

Kanti Velugu

To work towards “Avoidable Blindness Free Telangana”, the Government has decided to take up universal eye screening by covering the entire population of the state under the name “Kanti Velugu”. The programme will be launched on 15.8.2018.

1. The objectives of “Kanti Velugu” are as follows:

- i. To conduct eye screening & vision test for all citizens of the state.
- ii. Provide spectacles free of cost
- iii. Arrange for surgeries and other treatments free of cost.
- iv. Provide medicines for common eye ailments
- v. Educate people on prevention of serious disabling eye diseases

2. The following preparatory activities are being done at the District level:

- i. In the rural areas camps will be held PHC-wise and in GHMC area & other urban areas, camps will be held ward wise.
- ii. Each camp team will have a Medical Officer, an Optometrist and 6-8 support staff like ANMs, Supervisors & ASHAs. Each team will be given a full time vehicle.
- iii. About 250 persons in rural areas and 300 persons in urban areas are expected to be screened in a day in one camp, of which about 40% will be requiring treatment.
- iv. Camp schedules (village wise dates of visits) along with names of MO & Optometrist camp are prepared.
- v. Each district will have a buffer team of 4-6 Medical Officers and Optometrists to be used in case of contingency.

- vi. A total of 799 teams are formed with 940 Medical Officers, 1000 Optometrists and about 8000 supporting staff. All staff have been trained.
 - vii. While deputing staff to the camps, it is ensured that every PHC has at least 1 MO and the routine functioning of PHCs is not affected.
3. The camp site will be a pucca building like schools/community buildings /GP buildings/any other government buildings.
 4. Wide publicity will be given about the visit schedule to ensure that people know about the camp well in advance and that the turnout is good.
 5. The following checkups & services will be provided at the camps:
 - i. Preliminary eye examination (Unaided Visual Acuity) with the help of eye chart (Snellen's).
 - ii. Detailed eye examination (Objective Refraction & Subjective Refraction)
 - iii. Distribution of medicines for eye problems & Spectacles.
 - iv. Referring cases to identified hospitals for follow up treatment & surgeries.

For simple refractive error corrections, reading glasses will be issued in the camp itself on the same date. Prescription glasses would be issued after 3-4 weeks, as they have to be made as per the prescription.

The patients requiring further care and surgeries will be provided free treatment in identified secondary and tertiary hospitals. About 114 Govt/Pvt/NGO hospitals are identified.

6. The entire programme of screening including distribution of spectacles and follow up surgeries will be done with the help of a customised software Application developed for the purpose.

7. Material/ equipment shown below is procured and sent to districts to be deployed in each camp:

- | | |
|----------------------------|-------------------|
| a. Trial lens' sets | f. Medicines |
| b. Auto-Refractor | g. Two Tablet PCs |
| c. Vision/Snellens' Charts | h. Tape |
| d. Spectacles | i. Torch |
| e. Mirrors | j. IEC material. |

8. All Collectors are released requisite budget.

9. The ophthalmology departments in 30 District Headquarters hospitals, Sarojini Devi Eye Hospital, Hyderabad and Regional Eye Hospital, Warangal are also being strengthened.

10. Hon'ble Chief Minister desired that peoples' representatives have to be a part of this programme in a big way. Their participation will be crucial for the success of the programme. District level meetings will be held with peoples' representatives like Honble MLAs, MLCs, chairmen ZPP & Municipalities, Mayors, chairmen of Govt corporations, ZPTCs, MPTCs, and Government officials .

11. District Collectors are also requested to involve important Departments at District and Mandal level for coordination, support etc.

12. The programme is expected to have a huge impact in achieving "Avoidable Blindness Free State." The following are the estimates of coverage of the programme:

- Total Population to be covered : 350 lakhs
- No. of Spectacles estimated to be distributed: 40.00 lkhs
- No. of people estimated to be given Primary Care : 50.00 lakhs
- No. of people estimated to be given Secondary Care : 2.6 lkhs
- No. of people estimated to be given tertiary Care : 0.15 lkhs

ANNEXURE
DISTRICT WISE NUMBER OF TEAMS

S No	District	Rural Teams	Urban Teams	GHMC Teams	Total Teams	Buffer Teams
1	Adilabad	15	3		18	3
2	Bhadadri	22	5		27	4
3	Jagityal	18	5		23	4
4	Jangaon	12	1		13	3
5	Jayashanker	17	1		18	3
6	Jogulamba	13	2		15	3
7	Kamareddy	20	2		22	4
8	Karimnagar	17	7		24	4
9	Khammam	25	7		32	4
10	Kumaram Bheem	12	1		13	3
11	Mahabubabad	18	1		19	3
12	Mahabubnagar	29	5		34	4
13	Mancherail	14	4		18	3
14	Medak	18	1		19	3
15	Nagarkurnool	19	2		21	3
16	Nalgonda	32	5		37	4
17	Nirmal	13	3		16	3
18	Nizamabad	26	9		35	4
19	Peddapalli	12	5		17	3
20	Rajanna Sircilla	11	2		13	3
21	Siddipet	20	3		23	4
22	Suryapet	22	4		26	4
23	Vikarabad	20	2		22	4
24	Wanaparthy	13	1		14	3
25	Warangal Rural	16	0		16	3
26	Warangal Urban	9	12		21	3
27	Yadadri	16	1		17	3
28	Hyderabad	0	0	84	84	6
29	Medchal-Malkajgiri	9	3	40	52	5
30	Ranga Reddy	28	3	24	55	6
31	Sanga Reddy	29	4	2	35	4
Total		545	104	150	799	113