసాగుతాయి. ఎంపీటీఎస్ ప్రధాన, ద్వితీయ, డీఐఎస్, ఎంపీఎస్, సూపర్ స్పెషాలిటీ కోర్సుల్లో ప్రమాణం పెంచే ద్వారా సమావేశాలు నిర్వహిస్తున్నారు. దశల దారిగా ఏప్రిల్ దివస నాటికి 20 సమావేశాలు నిర్వహించాలని ప్రణాళిక రూపొందించారు. 2019-20 విద్యా సంవత్సరం ప్రారంభానికి ముందే వైద్య విద్యలో ప్రమాణాలు పెంపును వల్లిపేటి అధికారులు తీవ్రంగా శ్రద్ధ చేస్తున్నారు. రాష్ట్రంలోని వివిధ వైద్య కళాశాలల్లో బోధన అనుభవంలో పనిచేస్తున్న ప్రొఫెసర్లను అర్జున్ నింబారు. ప్రస్తుతం ఎలా ఉంది, ఎలా మార్చాలి, ఏయి అంకల్స్ బోధనలో తోడించాలి, విద్యార్థుల హాజరు శాతం మెరుగుపరచాలి ప్రయత్నాలు చేయాలి, బోధన విద్య ప్రమాణాలు పటిష్టం చేయాలి తీసుకోవాల్సిన జాగ్రత్తలపై వల్లిపేటి అధికారులు సమావేశం చేశారు. ఈ సందర్భంగా వల్లిపేటి వీణ్ కరుణాకర్ రెడ్డి మాట్లాడుతూ వల్లిపేటి కార్యకలాపాలు పూర్తి పారదర్శకంగా నిర్వహిస్తున్నామన్నారు. అరుణిక సాంకేతిక పరిజ్ఞానాన్ని పైకం పూర్తిస్థాయిలో వినియోగించుకున్నామని వివరించారు. మార్కానంకంలోనూ డిజిటల్ పద్ధతుల్ని అవలంబిస్తున్నట్లు చెప్పారు. వైద్య విద్యలో లోపభూయిష్టంగా ఉన్న పలు అంశాలను పటిష్టపరచడానికి మార్పులు చేర్పులు తీసుకువస్తున్నట్లు వివరించారు. సమావేశంలో రెజిస్టర్ డాక్టర్ డి.రావు, రిజిస్టర్ డాక్టర్ ప్రదీప్, చరణ్ నియంత్రణ అధికారి డాక్టర్ మల్లేశ్వర్, జాయింట్ రిజిస్టర్ డాక్టర్ రామేష్, రాష్ట్రంలోని వివిధ దంత వైద్య కళాశాల ప్రతినిధులు, దంత వైద్యులు పాల్గొన్నారు.



వైద్యులతో మాట్లాడుతున్న వీణ్ కరుణాకర్ రెడ్డి

## GOVT HOSPITALS IN 'PINK' OF HEALTH

Should we always rely on private hospitals for quality treatment & clean surroundings? Telangana govt is proving that idea wrong

**GOVT HOSPITALS IN 'PINK' OF HEALTH**

Should we always rely on private hospitals for quality treatment & clean surroundings? Telangana govt is proving that idea wrong

### MOVIE over corporate hospitals, the Telangana government is in the process of improving the aesthetics and infrastructure of government healthcare centres in the state.

**GOVT HOSPITALS IN 'PINK' OF HEALTH**

Should we always rely on private hospitals for quality treatment & clean surroundings? Telangana govt is proving that idea wrong

### Giving private peers a run for their money

**CHALSA PHC** is giving a tough competition to private hospitals with its state-of-the-art infrastructure and health care facilities. Boasting modern facilities ranging from its labour delivery recovery rooms to a newborn care centre, the centre has been attracting patients from several neighbouring villages.

## TS healthcare the best

National Health Mission terms it a 'high performing State' for its efficient medical services

**Key NHM observations**

- Institutional deliveries: 91.5%
- Total fertility rate: 1.8
- Infant mortality rate: 28

According to NHM report, MMR in TS is 92

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**DEPARTMENT OF HEALTH, MEDICAL  
& FAMILY WELFARE  
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