

# **THE RIGHT TO INFORMATION ACT, 2005**



## **RIGHT TO INFORMATION ACT, 2005**

**4(1)(b) Manual 2018**

**COMMISSIONER OF HEALTH AND FAMILY WELFARE  
SULTHAN BAZAR, HYDERABAD, 500095**

**INFORMATION HANDBOOK**

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## **CHAPTER- 1**

### **INTRODUCTION**

#### **BACKGROUND**

The Right to information Act, 2005 No.22 of 2005 received the assent of the President of India on the 15th June 2005. The Act is to provide for setting out the practical regime of Right to Information for citizens to secure access to information under the control of Public Authorities, in order to promote transparency and accountability in the working of every public authority, the Constitution of a Central Information Commission and State Information Commissions for matters connected therewith which are incidental thereto. The Act extends to the whole of India except the State of Jammu & Kashmir.

#### **OBJECTIVE OF INFORMATION HANDBOOK**

Under Section 4 (1) (b) of the RTI Act 2005, casts an obligation on every Public Authority to publish information on 17 Manuals referred to therein within the expiry of 120 days, from the date of enactment of the Act. Under Section 5(1),(2) of the Act., every Public Authority shall within 100 days of the enactment, designate officers as Public Information Officers and Assistant Public Information Officers. To comply with the provisions of the Act., this Information Hand Book is published for the use of public.

#### **USERS OF THE HAND BOOK**

Citizens, Civil Society Organizations, Public Representatives, Officers and Employees of Public Authorities including Public Information Officers and Assistant Public Information Officers and Appellate Officers, are the users of this hand book.

## About the Department

Commissioner of Health & Family Welfare (CH&FW) is responsible for providing Primary Health Services, Secondary Health Services, Implementation of National Health Programmes and State Health Programmes. CH&FW ensure the implementation of above activities through Directorate of Public Health & Family Welfare, Telangana Vaidya Vidhana Parishad, Institute of Preventive Medicine, and Mission Directorate of National Health Mission.

CH&FW is responsible for Planning, Implementation, Facilitation, Coordination, Supervision and monitoring of all activities relating Health – Preventive, Promotive, and Curative Services, Comprehensive RCH Services, Capacity Development of Public Health System and all matters relating to Primary and Secondary Hospital Services and the interface with the treasury systems.

Directorate of Public Health & Family Welfare, Telangana Vaidya Vidhana Parishad, and Institute of Preventive Medicine are separate organizations working under CH&FW and having their own state PIOs. CH&FW appointed State PIO and State APIO for office of CH&FW including Mission Directorate. Officer under Section 5(2) of the “Right to Information Act, 2005 (Act 22 of 2005)”.

The Commissioner Health & Family Welfare, TS, Hyderabad appointed the following Officers, PIO, APIOs under section 5 (2) of the RTI Act 2005 (Act 22 of 2005) vide Rc.No.043/FW-E1/2017dt:30.03.2017.

1. Smt.N.KrishnaVeni, Public Information Officer) MoblieNo.9100975716
2. Sri N. Nandakishore, A.O. ,Asst Public Information Officer, O/o CH&FW, TS, Hyderabad Moblie No. 9100975715

The Appellate Authority in respect of Commissioner of Health and Family Welfare under Sub Section (1) of Section 19 of the said is Dr. S. Padmaja, Joint Director: Appellate Authority.

## **CHAPTER-2**

### **ORGANIZATION, FUNCTIONS AND DUTIES**

#### **[Section 4 (1)(b)(i)]**

#### **2.1 Particulars of the organization, functions and duties:**

Sl. No	Name of the Organization	Address	Functions	Duties
1.	Commissioner Of Health and Family Welfare	DM&HS Campus, Sultanabad, Hyderabad-500095	1. Providing Primary Health Services 2. Providing Secondary Health Services 3. Implementation of State Health & Family Welfare Programmes 4. Implementation of National Health Programmes 5. Mission Director of National Health Mission 6. Implementation of PCPC&PNDT Act	Given below

#### **Duties:**

1. The Commissioner of Health and Family Welfare will be responsible for over all planning, implementation facilitation, coordination, monitoring and supervision of all programmes, projects, schemes and activities of the Government relating to public health, secondary health institutions, family welfare and related items of work.
2. The CH&FW will be responsible for effective implementation of disease control programmes (RNTCP, NVBDCP, NLEP, NFCP, NPCB, IDSP, etc), including HIV / AIDS, reproductive and child health, family welfare, water sanitation and food safety, registration of birth and deaths, management of sub-centers, Primary Health Centers (PHCs), CHCs, Area and District Hospitals, and allied health facilities, and training institutions under the control, supervision and management of Health and Family Welfare Department.
3. The Commissioner shall be responsible for co-ordination with other departments, agencies, and organizations essential for synergy and integration of their efforts for furtherance of the health of citizens of the state.

4. The Commissioner shall advise the government on all matters of public health, family welfare, and the hospital services and on any matter that has a direct or indirect impact on the health of the citizens.
5. She / He shall be responsible for over all coordination of annual budget and work plan preparation for the sub-departments under his / her charge, management of finances in accordance with the approved budget and work plan, close monitoring off and utilization, regular audit of the department's financial management.
6. The Commissioner of Health and Family Welfare (CH&FW) will be responsible for effective human resources management to the Directorates of Public Health and Family Welfare, Indian Institute of Health and Family Welfare, Directorate of Institute of Preventive Medicine, T.S. State AIDS Control Society (TSSACS) and T.S..Vaidya Vidahana Parishad (TVVP). This would include man power planning, capacity development; overseeing recruitment, promotions, transfers and postings; grievance disposal, disciplinary proceedings, HRMIS and all issues relating to the service matters of the employees, etc.
7. The Commissioner of Health and Family Welfare (CH&FW) will be the chairman of the Department Promotion Committees (DPCs) for the first and second level Gazetted posts, while the concerned head of the department will be a member. The Commissioner of Health and Family Welfare (CH&FW) will be the member of Department Promotion Committee (DPC) from the 3<sup>rd</sup> level Gazetted post on wards for which the government is the appointing authority.
8. The Commissioner of Health and Family Welfare (CH&FW) shall be responsible to the Government for performance, achievements, and outcomes of the department and for regular reporting of the department's performance.
9. Any other task assigned by the Government from time to time.

### **CHAPTER-3**

#### **POWERS AND DUTIES OF OFFICERS AND EMPLOYEES**

##### **[Section 4(1)(b)(ii)]**

- 3.1 Details of the powers and duties of officers and employees of the authority by designation as follows:

<b>S.No</b>	<b>Name of the Employee</b>	<b>Designation</b>	<b>Powers and duties</b>
<b>GAZETTED OFFICERS</b>			
	Smt. V. Karuna Vakati, IAS	Commissioner of Health and Family Welfare	Enclosed
	Smt. S. Padmaja	Joint Director	Enclosed
	Sri S. Gopikanth	Deputy Director I/c	Enclosed
	Smt. N. Krishnaveni	Assistant Director	Enclosed
	Smt. Arathi Jade	Assistant Accounts Officer	Enclosed
	Sri P. Narahari	Demo ( Deputation) MEM	Enclosed
	Sri. D. Naga Malleshwar Rao	Statistical Officer	
	Sri N. Nanda Kishore	Administrative Officer (Deputation)	
<b>NON-GAZETTED OFFICERS</b>			
	Smt. Shabana	Office superintendent	
	Sri S.M.H.S. Quadri	Office superintendent	
	Sri K. Koteswar Rao	Deputy Statistical Officer	
	Sri G. Daniel Sukumar	Deputy Statistical Officer	
	B. Chandra Sekhar	Senior Assistant	
	Anil Kumar	Senior Assistant ( Deputation)	
	Tanveer Zainab	Senior Assistant	
	J. Mallikarjuna	Senior Assistant ( Deputation)	
	P. Prem Chander	Senior Assistant	
	A. Kiran Kumar	Senior Assistant ( Deputation)	
	Sri P. Sai Kumar	Senior Assistant	
	Smt. Ch. Suma	Senior Assistant	
	Sri. P. Chandrakanth	Junior Assistant	
	Kum K. Swetha Pranathi	Junior Assistant	
	Mohd Younus	Junior Assistant	
	B. Jagadish Kumar	Reno Operator	
	M. Sunanda	MPHA(F) ( Deputation)	
<b>CLASS- IV</b>			
	A. Jaipalreddy	Attender	
	Smt. Sanjida	Attender	
	Ramji	Driver	



S.No	Name of the Employee	Designation	Powers and duties
<u>OUTSOURCINGEMPLOYEES</u>			
	A.NarayanaMurthy	Accountant	
	N.V.BhanuChander	Junior Asst	
	V.Rajaiah	Junior Asst	
	P.Ramesh	Junior Asst	
	D. Haritha	DEO	
	N.V.Shambavi	DEO	
	B.PraveenKumar	DEO	
	V.PradeepKumar	DEO	
	M.K.Geetha	DEO	
	T.JeevanKumar	DEO	
	G.Gowrishanker	Attender	
	G.Anjenaulu	Attender	
	Bheemraj	Attender	
	S.Swarnalatha	Attender	
	JavedHussain	Attender	
	A.Ramulu	Attender	
	P.Narahari	Driver	
	M.Naresh	Driver	
	P.Baburao	Driver	

**Annexure to Chapter– III**  
**POWERS AND DUTIES**

**COMMISSIONER OF HEALTH AND FAMILY WELFARE**

1. The Commissioner of Health and Family Welfare will be responsible for overall planning, implementation facilitation, coordination, monitoring and supervision of all programmes, projects, schemes and activities of the Government relating to public health, secondary health institutions, family welfare and related items of work.
2. The CH&FW will be responsible for effective implementation of disease control programmes (RNTCP, NVBDCP, NLEP, NFCP, NPCB, IDSP, etc), including HIV / AIDS, reproductive and child health, family welfare, water sanitation and food safety, registration of births and deaths, management of sub-centers, Primary Health Centers (PHCs), CHCs, Area and District Hospitals, and allied health facilities, and training institutions under the control, supervision and management of Health and Family Welfare Department.
3. The Commissioner shall be responsible for co-ordination with other departments, agencies, and organizations essential for synergy and integration of their efforts for furtherance of the health of citizens of the state.
4. The Commissioner shall advise the government on all matters of Public Health, Family Welfare, and the hospital services and on any matter that has a direct or indirect impact on the health of the citizens.
5. She / He shall be responsible for overall coordination of annual budget and work plan preparation for the sub-departments under his / her charge, management of finances in accordance with the approved budget and work plan, close monitoring of regular audit of the department's financial management.
6. The Commissionerate of Health and Family Welfare (CH&FW) will be responsible for effective human resources management of the Directorates of Public Health and Family Welfare, Indian Institute of Health and Family Welfare, Directorate of Institute of Preventive Medicine, TS. State AIDS Control Society (APSACS) and T.S Vaidya Vidahana Parishad (TVVP). This would include inter laid, manpower planning, capacity development; overseeing recruitment, promotions, transfers and postings grievance disposal, disciplinary proceedings, HRMIS and all issues relating to the service matters of the employees, etc.
7. The Commissionerate of Health and Family Welfare (CH&FW) will be the chairman of the Department Promotion Committees (DPCs) for the first and second level gazette posts, while the concerned head of the

Department will be a member. The Commissionerate of Health and Family Welfare (CH&FW) will be the member of Department Promotion Committee (DPC) from the 3<sup>rd</sup> level gazetted post on wards for which the government is the appointing authority.

8. The Commissionerate of Health and Family Welfare (CH&FW) shall be responsible to the Government for performance, achievements, and outcomes of the department and for regular reporting of the department's performance.
9. Any other task assigned by the Government from time to time.

### **ADDITIONAL DIRECTOR**

1. He /She will function under the administrative and technical guidance of the Commissioner Family Welfare or Director Family Welfare
2. He / She will provide support and guidance to the Commissioner Family Welfare or Director Family Welfare In implementation of all Family Welfare and Child Survival and Safe Mother hood programmes.
3. He / She supervises and monitoring all the Programme Officers and staff in the Commissionerate of Health & Family Welfare
4. He / She will discharge any such other duties and responsibilities as entrusted by the Secretary to Government Health and Family welfare or by the Commissioner / Director Family welfare for the promotion of Family welfare and Child Survival and Safe Motherhood programmes

### **JOINT DIRECTOR (CH&I)**

1. He / She will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director
2. He / She is responsible for implementing the Child Health and Immunization Programmes in the State.
3. He / She will supervise and guide the districts in organizing the Child Health, and Immunization Programmes
4. He will discharge any other functions as entrusted by the Commissioner or Additional Director

### **JOINT DIRECTOR (MHN)**

1. He / She will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director
2. He / She is responsible for implementing the Maternal Health & Nutrition Programmes in the State.

3. He / She will supervise and guide the districts in organizing the Maternal Health & Nutrition Programmes
4. He will discharge any other functions as entrusted by the Commissioner or Additional Director

#### **JOINT DIRECTOR (PS&SP)**

1. He / She will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director
2. He / She is responsible for implementing the Population Stabilization, Special Programmes and ANM education in the State.
3. He / She will supervise and guide the districts in organizing the Population Stabilization, Special Programmes and ANM education
4. He will discharge any other functions as entrusted by the Commissioner or Additional Director

#### **STATE PROGRAMME MANAGER (NHM)**

1. He / She will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director
2. He / She is responsible for implementing the National Health Mission in the State.
3. He / She will supervise and guide the districts in organizing the National Health Mission
4. He will discharge any other functions as entrusted by the Commissioner

#### **STATE PROGRAMME MANAGER (NUHM)**

1. He / She will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director
2. He / She are responsible for implementing the National Urban Health Mission in the State.
3. He / She will supervise and guide the districts in organizing the National Urban Health Mission
4. He will discharge any other functions as entrusted by the Commissioner

#### **SPECIAL OFFICER (PNPP)**

1. He / She will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director

2. He / She is responsible for implementing the 108 & 104 Services and Family Welfare Establishment in the State.
3. He / She will supervise and guide the districts in organizing the 108 & 104 Services and Family Welfare Establishment
4. He will discharge any other functions as entrusted by the Commissioner

#### **STATISTICAL OFFICER**

1. He / She will work under the administrative control of the Commissioner and technical guidance and control of the Additional Director
2. He / She is responsible for collection, compilation and analyzing the data in the State.
3. He / She will supervise and guide the districts in collection, compilation and analyzing the data
4. He will discharge any other functions as entrusted by the Commissioner

#### **ACCOUNTS OFFICER (FAMILY WELFARE)**

1. He will work under the administrative control and guidance of the Commissioner family welfare.
2. He is responsible for the maintenance of the details of grants from the Government under various schemes under Family welfare, Child Survival and Safe Motherhood and Reproductive and Child health Programmes.
3. He will ensure allocation off as per budget to various districts separately under each head of account and as directed by the Commissioner.
4. He will maintain detailed information on the staff working in the head quarters and draw their salaries and other allowances as per eligibility and attendance and as per the instructions issued by the Commissioner
5. He will attend to any such other duties as entrusted by the Commissioner and Additional Director, related to accounts, audit and budget for programme implementation.

#### **COLD CHAIN OFFICER**

1. He works under the administrative control of Commissioner and technical supervision and guidance of the Joint Director (CH&I).
2. He will ensure maintenance of required temperature for the vaccines supplied the production point of the immunization the village level.
3. Ensure maintenance of equipment supplied to keep the vaccines potency from the cold rooms or walk in coolers at the state and regional stores.

4. He will guide and supervise the maintenance of equipment other units like freezers, refrigerators, cold boxes and vaccines carrier at sub centers primary health centers community health centres and the district including maintenance of temperature charts.
5. He will arrange timely transport of vaccines received from the production units to the state and regional stores.
6. He will arrange for timely repairs of cold chain equipments supplied.
7. He will ensure that the vaccines under polio, measles, and BCG are maintained at 20C at all levels.
8. He will guide and inspector to ensure minimum wastage of vaccines in use and to avoid using equipment for storage of food and water.
9. He will maintain record of the vaccines stocks received and distributed to the regional depots and constantly watch the cold chain sickness reports from the service centres and regional depots.
10. He will attend to such other duties as entrusted by the Joint Director (MCH) and Additional Director and commissioner for the efficient maintenance of cold chain system.

#### **PROGRAMME OFFICERS**

1. He / she works under administrative control and technical guidance of respective joint Director / state Programme Manager.
2. He / she supervise and monitor the programme to which he / she allotted.
3. He / she hand hold the district programme officers in implementation of programme.

#### **ADMINISTRATIVE OFFICERS/ASSISTANT ACCOUNTS OFFICER**

1. He / she works under administrative control and technical guidance of respective Joint Director / State Programme Manager.
2. He / she process the files and other documents as per the requirement of programme implementation.

#### **ASSISTANT DIRECTOR (ADMINISTRATION)**

1. He / she will work under the administrative control and guidance of the commissioner family welfare and additional director family welfare.
2. He / She will assist the department in all administrative and establishment matters as entrusted to him.

3. He / she will ensure general cleanliness inside and outside the premises of the department.
4. He / she will maintain inventory and stock register of stores and equipment.
5. He / she is responsible for proper maintenance of the vehicles allotted to the department for the use of state level officers.
6. He / she will ensure proper maintenance of service records and registers for the staff working in the head quarters.
7. He / she will ensure timely preparation of indents for drugs, instruments equipments and contraceptive in advance as required for the service units in the districts.
8. He / she will ensure timely and uninterrupted distribution of stocks equipment and other material to the districts.
9. He / she will discharge day today administrative functions of the department.
10. He / she will provide necessary support to the organization in conducting meetings workshops and training programmes at state headquarters.
11. He / she will ensure discipline among the ministerial staff working in the directorate.
12. He / she will provide support and guide the commissioner family welfare in implementing government orders related to administrative and establishment matters.
13. He / she will attend to such other duties as entrusted by the commissioner and additional director for the smooth and effective functioning of the dept.

## **CHAPTER - 4**

### **PROCEDURE FOLLOWED IN DECISION-MAKINGPROCESS**

#### **[Section4(1)(b)(iii)]**

The procedure followed in decision-making by the public authority

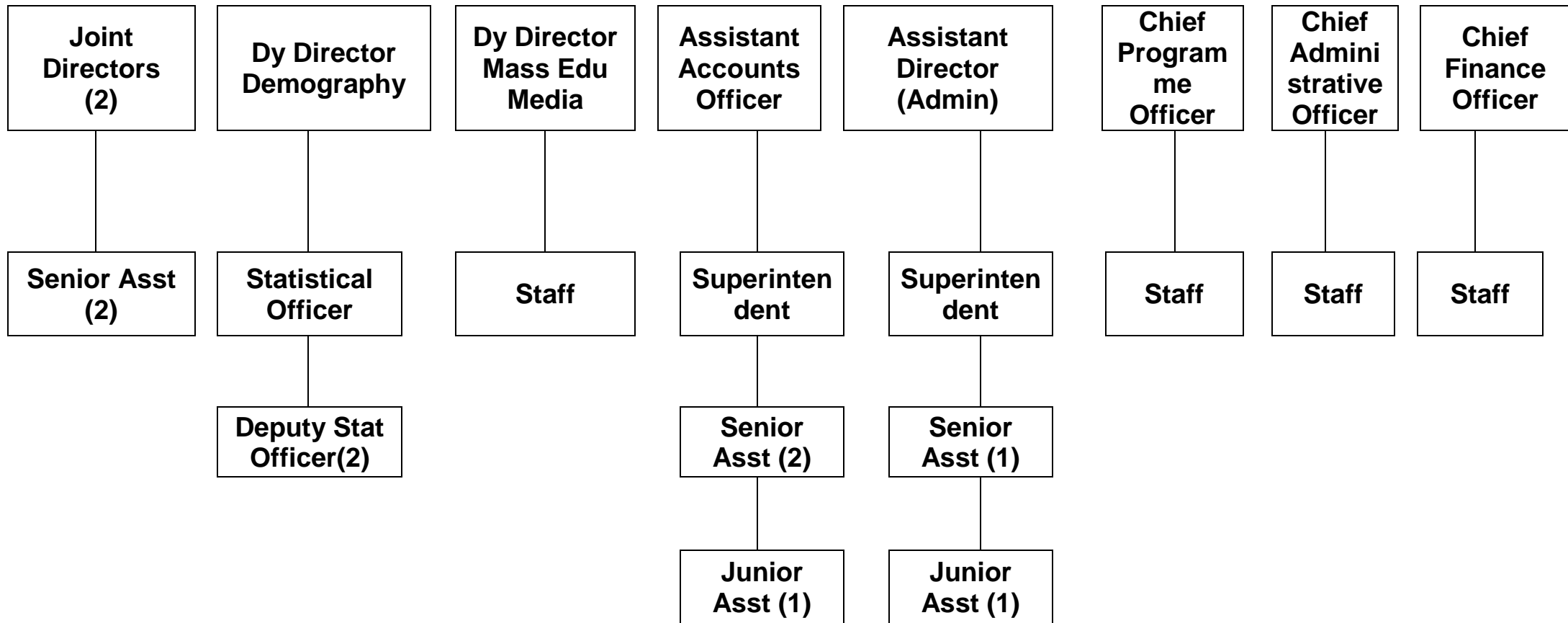
<b>Activity</b>	<b>Description</b>	<b>Decision-making process at 1<sup>st</sup> level</b>	<b>Decision-making process at 2<sup>nd</sup> level</b>	<b>Designation of Final decision-making authority</b>
Goal-setting &Planning	For Strengthening of Health care services for reducing MMR&IMR, as envisaged under NRHM/RCH-II project and Family Welfare Program(GOI)	Concerned Joint Director	Addl. Director (FW)	CH&FW
Budgeting	Budget is allocated to various heads under Plan &Non-Plan schemes to all the institutions for better health delivery care services	Accounts Officer (FW)	Addl. Director (FW)	CH&FW
Formulation of programmes, schemes and projects	Schemes &projects pertaining to different institutions under GOI&	Concerned Joint Director	Addl. Director (FW)	CH&FW
Establishment / Planning & Stores	Administrative Matters	Asst. Director (FW),	Addl. Director (FW)	CH&FW
Release of funds	Funds will be released to Districts depending upon the requirement Of the interventions	Accounts Officer (FW )	Addl. Director (FW)	CH&FW
Implementation/ delivery of service/ utilization of funds	The implementation of the different interventions will be through the DM&HO &the services will be delivered through the institutions and the delivery of services through Sub- Centres, PHC, CHCs &District Hospitals	Concerned Joint Director	Addl. Director (FW)	CH&FW



Monitoring evaluation& Statistics	All the activities will be monitored through reporting formats	Deputy Director (DEMOGRAPHY) Joint Director	Addl. Director (FW)	CH&FW
IEC Activities	Information will be obtained from The public regarding utilization of health care services	Deputy Director (MEM)	Addl. Director (FW)	CH&FW
Under taking improvements	Basing on the feedbacks, revised action plan will be prepared for improvement of the utilization of services	Joint Director	Addl. Director (FW)	CH&FW

**ORGANISATION CHART**

**Commissioner of Health & Family Welfare and Mission Director, NHM**



## **Chapter 5**

### **CITIZENS' CHARTER**

#### **Norms Set for the discharge of functions [Section 4(1)(b)(iv)]**

##### **1. Aim of Citizens Charter**

The aim of the Citizen Charter is to improve the quality of the services of Maternal Care, Child Health Care and Family Welfare Services.

##### **2. Services Delivered by the Department**

- a) Maternal Care Services
- b) Child Health Care Services
- c) Reproductive Health & Other Services
- d) Implementation of Schemes

##### **3. Our aim is to provide the following services**

<b>Name of Service</b>	<b>Time limit for service delivery at any Government facility</b>
<b>a) Maternal Care Services</b>	
i) Communication campaigns for delayed age at marriage of girls (21 years)	<b>Ongoing</b>
ii) Services for ANC	
a. Early registration (within 12 weeks) of Ante-Natal Case (ANC)	2 hours
b. First three antenatal check-ups. 4th check-up during the month of expected date of delivery.	1 hour
c. At least one antenatal check-up by Medical Officer during the pregnancy period.	1 hour
d. Recording of Height, Weight and Blood Pressure at the time of every antenatal check-up.	1 hour
e. Urine and Hemoglobin examination.	1 hour
f. T.T injections- 1st dose / 2nd dose / Booster dose.	1 hour
g. Prophylactic / therapeutic doses of Iron & Folic Acid tablets.	1 hour
h. High-risk identification of ANC and referral to First Referral Hospital.	1 hour
i. Education on Health, Nutrition and Child Health Care.	1 hour
iii) Services for institutional delivery at PHC, secondary or tertiary hospital	2 hours
iv) Services for Post Natal Care	1 hour

Name of Service	Time limit for service delivery at any Government facility
a. 3 home-visits to check the mother & newborn baby	
b. Counseling mother/ family on low birth weight baby handling	
<b>b) Child Health Care Services</b>	
i) Immunization of children	
a. BCG	1 hour
b. OPV (each dose)	1 hour
c. DPT (each dose)	1 hour
d. Hepatitis-B	1 hour
e. Measles	1 hour
f. Vit. 'A' – 1st doses	1 hour
g. OPV – Booster dose	1 hour
h. DPT – Booster dose	1 hour
i. Vit. 'A' – (2 to 3 years)	
i. 2nd doses	1 hour
ii. 3rd doses	1 hour
iii. 4th doses	1 hour
iv. 5th doses	1 hour
j. DT – (5 years)	1 hour
k. TT – (10 years and 16 years)	1 hour
ii) Counseling mothers and providing information on early detection & treatment of Acute Respiratory infections	On going
iii) Counseling mothers and providing information on home-based management of diarrhea & provision of ORS packets	On going
<b>c) Reproductive Health &amp; Other Services</b>	
i) MTP services wherever rendered	24 hours
ii) IUD insertion / removal	2 hours
iii) Distribution of Oral Pills	1 hour
iv) Distribution of Free supply condoms	
iv) Sterilization operation	
a. Male (Vasectomy)	4 hours
b. Female (Tubectomy)	24 hours
v) Payment of compensation to Sterilization acceptor	24 hours
vi) Sterilization Deaths – Ex-gratia payment	i) Rs.10,000 ex-gratia to be paid by DM&HO immediately as soon as the information reached to DM&HO ii) Quality Assurance Committee (QAC) report submission –within 15 days after sterilization death. iii) Rs.90,000 ex-gratia to be paid as soon as the QAC recommended for payment as laid down in G.O.Rt.No.100 dated 22.01.1999.
vii) Provision of complete course of treatment for Reproductive Tract	

Name of Service	Time limit for service delivery at any Government facility
Infection / Sexually Transmitted Infection	
viii) Counselling & communication provision on following issues a. Age at marriage b. Institutional delivery c. Neonatal Care d. Care for low birth-weight infants e. Complete immunization for children f. Prevention & early detection & treatment of Acute Respiratory Infections among children g. Prevention & home-based care for handling diarrhea among children h. Spacing	
i. Adopting small family norms  j. Prevention & treatment of Reproductive Tract Infection & Sexually Transmitted Infections	
ix) Strengthening Janani teams and sub-center, PHC advisory committees to ensure community participation in effective primary health care delivery	
<b>d) Implementation of Schemes</b> i) AarogyaRaksha scheme for family planning acceptors & their families: Issue of certificate ii) National Maternity Benefit Scheme iii) Sukhibhava scheme for institutional delivery  <b><u>Family Planning Limiting methods:</u></b> a) Female sterilizations (Double Puncture Laparoscopy / Tubectomy / Minilap) b) Male Sterilizations NSV (No Scalpel Vasectomy)/ Traditional Vasectomy. c) Failure of sterilization @ Rs.30,000/-per case.	On the day of discharge from hospital  2 hours after processing Before discharge from hospital after delivery  Ongoing activity at the DH / AH / CHC / PHC levels (at the camps or on the fixed day services).  Within 90 days from the occurrence of the event of Death / Failure / Complication.
d) Cost of treatment <b>in hospital and upto 60 days</b> arising out of complication following sterilization operation (inclusive of <b>complication</b> during process of sterilization operation) from the date of discharge <b>actual not exceeding Rs.25,000/-</b> .	- Do -

Name of Service	Time limit for service delivery at any Government facility
e) Indemnity per doctor / Health Facilities but not more than 4 in a year. Up to Rs.2 lakh per claim.	- Do -
<b><u>KCR KIT</u></b> <ul style="list-style-type: none"> <li>• Registration of pregnancy at Public Health Facility.</li> <li>• At least 2 ANC checkups by the Medical Officer with IFA tablets &amp; Inj.TT.</li> </ul>	
<ul style="list-style-type: none"> <li>• Delivery in public health institution.</li> <li>• The Child has to receive BCG, OPV 0 dose and Birth Dose of Hep-B.</li> <li>• KCR Kit will also be given.</li> </ul>	
<ul style="list-style-type: none"> <li>• Child has to receive OPV 1, 2 &amp; 3 and IPV 1 &amp; 2 doses</li> <li>• Child has to receive Pentavalent 1, 2 &amp; 3 doses</li> <li>• At the age of child 3 ½ months.</li> </ul>	
<ul style="list-style-type: none"> <li>• Child has to receive Measles vaccine, Vit.A and JE 1<sup>st</sup> dose at the age of child 9 months.</li> </ul> <p><b>(1) <u>Modalities of Money Transfer:</u></b>  <b>The transfer of amount shall be through Direct Benefit Transfer (DBT) only</b></p> <p><b><u>Responsibilities and Modalities:</u></b>  For the purpose of ensuring DBT, Computer systems have been provided to PHCs. One staff member is identified for doing the data entry</p> <p><b><u>At PHC level :</u></b></p> <ul style="list-style-type: none"> <li>• ANM shall be responsible to fill the details of pregnant women as per registration; and shall certify that she has received at least 2 ANC checkups by the Medical Officer with two doses / booster dose of Inj.TT &amp; IFA tablets.</li> <li>• The ANM is responsible for entering and updating the details of pregnant women.</li> <li>• <b>ANM has to ensure that the pregnant women should have the AADHAR number &amp; Bank A/C. details with IFSC code.</b></li> <li>• Medical Officer/Superintendent of the</li> </ul>	

Name of Service	Time limit for service delivery at any Government facility
<p>PHC/CHC/AH/DH/MCH/TH is responsible to verify the data and forward to respective Dy.DM&amp;HOs for approval of the payment to beneficiary.</p> <ul style="list-style-type: none"> <li>• Medical Officer/Superintendent has to identify the DEO / Health staff who should enter the details of the Pregnant women including all investigations</li> <li>• Dy.DM&amp;HOs is responsible to verify the data of pregnant women and approves the payment to the beneficiaries.</li> <li>• Dy.DM&amp;HO is held responsible to any kind of discrepancies in the process of money transfer.</li> <li>• The Financial entitlement under this intervention is limited to 2 live children (if 1<sup>st</sup> pregnancy is multiple then 2<sup>nd</sup> pregnancy is considered)</li> <li>• In case of twins, the KCR kit amount will be for single child and immunization and KCR kit will be given to the twins (2).</li> <li>• The DM&amp;HO should supervise the programme both physically &amp; financially.</li> <li>• KCR kit @ Rs.2000/- each will be distributed to the each beneficiary</li> </ul> <p><b><u>At First referral and Teaching Hospitals:</u></b></p> <p>The Superintendents of the respective hospitals shall be responsible for transfer of amount to pregnant women.</p> <ul style="list-style-type: none"> <li>• In several cases the ANC's happen in the PHCs while delivery takes place in Area or district hospitals. In such a case the Woman shall receive her first tranche from the PHC and the second tranche i.e amount for delivery from the hospital facility where she has delivered and again</li> </ul>	<p>1. Weekly once 2.00 to 4.00 P.M. at AFHCs located at selected primary health centers.</p> <p>2. Daily 2.00 to 4.00 Pm at all other selected institutions</p> <p>1. Blue large enteric coated IFA tablets are given once every week</p> <p>2. Two doses of Albendazole 400mg tablets are given per year – 1<sup>st</sup> dose in the month of August and 2<sup>nd</sup> dose in the month of February.</p>

Name of Service	Time limit for service delivery at any Government facility
<p>the 3<sup>rd</sup> and 4<sup>th</sup> tranches from the concerned PHC as soon as the milestones for immunization are achieved</p> <p><b><u>RKSK PROGRAMME</u></b></p> <p>1. Adolescent Friendly Health Clinics / Yuva Clinics located at selected Primary Health Centers, Community Health centers, Area Hospitals, District Hospitals and Medical Colleges provide health care and health related counselling service for adolescent boys and girls (10-19 years).</p> <p>2. Weekly Iron Folic Acid Supplementation programme (WIFS) – Adolescent boys and girls in Govt. &amp; Aided schools and adolescent girls in Anganwadicenters are provided with large Blue enteric coated IFA tablets &amp; Albendazole tablets for the prevention of iron Deficiency Anemia in adolescents.</p>	

### **KCR KIT**

The Government of Telangana with the intent of providing compensation of wage loss of Rs.12,000/- / Rs.13,000/- to pregnant women who are receiving health services from public health institutions in the State at important stages in pre and post natal periods. The financial consideration is to support nutritional needs of pregnant women during her pregnancy and lactation period and ensure increased institutional deliveries and safe motherhood and full immunization of the child.

#### **(2) Payment Schedule:**

Financial installments to be transferred to pregnant women will be as detailed below:



Installment	Amount	Conditions
1 <sup>st</sup>	Rs. 3000/-	<ul style="list-style-type: none"> <li>Registration of pregnancy at Public Health Facility.</li> <li>At least 2 ANC checkups by the Medical Officer with IFA tablets &amp; Inj.TT.</li> </ul>
2 <sup>nd</sup>	Rs. 5000/- (For Female child) Rs. 4000/- (For male child)	<ul style="list-style-type: none"> <li>Delivery in public health institution.</li> <li>The Child has to receive BCG, OPV 0 dose and Birth Dose of Hep.B.</li> <li>KCR Kit will also be given.</li> </ul>
3 <sup>rd</sup>	Rs. 2000/-	<ul style="list-style-type: none"> <li>Child has to receive OPV 1, 2 &amp; 3 and IPV 1 &amp; 2 doses</li> <li>Child has to receive Pentavalent 1, 2 &amp; 3 doses</li> <li>At the age of child 3 ½ months.</li> </ul>
4 <sup>th</sup>	Rs.3000/-	<ul style="list-style-type: none"> <li>Child has to receive Measles vaccine, Vit.A and JE 1<sup>st</sup> dose at the age of child 9 months.</li> </ul>

### **(3) Modalities of Money Transfer:**

**The transfer of amount shall be through Direct Benefit Transfer (DBT) only**

#### **Responsibilities and Modalities:**

For the purpose of ensuring DBT, Computer systems have been provided to PHCs. One staff member is identified for doing the data entry

#### **At PHC level :**

- ANM shall be responsible to fill the details of pregnant women as per registration; and shall certify that she has received at least 2 ANC checkups by the Medical Officer with two doses / booster dose of Inj.TT & IFA tablets.
- The ANM is responsible for entering and updating the details of pregnant women.
- **ANM has to ensure that the pregnant women should have the AADHAR number & Bank A/C. details with IFSC code.**
- Medical Officer/Superintendent of the PHC/CHC/AH/DH/MCH/TH is responsible to verify the data and forward to respective Dy.DM&HOs for approval of the payment to beneficiary.
- Medical Officer/Superintendent has to identify the DEO / Health staff who should enter the details of the Pregnant women including all investigations
- Dy.DM&HOs is responsible to verify the data of pregnant women and approves the payment to the beneficiaries.
- Dy.DM&HO is held responsible to any kind of discrepancies in the process of money transfer.

- The Financial entitlement under this intervention is limited to 2 live children (if 1<sup>st</sup> pregnancy is multiple then 2<sup>nd</sup> pregnancy is considered)
- In case of twins, the KCR kit amount will be for single child and immunization and KCR kit will be given to the twins (2).
- The DM&HO should supervise the programme both physically & financially.
- KCR kit @ Rs.2000/- each will be distributed to the each beneficiary

### **At First referral and Teaching Hospitals:**

The Superintendents of the respective hospitals shall be responsible for transfer of amount to pregnant women.

In several cases the ANC's happen in the PHCs while delivery takes place in Area or district hospitals. In such a case the Woman shall receive her first tranche from the PHC and the second tranche i.e amount for delivery from the hospital facility where she has delivered and again the 3<sup>rd</sup> and 4<sup>th</sup> tranches from the concerned PHC as soon as the milestones for immunization are achieved.

### **NOTE ON 104 SERVICES •**

The Government has started Fixed Day Health Services (FDHS), under public private partnership (PPP) with M/s Health management & Research Institute (HMRI) on 10 February 2009, with a fleet of 200 Mobile Health Units (MHU) for providing Fixed Day Health Services in 9 districts excluding Hyderabad district.

- The Fixed Day Health Services scheme in which health services being offered to each village on a 'fixed' day of each month – compliments to the existing public health system, to reach populations which are 3 kilometres away from PHCs with a set of services like primary screening of all pregnant women to identify risky pregnancies, screening of children with insufficient growth/diseases through appropriate lab investigations and distribution of drugs for the chronic diseases and also ensures 100% immunization of children.

- The Government has ordered Commissioner of Health & Family Welfare (CH&FW), to assume the management of FDHS from 1 October 2011, which was being managed by the HMRI, following protracted strike by the HMRI staff. The Government has brought the operations of FDHS under the direct control & management of the District Collector in order to ensure uninterrupted health services to the people living in rural and tribal areas of the state. District wise details of MHUs availability is shown in the following table

SNo	Name of the District	No. of MHUs
1	Mahbubnagar	32

2 Ranga Reddy 14

3 Medak 21

4 Nizamabad 14

5 Adilabad 24

6 Karimnagar 22

7 Warangal 20

8 Khammam 25

9 Nalgonda 26

Total 198

- After taking over the services from HMRI, District collectors had taken the existing staff as per the need. All the districts continued the staff working in the MHUs (Lab technician, Pharmacist, Data Entry operator and Driver).

- Government has directed to integrate FDHS with the Community Health and Nutrition Cluster (CHNC). After integration the following changes are made.

1. Every MHU will be accompanied by Medical officer
2. Existing schedule changes as per the regulations of CHNC
3. Services offered by the MHUs are changed as the each MHU is accompanied by MO and Public Health Staff.
4. Parking Places relocated to CHNCs.
5. Monitoring & supervision of MHUs are brought under Senior Public Health Officer (SPHO) of CHNC.

- Now, the Government is intended to strengthen & restructure the implementation mechanism of Fixed Day Health Services (FDHS) into the following.

a) Mobile Health Unit (MHU): 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.

b) Mobile Health Unit (MHU): The key objective of MHU is to reach populations/villages which are 3 kilometres away from PHCs, at least ones in a month to all villages with a set of services like primary screening for all pregnant women to identify risky pregnancies, screening of children with insufficient growth/diseases through appropriate lab investigations and distribution of drugs for the chronic diseases and also ensures 100% immunization of children.

- This will be enable optimal utilization of vehicles and staff through convergence while ensuring that the outcome of the FDHS contributes to the

objectives of reaching the last mile and the unreached with more than just basic OPD services and a limited range of RCH services.

- The MHU will provide services under the supervision of Medical officers; whereas MHU will be managed by paramedical staff. Target Geography for Mobile Health Units:

(a) In urban areas, MHUs would be deployed where there are habitations of marginalized communities (rag pickers, homeless, migrants) that live on the fringes of cities and towns, alongside highways just outside cities, or along railway tracks and under flyovers and bridges. These are also often areas where dispensaries or Urban PHCs do not exist, and even if they do they are just not accessible to such populations. The MHU could also be deployed in localities where slum populations live and where there is simply no space for creating fixed infrastructure.

(b) In rural areas, MHUs would continue to be deployed in areas with limited or a complete lack of access to health care services. Such areas include Tribal Areas, Conflict Affected Areas (Insurgency, Left Wing Extremism), Hilly and Desert Areas/Islands/flood affected and snow bound wherein situations envisaged are: i. Where even basic RCH services are not able to be provided because doctors, nurses and even ANMs find it difficult to live there or because there is lack of infrastructure since fixed services could not be established (urban slums, or in conflict affected areas). Here the MHU would provide a complete range of services. ii. Where basic RCH services are available through ANM/sub-centers and the PHC is functional, but the reach is limited on account of several habitations that are too small to establish regular fixed services, or are too distant or cutoff to expect those in need of health care to come to the nearest PHC for any care. iii. The range of services available in PHC is restricted to a limited set of RCH services (provided by ANM, Nurse or AYUSH), and there is no accessible health center with a Medical officer. In this case, the basic and regular RCH services will be provided by the PHC and the role of the MHU would be to provide the rest of the service package.

- Nature of Services to be provided by an MHU: An MHU is envisaged to provide the following:

(i) Outreach services by ANMs in areas where no outreach services exist

(ii) Broader set of clinical services by a Medical officer and her/his team, with ANM/ASHA playing a mobilization role, (one vehicle outfitted as an outpatient clinic, with examination table, light and sufficient facilities for basic lab investigations.

(iii) Facilitate referral back-up to a functional primary health care system and specialist services as required. Type of Service Provided

- Mobile Health Units are envisaged to provide primary care services for common diseases including communicable and non-communicable diseases, RCH services, carry out screening activities and provide referral linkage to appropriate higher faculties. (Please see Annexure 1 for the set of services).

The services provided would of necessity be preventive and promotive and outpatient curative care. Where there are cases needing acute medical care on the day the MHU reaches the site, such care would be provided and patient referral organized. In addition, the MHU is also expected to:

- Provide point of care diagnostics: Blood glucose, pregnancy testing, urine microscopy, albumin and sugar, Hb, Height/Weight, vision testing, RDT,

- Collect sputum samples

- , • screen populations over 35 for Hypertension, Diabetes and Cancers annually and undertake follow-up checks during the monthly visit, including providing patients requiring drugs with a monthly supply (Hypertension, Diabetes, Epilepsy)

- undertake IEC sessions on a range of health topics - improved preventive and promotive behaviors for maternal and child health, communicable diseases, including vector borne diseases, educate the community on lifestyle changes, the need for screening for NCDs, and early recognition and appropriate referral. Human Resources:

The following HR is proposed for an MHU:

- a. Medical Officer (MBBS only, preferably women) – One
- b. GNM/ANM – One
- c. Lab Technician – One
- d. Pharmacist cum Administrative Assistant – One
- e. Driver cum Support Staff – one

### **Operational aspects of MHU**

a) Officer-in-charge will be the District Medical & Health officer at district level, who will be responsible for the operational aspects. RogiKalyanSamitis will also be involved in operationalization of the MHU. States can also explore the option of outsourcing the vehicle through public-private partnership with credible NGOs, which would follow the same norms, and be accountable for a similar set of services and outcomes.

b) The Medical officer in the nearest functional Primary Health Centre will provide support to the MHU team as required. Where there are functional sub centers, in these areas, the ANMs would be available on the day of the MHU visit to provide support. Referrals should be made to the nearest CHC, or DH. In case tertiary care is

needed, the use of 108 services will be made, or patient would be shifted to the nearest road-head depending on the conditions of the terrain.

c) The planning and dissemination of the MHU route map is the responsibility of the CMO with support from the District team. The first step would involve a mapping of villages and village clusters which are inaccessible and underserved. The deployment of MHUs should be prioritized in those areas where there are no functional facilities. The mapping should also identify referral sites that are the first point of referral for these inaccessible clusters. The frequency of MHU visit must be at least once a month. Additional visits will depend upon local condition such as all-weather roads, access conditions, terrain, and accessibility to health facility.

d) Depending on distances, the MHU could make upto one visit a day to distant villages, planning for four hour travel time and about four to five hours in a given site. For shorter distances additional villages could be covered, but these are to be planned based on local context. The principle is regularity, with every area being visited on the same day in each month and preceded by active mobilization with a well-publicized monthly schedule of visits through loudspeakers, announcements, etc. While the MHU could work a six day week, Saturday and Sundays should compulsorily be working days. Weekly off of MHU could be used for maintenance of vehicles, refilling supplies and entry of data etc.

e) The route of an MHU would be planned such that it reaches a site which serves a cluster of villages that are otherwise inaccessible. The MHU may choose a service site in Villages with a weekly market or where people from nearby village clusters (which are otherwise inaccessible) tend to congregate. In urban areas, the MHU should be located in the Mohallas or localities occupied by marginalized population. If possible the services could be conducted in any adequate building with one or two rooms and toilets, such as an Anganwadi center or PanchayatBhavan or primary school.

f) Adequate arrangements for waiting area should be made by Gram PanchayatVHSNC. The ASHA and VHSNC would carry out the function of community mobilization, ensuring that people who need services are informed of the MHU schedule, can mobilize those in need of screening, those with communicable diseases or chronic conditions for follow up medical examinations, women in need of family planning services, children in need of medical care, follow up of children discharged from secondary or tertiary care facilities, and those with acute medical conditions.

g) The MHU could also be used for natural or man-made calamities or in disaster situations and epidemics to provide services to affected populations.

h) The MHU must not be seen as a stand-alone service delivery option, but rather as a way of delivering primary care in remote, inaccessible areas, and establishing a continuum of care with community level and outreach care as well as secondary and tertiary level care.

i) Regular monitoring of not just the operational issues related to MHU but the number and types of patients serviced must be undertaken, so as to ensure that the MHU is actually serving a need and is able to provide services for a larger number of people or a comprehensive care for a smaller population who would otherwise not receive such care. Such monitoring should also provide information on other health needs that need to be addressed. The functioning of the MHUs in a district should be monitored regularly and be an essential part of the review by the CEO of the Zilla Parishad /District Collector for Commissioner of Health & Family Welfare

### **108 Health Services**

108 GVK Emergency Management and Research Institute (GVK EMRI), the major corporate social responsibility arm of GVK, was established in April, 2005. It provides integrated Emergency Response services in Public Private Partnership, with a vision to support and build capabilities to promptly respond to millions of emergencies and save lives nationally and establish GVK EMRI as a premier Research and Training Institute. The guiding operational principle of GVK EMRI's 108 services is Sense, Reach and Care. Sense: Emergency victim/ attendant dial 108. Emergency Response Officer' Screen helps facilitate and scope emergency, assign strategically located vehicle (Ambulance/ Police/ Fire). . Reach: Vehicle(s) to reach the site/scene. . Care: Emergency Medical Technician (EMT) to provide passionate pre-hospital care while transporting patient/ victim to appropriate hospital for stabilization. Emergency Response Centre Physician (ERCP) advises patient care with the support of ERO, EMT to ensure optimal pre-hospital care. In Partnership with 14 states (Andhra Pradesh, Gujarat, Uttarakhand, Goa, Tamil Nadu, Karnataka, Assam, Meghalaya, Madhya Pradesh, Himachal Pradesh, Chhattisgarh, Uttar Pradesh, Rajasthan, Kerala & 2 Union Territories (Daman & Diu, Dadra & Nagar Haveli) operates 5,600 ambulances, with 32,000 GVK EMRI Associates. 750 M population covered in 16 States and Union Territories (increasing reach of health care in rural, hilly & tribal areas). Till date 2.6 crore beneficiaries have availed these services, 2.97 lakh deliveries were assisted and 9.61 lakh lives were saved since inception.

An Executive Council under the chairmanship of the Special Chief Secretary/Principal Secretary/Secretary, HM&FW will be constituted with the following members:

- |  |                     |
|--|---------------------|
| 1. Special Chief Secretary / Principal Secretary / Secretary to Govt, HM&FW Dept., | : Chairman          |
| 2. Commissioner of Health & Family Welfare   | : Member            |
| 3. Director of Public Health   | : Member            |
| 4. Director of Medical Education   | : Member            |
| 5. Commissioner of APVVP   | : Member            |
| 6. Director General of Police (Or) his nominee                                     | : Member            |
| 7. Director General fire services  | : Member            |
| 8. Director / CEO, GVK EMRI  | : Member            |
| 9. Chief Operations Officer, Telangana, GVK  | : Member            |
| 10. Special Officer, PNPP  | : Member - Convener |

#### **Neo Natal Ambulances**

Neo Natal Ambulances are launched in order to ensure emergency transfers for very sick babies who require more specialist treatment at another hospital and also for elective or 'back' transfers to transport recovering babies back to the hospital nearest to their homes. It is primarily launched to reduce the Infant Mortality Rate as a part of Millennium Development Goals. This specialized service is operated in Tamil Nadu and Goa as a part 108 Emergency Response.

#### **Boat Ambulance**

Boat Ambulance In order to improve response efficiency, as also reducing the scene to hospital time, boat ambulances are operated in areas that are better accessible by waterways than roadways. Boat ambulances operate as integral part of 108 Emergency Response Service. This service has 5 boat ambulances in Assam and 1 in Uttarakhand to respond to Medical Emergencies and referral transport serving to remote villages accessible through waterways.

#### **JananiShishuSuraksha Transport for Mother and Child**

Janani Shishu Suraksha Transport for Mother and Child GVK EMRI operates ambulance under this scheme in Partnership with Andhra Pradesh, Assam (Adarani), Uttarakhand (Khushion Ki Sawari), Gujarat (Khilkhilat), Chhattisgarh (Mahtari Express) and Uttar Pradesh (National Ambulance Services) Governments to ensure wholesome support for the mother and child by providing home to hospital and drop back facility for mother and child to curtail IMR and MMR.



These services are offered to the mother and child if they have continued to stay in the Government hospital for 48 hours after child birth. 7,04,640 beneficiaries have availed this services till date.

## **PC&PNCT ACT**

**THE PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MIS USE) ACT,1994 (ACTNO.57 OF 1994) AND THE PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MIS USE) AMENDMENT ACT,2002 (No.14 OF 2003)**

### **ACT 57 OF 1994:**

The Pre-natal diagnostic Techniques (Regulation and Prevention of Misuse) Bill having been passed by both the Houses of Parliament received the assent of the President on 20<sup>th</sup> September, 1994. It came on the Statute Book as the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994). By section 3 of Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2002 ( 14 of 2003) the nomenclature of the Act has been amended and now it stands as THE PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION ACT 1994 ( 57 OF 1994) (*Came into force on 1-1-1996*)

### **LIST OF AMENDING ACTS:**

1. The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Amendment Act, 2001 (32 of 2001) (w.e.f. 3-9-2001).
2. The Pre-Natal Diagnostic Techniques ( Regulation and Prevention of Misuse) Amendment Act, 2002 (14 of 2003) (w.e.f. 14-2-2003)

### **PRELIMINARY:**

***Short title, extent and commencement.***-(1) This Act may be called the Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

It shall extend to the whole of India except the State of Jammu and Kashmir.

It shall come into force on such date as the Central Government may, by notification in the Official Gazette , appoint.

## **PREAMBLE**

Prohibition of sex selection before or after conception. Regulation of pre-natal diagnostic techniques

- Detecting genetic abnormalities
- Metabolic disorders
- Chromosomal abnormalities
- Congenital malformations
- Sex linked disorders
- Prevention of misuse – for sex determination.

## **ADULT SEX RATIO & CHILD SEX RATIO (0 TO 6YEARS) AS PER 2011 CENSUS.**

S. No	Name	Adult Sex Ratio	Child Sex Ratio (0 to 6 years)
1	Mahabubnagar	977	925
2	Rangareddy	961	933
3	Hyderabad	954	914
4	Medak	992	952
5	Nizamabad	1040	948
6	Adilabad	1001	934
7	Karimnagar	1008	935
8	Warangal	997	923
9	Khammam	1011	958
10	Nalgonda	983	923
<b>Total</b>		<b>988</b>	<b>933</b>

Due to formation of 31 new districts in Telangana State, the Adult Sex Ratio and Child Sex Ratio has to be worked out.

### **STATUS OF STATUTORY BODIES, AUTHORITIES AND COMMITTEES UNDER THE ACT**

#### **(a) At State Level:**

The Government has been constituted the following statutory Bodies in the State :

(i) The State Supervisory Board for PC&PNDT Act for Telangana State vide G. O. M .S. NO. 042; HM&FW (D2) Dept; Dated 16.12.2014 and subsequently issued Addendum orders of SSB vide G. O. Ms. No. 100; HM&FW (D1) Dept; Dated 01.12.2015 (The DM&HOs to be co-opted as ex-officio member of the State Supervisory Board. Meeting has been conveyed on 25.08.2015.

(ii) The State Level Inspection and Monitoring Committee for PC&PNDT Act vide G.O.M.SN.O. 052; HM&FW (D1) Dept; Dated 31.12.2014.

(iii) State level Committee on Surrogacy G.O.Rt.608 has constituted on 05.07. 2017.

(iv) The Government has constituted the District Level Appropriate Authority for PC&PNDT Act vide G. O. Ms. No. 2; HM&FW (D1) Dept; Dated 02.01.2015 under the Chairman / Chairperson of the Collector and District Magistrate concerned.

(v) Through G. O. Ms. No. 100; HM&FW (D1) Dept; Dated 01.12.2015 (The DM&HOs to be co-opted as ex-officio member of the State Supervisory Board and the DCHS of all districts are appointed as members of the respective District Level Appropriate Authority for PC&PNDT Act.

(vi) The State Level High Powered Expert Committee (Government Council) for Six Months Training under PC&PNDT Act. G.O. Ms. No. 2; HM&FW (D1) Dept; Date 03.01.2018

The Commissioner of Health & Family Welfare, Telangana has submitted proposal to the Government regarding constitution of:

- (ii) State Appropriate Authority for PC&PNDT Act and
  - (iii) State Level Advisory Committee and
  - (iv) State Appellate Authority for PC&PNDT.
  - (v) District Level Advisory Committee.
  - (vi) Three member Judge Committee
- It is being follow-up by the office.

## 2) IMPLEMENTATION:

<b>1</b>	<b>Number of registered facilities existing in the State / UT as on.</b>	<b>3517</b>
A	Genetic Counseling Centres	26
B	Genetic Laboratories	38
C	Genetic Clinics	44
D	Ultra - Sound Clinics/Imaging Centers	3130
E	Jointly as Genetic Counseling Centre / Genetic Laboratory / Genetic Clinic or any combination thereof	206
F	Mobile Clinics (Vehicle)	0
	Other Bodies like IVF Centers/Infertility Cure Centers/Fertility Centers etc., using Equipments/Techniques capable of making sex selection before or after conception	73

Budget for the Financial Year 2017-18 has been released to the districts under the PC&PNDT - 40,75,000 **IEC Activities:**

As per the Supreme Court Directions IEC has been done through Doordarshan and Radio.

The District Appropriate Authorities has been directed to conduct Kalajathara and Role plays at the field level where the sex ratio is low.

### **STATE TEAM VISITS:**

State team has been inspected the districts Khammam, Kothegeudem, Karimnagar, Medchal , Rangareddy, Medak , Warangal and Hyderabad to monitor the implementation of PC&PNDT Act.

Inspection of all the Infertility Centers in the Districts has been completed by District Appropriate Authorities.

So far the DAA have inspected 5500 premises from inception of the Act in the State.

- Number of Decoys Conducted – 147
- Cases filed against the violators in the State since inception
- Ongoing Cases 25,
- Disposed 22 ,
- Convicted-3 .

### **LIST OF DOCTORS CONVICTED UNDER PC&PNDT ACT1994 IN TELANGANA STATE**

<b>Sl. No.</b>	<b>Name of the Doctor</b>	<b>Qualifications</b>	<b>Irregularity</b>	<b>Punishment</b>
1	Dr. Hussian, Prajavaidhyashala, Kollapur, Mahaboobnagar, Telangana	BAMS	Unregistered Centre	3 yrs imprisonment and a fine of Rs.10,000/-
2	Dr. Sridevi, Adilabad, Telangana	MBBS DGO	Non-maintenance of records	with fine of Rs.1000/-
3	Dr. Padmaja, Adilabad, Telangana	MS (GS)	Unregistered Centre	6 months imprisonment and fine of Rs. 10,000/-

**Status of Six Months Training under PC&PNDT .....** It is under process.

- CH&FW, TS, Hyderabad has proposed to constitute the **State Level High Powered Expert Committee (Government Council) for Six Months Training under PC&PNDT Act.**
- **State Level High Powered Expert Committee has constituted on 03.01.2018:** The meeting will be convened shortly to take further step.
- Government of Telangana had requested the Director of Medical Education in the Government Memo No.3874/D1/2016 on 05.07.2016 to own the programme and to identifying the institutions i.e .both Government and Private MCI recognized colleges for providing six month training and conducting the competency based exam.

- The Director of Medical Education, Telangana State has to issue press notification in terms of GOI Gazette Notification and the State Gazette Notification inviting applications from the all eligible candidates in the State for said training. The same has to be reflected in the web-site concerned.

S.No	Particulars	Designation
1	Principal Secretary to Government, HM&FW Department, Govt of TS	Chairperson
2	Director of Medical Education, Telangana State or Officer who is dealing with the Academic subject in the O/o. Director Medical Education, Telangana State. Hyderabad.	Member Secretary
3	Commissioner of Health and Family Welfare, Telangana State, Hyderabad	Convener
4	Selected Vice Chancellor of Medical University or from Medical College, Telangana State	Member
5	Chairman / Secretary, Telangana State Medical Council, Hyderabad	Member
6	Commissioner, Telangana State Vaidya Vidhana Parishad, Hyderabad.	Member
7	Director of Public Health and Family Welfare, Telangana State, Hyderabad.	Member
8	Selected HOD of Radiology Dept from Medical College in the State	Member
9	Selected HOD of Gyn & Obs Dept, from Medical College in the State	Member
10	The State Appropriate Authority for PC&PNDT Act, O/o Commissioner of Health and Family Welfare, Telangana State, Hyderabad	Member

#### **STATUS OF CAPACITY BUILDING OF APPROPRIATE AUTHORITIES AND SENSITIZATION OF PUBLIC PROSECUTORS AND JUDICIAL OFFICERS:**

**SURVEYS AND MAPPING:** to identify registered and non-registered premises at the District level is going on by Deputy DM&HO and by involving NGOs and their field staff monitored by the authorized teams / officials at District .

**NIMC REPORT STATUS :** In the last year NIMC has not visited the Telangana

**AT STATE LEVEL :** Regular Review meeting s and Capacity Building workshops are Going on .

(i) Review Meetings on 31.10.2017 in collaboration with Gramya NGO Hyderabad, Girl Count New Delhi.

(ii) Capacity Building Workshop for District Appropriate Authorities on 08.12.2017 by Commissioner of Health and Family Welfare

(iii) Capacity Building and Review Workshop has been conducted on 08.01.2018 for DEMOs who is looking after the PC&PNDT.

(iv) District Level Orientation Workshops being done regularly.

#### **THE CAPACITY BUILDING FOR JUDICIARY OFFICERS / EXECUTIVES AND OTHERS**

Is proposed by this office and addressed the State Legal Services authority, Telangana State, Hyderabad and venue and date should be finalized by State Judiciary Department.

The feed-back yet to be received from them. It is being follow-up by this office regularly.

### **Training assessment and plans plan for 2018-19.**

State level Workshops:

- (1) Judicial Capacity Building Workshop
- (2) Ultra Sound Scan Manufacturers, dealers, & Retailers
- (3) District Appropriate Authorities
- (4) Police Capacity Building Workshop
- (5) Telangana FOGSI Collaborative Workshop
- (6) Civil Society Collaborative Workshop.
- (7) Telangana Radiology & Imaging Association Collaborative Workshop

District Level Workshops: 31 (One in each District)

### **Status of dedicated website for PNDT and online MIS and Form F software :**

- Status of website for PNDT web address..... [chfw.telangana.gov/home.do](http://chfw.telangana.gov/home.do)
- Online MIS..... Budget is proposed in 2018-19 PIP.
- Form F software .....is ready to release .Pilot has done in RangaReddy and Hyderabad District

### **Toll free No. or online complaint portal for receiving anonymous complaints**

- Toll free No..... 104
- Online complaint portal ..... [chfw.telangana.gov/home.do](http://chfw.telangana.gov/home.do)

### **Status of compliance of Judgment of Hon'ble Supreme Court including High Court committees for review the status of PNDT cases in the state.....**

- File No 350/PC&PNDT /2017 is under process with Government.

### **Status on the appointment and notification of appellate authority under New Rules.....**

- File No.209/PC&PNDT /2017 is under process.

### **BETI – BACHAO BETIPADHAO AS PILOT PROGRAMME IN HYDERABAD**

The Government of India identified the 100 districts throughout the country. Out of them Hyderabad district of Telangana State is one of the pilot district. Hyderabad with a CSR of 914 was selected for implementing BBBP in order to stop the down fall of the girl child sex ratio and the following are the Actions to be taken up in order to increase the sex ratio of the girl child:

The Government of India (GOI) has been launched 'BetiBachaoBetiPadhao' for; *Protection, Survival & Education of Girl Child* .District Task Force Constituted with 7 Officials from various departments:

<b>District Collector, Hyderabad</b>	<b>Chairperson</b>
Project Director, Hyderabad	Convener, DW&CDA
Secretary, District Legal Service Authority, Hyderabad	Member
Dist. Medical & Health Officer (DM & HO), Hyderabad	Member

District Education Officer (DEO), Hyderabad	Member
Dy. Director, Disable Welfare Department, Hyderabad	Member
Dy. Commissioner of Police Detective Department, Hyderabad.	Member

### **NEW INITIATIVE/ INNOVATIONS :**

(1) Telangana State Government has initiated the (EODB) Ease Of Doing Business is an online software for Online Registrations and Renewals under PC&PNDT .

(2) Informer Incentive for Sex Determination Cases: To propose 2.5 lakhs for Informer Incentive as in Rajasthan (To be proposed in SSB meeting of Telangana and in PIP 2018-19)

(3) Bureau of Investigation under PC&PNDT: To establish Bureau of Investigation at the State Office of CH&FW, Telangana in the lines of Rajasthan, the Officers will be of or above the rank of Sub - Inspector of Police. (To be proposed in SSB and PIP 2018 -19).

### **Maternal Health Schemes**

#### **1) Janani Suraksha Yojana (JSY)**

Janani Suraksha Yojana (JSY) under the overall Umbrella of National Health Mission to provision of better for pregnant Women, JSY integrates the cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre under the trained health personnel. JSY is 100% centrally sponsored scheme, to reduce overall Maternal Mortality ratio and Infant mortality rate and to increase institutional deliveries and the cash assistance is given within 48 hours of delivery in Public health institutions as details given below.

<b>Sl. No.</b>	<b>Particulars</b>	<b>Incentive under JSY</b>
1	Rural Institutional deliveries	Rs.700/-
2	Urban Institutional deliveries	Rs.600/-
3	Home deliveries	Rs.500/-

#### **2) Janani Shishu Suraksha Karyakram (JSSK):**

The Government of India has initiated a new policy to guarantee free & cashless deliveries including cesarean operations in all public health institutions under JSSK scheme under NRHM without any user charges and any out of pocket

expenditures and accordingly the Government of A.P issued G.O.No.1591 dated 08-09-2011 for implementation of JSSK scheme in Andhra Pradesh and launched the scheme on 22.10.2011. The following are the free entitlements under JSSK scheme for providing deliveries & cesareans at free of cost and sick new born upto 1 year after birth:

### **JSSK - Financial provisions**

- Rs.100/- towards free **diet** to pregnant women for 3 days for Normal Deliveries and 7 days for C-sections.
- Rs. 200/- towards **Diagnostic**.
- Rs. 350/- for **drugs & consumables** - Normal deliveries
- Rs.1600/- for **drugs & consumables** - C-section.
- Rs.300/- for **blood**
- Rs.250/- for Home to Health, Rs.250/- for referrals & Rs.250/- for Drop Back

### **3) Maternal Death Review (MDR)**

- A District Level Quality Assurance Committee to review the maternal deaths has been formed in each district with the District Collector as the Chair person. The District Committee submit a Detailed Report every month to Commissioner of Family Welfare and Government about the corrective measures taken to minimize the Maternal Deaths.
- Community based review (3 persons) per person Rs.100/- = Rs.300/-
- 2 family members of the deceased persons (Rs.200/- each) = Rs.400/-
- From April 2017 to August 2017 173 MDR reported.

### **4. Accredited Social Health Activist (ASHA):**

Accredited Social Health Activist (ASHA) is introduced on pilot basis under Community Health Worker programme in tribal areas of the state in the year 2002. Important function/ service rendered by them was generating and strengthening the demand for health services by the community and serving as a bridge between the community and health care institutions. The community also considers the ASHAs as the first port of call when there is any issue related to health. Upon its success in the tribal areas, the scheme has been extended to the entire state under National Health Mission.



There are 27,045 ASHAs in the state @ 1 per 1000 population in rural areas and 1 per 1500-2500 population in urban areas. They are appointed through Village Health Sanitation & Nutrition Committees. She should be residing in the same village and the qualification in rural areas is 8th class and urban areas is 10th class. ASHAs are being paid incentives based on their performance. The caste composition of ASHAs is SCs-37.02%; STs-13.92%, BCs-36.24%, OCs-12.83 %.

ASHAs are recognized as one of the important cadre of health workers in Telangana and a thorough review of their appointment, working conditions and incentive payment has been done in the year 2017. During this process, it was noticed that majority of them used to get Rs.2000 - 3000/- per month and only 2% ASHAs were getting more than Rs.3000/-. Further, there used to be delays in release of incentives.

Government of Telangana, under the directions of the Honorable Chief Minister has taken a series of progressive measures as shown below:

1. Incentive has been revised for ensuring an assured amount of Rs.6000/- per month. **Total budget required to meet this enhanced payment of incentives is Rs.194.73 Crores, out of which Rs.158.73 Crores ( 81.51 %) is being borne by the State Government, and Rs 36 cr ( 18.49%) is being met from National Health Mission (NHM) as Central Share.**
2. All ASHAs are now paid the incentive online through PFMS.
3. Regular payments are ensured by 5th of every month.
4. The Job chart of ASHAs has been rationalized. In addition to Maternal and Child Health Services, ASHAs are now providing services in the survey of Non Communicable Diseases, Communicable Diseases, Family Planning, Sanitation, Community Mobilization etc.
5. A massive orientation program has been conducted to all ASHAs and their skills are upgraded. So far three rounds of training have been completed to the ASHAs. Currently 4th round training is under progress. As a result, they are now capable of checking Blood Pressure & Blood Sugar. Necessary Kits are being provided

**Revised Performance Based Incentive to ASHAS:**

<b>S No</b>	<b>Name of the Sub Activity</b>	<b>Amount (inRs.)</b>
<b>1. Maternal &amp; Child Health Activities (MCH)</b>		
1	ANC Registration 4 ANC Checkups 2TT & IFA (120 days)	1200
2	a) Village Health Assistant as birth companion / post birth support and postnatal care for mother.	800
	b) Breast Feeding initiation,	300
3	Home Bases New Born Care (HBNC) - [6 Home visits in institutional delivery and 7 home visits in Home delivery]	1000
4	Mobilizing children for immunization [full and complete immunization]	1000
5	Family planning	500
6	Other campaigns (PPI, NDD etc)	300
	<b>Sub Total</b>	<b>5100</b>
<b>2. Communicable, Non Communicable &amp; other Village Health Activities</b>		
1	Village Health & Nutrition Day (VHND)	400
2	Village Health Sanitation & Nutrition Committees (VHSNC) / MAS Meeting monthly once	300
3	Monthly Review meetings at PHC	300
4	Eligible Couple register Updation	300
5	ANC Registration & Updation	200
6	Updation of Children for immunization	200
7	Maintenance Village Health register and Registration of Births & Deaths	300
8	Line listing of households and NCD Screening & Medication compliance	500
9	Communicable disease (RNTCP, NLEP, NVBDCP)	500
	<b>Sub Total</b>	<b>3000</b>
	<b>Grand Total</b>	<b>8100</b>

### 5) CEMONC centres:

- To promote institutional deliveries and to attend emergencies related to pregnancy with a specialist OBG and blood transfusion services round the clock.
- 66 CEMONC centres sanctioned.
- 43 CEMONC centres under TSVVP.
- 23 CEMONC centres under DPH&FW

Sl. No.	Category	Sanction	In position	Vacant Total	Vacant in HPD	Vacant in NHPD
	<b>CEMONC Centres</b>					
1	OBG Specialist	66	45	21	6	15
2	Anaesthetist	28	17	11	3	8
3	Staff Nurses	144	150	-6	0	0
4	Theatre Assistant (OT Technicians)	32	25	7	6	1

### 6) 24x7 MCH centres:

- To promote institutional deliveries, 314 PHCs are identify as 24x7 PHCs with the additional staff of 2 contractual Staff Nurses and 2 Contingent Workers per each 24x7 PHC in addition to the regular sanctioned staff under NHM.
- The following are the present position of staff working under 24x7 PHCs in the State.
- Out of 702 PHCs in the Telangana State 314 PHCs are functioning as 24x7 PHCs under NRHM.

Sl. No.	Category	Sanction	In position	Vacant Total	Vacant in HPD	Vacant in NHPD
	<b>24x7 MCH Centres</b>					
1	Staff Nurses	686	610	70	13	57
2	Contingent Workers (Supporting Staff)	680	647	33	0	33

### 7) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):

Maternal Mortality is one of the prime objectives of the NHM and there is a considerable progress on this front over the past 10 years with the implementation of schemes such as JSY & JSSK institutional deliveries have increased to 78.7% (RSOC 2013-14). In spite of all these services only 61.8% women receive 1<sup>st</sup> ANC in 1<sup>st</sup> trimester, coverage of full ANC as low as 19.7% (RSOC).

In view of this the MoH&FW has decided to provide at least one Antenatal Checkup of pregnant women by a doctor / Gynecologist during 2<sup>nd</sup> & 3<sup>rd</sup> Trimester of pregnancy, on the 9<sup>th</sup> day of every month. The purpose of this ANC by doctor is to ensure that no high risk pregnancy goes undetected. However the three ANC checkups being conducted by ANMs / Staff Nurses will continue as per the laid guidelines. In this a minimum package of Antenatal services would be provided to the beneficiaries at the PHC/CHC/AH/DH levels.

In this connection, we have conducted one day orientation programme on 01.07.2016 at IHH&FW, Vengalraonagar, Hyderabad to District officials (DM&HO, DCHS, Superintendents of TH & DH, PODTTs, DPHNOs & DPMO) and from July 2016 onwards the PMSMA programme was conducted 9<sup>th</sup> of every month. District level orientation also completed.

- 77396 pregnant women receiving Antenatal care from July to November 2016.
- 48756 pregnant women received Antenatal care from December to February 2017.
- 67992 pregnant women received Antenatal care from March 2017 to September 2017.
- 194144 pregnant women received ANCs from July 2016 to September 2017.
- Total 10 erstwhile Districts covered, the GOI has open another 21 new Districts in PMSMA portal.
- Till to date 29 numbers of volunteer registered in PMSMA portal.
- Till to date 30 numbers of pregnant women seen by volunteers
- District wise 260 PMSMA centres are identified with investigations and USG facilities.

#### **8) Brief Note on Piloting Health and Wellness Centres (HWC) :**

- **90 Health Wellness Centres** are approved in ROP 2016-17.
- In first phase 50 Health wellness centres in rural areas are to be made functional from January 2018 onwards and 40 Health Wellness centres in Urban areas of Hyderabad to be made functional from February 2018 onwards, for which budget has been released to 50 Health Wellness centres after following the norms.

- 2 HPD (Mahabubnagar & Adilabad) and 5 non HPD Districts where NCD screening has taken place have been considered in rural areas.
- Meeting conducted with Medical Officers of 7 PHCs (50 HWCs) regarding establishment of Health Wellness centre. Gap analyses was done, guidelines were issued and instructed to completed all gaps and make it functional by 1<sup>st</sup> week of January 2018.
- **500 Health Wellness Centres** are proposed in PIP 2018-19.

#### **9) Brief Note on Bridge Course (BPCCHN) :**

- In first phase 2 Programme Study centres (DH Sangareddy & DH Khammam) have been approved by IGNOU.
- In November 2017 two (2) more Programme Study Centres (DH King Koti, Hyderabad & DH Nalgonda) are approved by IGNOU.
- **First batch of 26 Staff Nurses** are undergoing Bridge course training at DH Sangareddy & DH Khammam. These Staff Nurses will be completing the course in December 2017 and will be placed at the 50 Health Wellness Centres identified.
- Conducted one-day meeting of Programme In-charges of BPCCHN Programme was organized on 13th November, 2017 at O/o Regional Director, IGNOU, Hyderabad was attended by Regional Director, Dy. Director & Administrator officer of IGNOU, State Nodal Officer along with Programme in charges and academic councellors of the PSCs with an objective to interact with the two Programme In-charges (Sangareddy & Khammam) about the implementation and completion of all activities related to BPCCHN Programme.
- In addition to these two Programme In-charges, newly established PSCs of BPCCHN Programme, namely, Govt. District Hospital, King Koti, Hyderabad and Govt. District Hospital, Nalgonda.
- Conducted entrance exam for 89 Staff Nurses on 03.12.2017 for second batch for in service candidates.
- Out of 89 candidates 81 are eligible on the basis of 30% cut out marks for Bridge programme course. Out of 81 this office has selected 60 candidates as per

merit list for Staff Nurses Bridge Programme Course which will be commence from January 2018 onwards.

- **89 in service Ayurveda Practitioners (BAMS)** from the Director, AYUSH Dept, have been identified. As per the discussions with GOI the Ayurvedic doctors will forego the written exam and as per the willingness of BAMS doctors a walk- in- interview will be held in the 4<sup>th</sup> week of December 2017. The selected doctors will be sent for the 6 months Bridge course programme at identified programme study centres.

#### **10) Training Program in Professional Midwifery**

Professional Midwives lead the delivery and pre/post delivery care for the estimated 80% of normal births that take place every day and are more skilled in the detection and referral of complications for the roughly 20% of mothers potentially requiring medical care. With its woman-centered approach and focus on the care of mothers and infants, it has been shown to be an integral part of comprehensive, quality maternal care. The guidelines of International Confederation of Midwives, with which this training is aligned, identifies 7 major competencies that Professional Midwives will be proficient in upon completion of a training program in Professional Midwifery. The first batch consisting 30 Midwives already started at MCH Centre Karimnagar.

#### **Interventions under Child Health & Immunisations**

#### **NEWBORN ACTIVITIES IN THE TELANGANA STATE**

As per the SRS bulletin 2016 Child Health Indicators of Telangana state is detailed below:

U5MR	34
IMR	31
NMR	23
Early Neonatal Mortality Rate	18
Perinatal Mortality Rate	22
Still Birth Rate	4

### **Establishment of SNCUs:**

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 with 20-bedded SNCUs. **Presently 23 SNCUs are functioning.**

### **Services at the unit:**

1. Care at birth
2. Resuscitation of asphyxiated newborns
3. Managing sick newborns (except those requiring mechanical ventilation and major surgical interventions)
4. Post-natal care
5. Follow-up of high risk newborns
6. Referral services
7. Immunization services
8. Kangaroo Mother Care Services

### **List of SNCUs is detailed below:**

<b>Sl. No</b>	<b>Name of the SNCU</b>	<b>District</b>
1	RIMS Adilabad	Adilabad
2	Gandhi Hospital	Hyderabad
3	Modern Maternity Hosp Pitluburz	Hyderabad
4	Niloufer Hospital	Hyderabad
5	Government Maternity Hospital Koti	Hyderabad
6	District Hospital	Karimnagar
7	AH Godavarikani	Pedapally
8	District Hospital	Khammam
9	District Hospital Sangareddy	Sangareddy
10	AH Siddipet	Siddipet
11	Dist Hospital	Mahaboobnagar
12	CHC Achampeta	Nagarkurnool
13	District Hospital	Nalgonda
14	District. Hospital	Nizamabad
15	District Hospital Tandur	Vikarabad
16	CKM Maternity Hospital	Warangal Urban
17	GMH Maternity Hospital	Warangal Urban
18	MGM Hospital	Warangal Urban

19	AH Mahaboobabad	Mahaboobabad
20	AH Utnoor	Adilabad
21	AH Bhadrachalam	Bhadradri Kothagudem
22	AH Eturnagaram	Jayasankar Bhupalpally
23	AH Kamareddy	Kamareddy
<b>SNCUs Under establishment</b>		
24	AH Zaheerabad	Sangareddy
25	AH Jagital	Jagital
26	MCH Nirmal	Nirmal
27	AH Manchiryal	Manchiryal
28	MGM Warangal	Warangal Urban
29	Asifabad	Komaram Bheem Asifabad
30	Gadwal	Jouglamba Gadwala
31	Suryapet	Suryapet
32	Wanaparthi	Wanaparthi
33	AH Kothagudem	Bhadradri Kothagudem
34	Janagam	Janagoan
35	Medak	Medak

#### Performance of SNCUs :

S.No	Year	Admissions	Discharges	Referred
1	2014-15	19210	13809	1835
2	2015-16	26115	19703	2453
3	2016-17	31371	24061	2332
4	2017-18	19365	14938	1817

#### Establishment of NBSUs and NBCCs

The Government has established **57 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.

#### Kangaroo Mother Care Units:

The Government of India has sanctioned (22) Kangaroo Mother Care Units in the following Hospitals of Telangana State. Presently 22 KMCs are functional. The details are furnished below:

#### Kangaroo Mother Care Units list:

Sl.No.	KMC locations	Name of the District
1	DH Sangareddy	Sangareddy
2	DH Mahabubnagar	Mahabubnagar
3	DH Nalgonda	Nalgonda
4	DH Khammam	Khammam



5	RIMS Adilabad	Adilabad
6	Gandhi Hospital	Hyderabad
7	Niloufer Hospital	Hyderabad
8	GMH Koti	Hyderabad
9	DH Nizamabad	Nizamabad
10	MGM Warangal	Warangal
11	GMH, Pitlaburz	Hyderabad
12	DH, Karimnagar	Karimnagar
13	AH, Godavarikhani	Peddapalli
14	DH, Tandur	Vikarabad
15	AH, Utnoor	Adilabad
16	AH, Bhadrachalam	Bhadradi Kothagudem
17	AH, Eturunagaram	Jayashankar Bhupalapalle
18	CKM, Warangal	Warangal Urban
19	GMH, Warangal	Warangal Urban
20	AH, Mahabubabad	Mahabubabad
21	MCH Siddipet	Siddipet
22	AH Achampet	Nagarkurnool

### **Establishment of NRCs:**

Childhood under nutrition is an important public health and development challenge in India. Undernourished children have significantly higher risk of mortality and morbidity. Besides increasing the risk of death and disease, under nutrition also leads to growth retardation and impaired psychosocial and cognitive development.

Children with Severe Acute Malnutrition (SAM) have nine times higher risk of dying than well-nourished children. In Telangana the prevalence of SAM in children remain high despite overall economic growth. The national Family Health Survey-3 revealed that 6.4 percent of all children under-five years of age are severely wasted. With appropriate nutritional and clinical management, many of the deaths due to severe wasting can be prevented.

The SAM cases are more in tribal areas. The government with intention to provide medical care to the SAM children established 12 NRCs. The 10 NRCs were established in the district hospitals of every district and will provide services to SAM children, and 2 NRCs in tribal areas.

There are Ten 20-bedded NRCs and two 10-bedded NRCs (tribal) in the state. At present the 12 NRCs are functioning in the state.

The list of NRCs is given below.

**Teaching Hospitals – 20-bedded:**

1. Warangal
2. Adilabad (RIMS)
3. Gandhi Hospital, Hyderabad

**District Hospitals – 20-bedded (as integral part of existing Paediatric depts.):**

1. Mahabubnagar
2. Nalgonda
3. Sangareddy, Medak
4. Tandur, Ranga Reddy
5. Karimnagar
6. Nizamabad
7. Khammam

**Area Hospital, Tribal area – 10-bedded:**

1. Bhadrachalam, Khammam
2. Utnoor, Adilabad

The District Selection Committee chaired by District Collector of each district will fill the all cadre of posts in NRCs.

The staff nurses and doctors working in these centers will be trained in the management of SAM according to the WHO training protocol. Gandhi Hospital, Secunderabad has been identified as the nodal center for capacity building, and monitoring of the NRCs in the state.

**The following services provided at the facility**

The services and care provided for the in-patient management of SAM children include:

- 24 hour care and monitoring of the child.
- Treatment of medical complications.
- Therapeutic feeding.
- Providing sensory stimulation and emotional care.
- Social assessment of the family to identify and address contributing factors.
- Counseling on appropriate feeding, care and hygiene.
- Demonstration and practice- by -doing on the preparation of energy dense child foods

- Using locally available, culturally acceptable and affordable food items.
- Follow up of children discharged from the facility.

ANMs and AWWs must record the weight of the babies on health and nutrition days and regular growth monitoring to be done to identify the malnourished children. These malnourished children must be examined by MOs and then referred to NRCs and in respect of all such cases the follow up action should be taken. The field staff who reports the SAM cases to NRCs may be rewarded an amount of Rs.50/- per each case.

The District Selection Committee chaired by District Collector of each district will fill the all cadre of posts in NRCs.

**Other activities taken up:**

Filling up of posts in the above institutions and providing training to the staff.

**Rapid Assessment of SNCUs**

To ascertain the functionality of SNCUs in the state, rapid assessment of SNCUs has been done during the year 2011 and again in the month of June 2013. To assess the SNCUs ten teams have been formed. This activity was taken up with the support of UNICEF and MOHFW, Govt. of India.

It is proposed to conduct rapid assessment for the newly established SNCUs during 2015 and 2016 the assessment will be taken up in the month of December 2016.

**Vitamin-A Bi-annual campaign:**

Vitamin-A administration campaigns are planned in the state to cover the children under the age group of 9 months to 60 months in order to prevent complications like night blindness, conjunctival xerosis, keratomalacia etc. in that age group.

**Child Death Review:**

As per the directions of the MOHFW, GOI the child death review operational guidelines were communicated to the districts in the state. The state level taskforce members sensitization and TOT was conducted at state level as per the GOI guidelines. To conduct District level TOT on CDR with other convergence departments the guidelines communicated to the Districts. District level trainings are under process.

## **IMMUNIZATION PROGRAMME**

- **Definition:** Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.
- Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.
- Universal Immunization Program(UIP) is one of the largest Public Health Interventions in the country and caters to a birth cohort of around 30 million pregnant women, 27 million new born children each year
- India is the largest manufacturer of vaccines with a functional National Regulatory Authority
- Telangana caters to a birth cohort of around 6.5 lakh children each year
- As per NFHS 4 data released in 2016, the state stands at 68% of fully immunized children

**The state has taken up the following activities taken up since 2014 after the formation of Telangana state**

### **A. Components of Immunization Programme**

1. Routine Immunization
2. Mission Indradhanush
3. Newer vaccines
4. Switch over from tOPV to bOPV
5. Introduction of IPV
6. Fractional dose IPV campaign in response to VDPV type II in sewage sample by environmental surveillance
7. Special 3 NIDs of 2 rounds each during 2015, 2016, 2017 and 2018
8. Establishment of New District Vaccine Stores in all the newly formed districts of the state after reorganization in to 31 districts
9. Telangana Teeka Bandi
10. Measles Rubella Vaccination Campaign

The details of each of above activities along with the performance coverage for the period from 2014-15, 2015-16, 2016-17 and 2017-18 are furnished below

## **1. Routine Immunization:**

- 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
- **Surveillance:** Regular surveillance is conducted for VPDs like Measles - Rubella and AFP surveillance is conducted for Polio.
- The state caters to a birth cohort of 6,28,318
- Full Immunization coverage as per HMIS is 89%  
Achievement for the year 2016-17 is 88%
- Full Immunization coverage as per HMIS is 90 %  
Achievement for the year 2017-18 is 90%

## **2. Mission Indradhanush:**

- Four phases of Mission Indradhanush drive were conducted across the state. District prioritization was done all districts were taken up in a phased manner.
- The phased wise details with the name of the districts in which the MI drive was carried are given below.

## **3. Newer Vaccines:**

The following newer vaccines were introduced in UIP for the past 3 years

### **a) Pentavalent:**

- The Pentavalent Vaccine launched in the state on 3<sup>rd</sup> June 2015 and is being administered in Routine Immunization.
- Pentavalent Vaccine has been introduced in RI Programme. It is a new vaccine being introduced in UIP in Telangana state which contains five antigens - Diphtheria, Pertussis and Tetanus, Hep-B and Haemophilus influenza in a single formulation and be administered without diluents since it is liquid form vaccine.

### **b) Switch over from tOPV to bOPV**

- The state has switched from tO PV to bO PV from 25th April 2016 complying with the polio end game strategy. Post switch, any polio virus detected in any part of the country from any source needs immediate response action. Since April 2016 tO PV has been replaced with bO PV in Routine and Special Immunization activities.

**c) Introduction of IPV:**

- The Injectable Polio Vaccine has been introduced with the objective of giving additional protection against polio. Since April 2016 both IPV & OPV are introduced in to RI.

**d) Introduction of MR Vaccine:**

- Telangana State conducted Measles and Rubella vaccination (MR campaign) campaign in the month of August-September 2017 as part of the Government of India's National Measles Elimination and Rubella Control Program. The campaign is scheduled from 17<sup>th</sup> August to 25<sup>th</sup> September 2017 Measles Rubella vaccination was conducted in RI after the campaign..

**4. Fractional dose IPV campaign in response to VDPV type II in sewage sample by Environmental surveillance:**

- Environmental Surveillance is initiated at 4 sites in Hyderabad. Type II VDPV was isolated at STP in Amberpet.
- The Type 2 Vaccine Derived Polio Virus (VDPV) has been isolated in Hyderabad district on 7th June 2016 from Environmental Surveillance.
- As a response action fractional IPV campaign was conducted and 311064 children were administered with IPV.

**5. Special 3 NIDs of 2 rounds each during 2015, 2016 and 2017:**

The special NID PPI rounds were conducted during 2015, 2016 and 2017. The year and round wise performance are given below

1. 2015 – 1<sup>st</sup> Round – Children Immunized - 4374468  
2<sup>nd</sup> Round - Children Immunized - 4379656
2. 2016 – 1<sup>st</sup> Round – Children Immunized - 4374339  
2<sup>nd</sup> Round – Children Immunized - 4372221
3. 2017 - 1<sup>st</sup> Round - Children Immunized - 4164543  
2<sup>nd</sup> Round – Children Immunized – 4164309
4. 2018- 1<sup>st</sup> Round – Children Immunized - 3987802  
2<sup>nd</sup> Round – Children Immunized - 3957107

**6. Establishment of New District Vaccine Stores in all the newly formed districts of the state after reorganization in to 31 districts:**

- The state of Telangana has taken up re organization of districts by forming 10 districts in to 31 districts.
- The District Vaccine Stores were available only in the Erst while 10 districts and in the newly formed 21 districts the district vaccine stores are established.

## **7.Telangana Teeka Bandi:**

- The Mission Indradhanush rounds have proved beyond doubt that there a lot of dropout and left out children especially in the urban areas due to migration, constructions, HR areas etc.
- The mobile vaccination is done in GHMC areas of RangaReddy, Hyderabad, Medak and Sangareddy to immunize the children residing in Hard to reach, High Risk and Urban slums.

## **8. Measles Rubella Vaccination Campaign:**

- Telangana State is scheduled to implement Measles and Rubella vaccination (MR campaign) campaign in the month of August-September 2017 as part of the Government of India's National Measles Elimination and Rubella Control Program. The campaign is scheduled from 17<sup>th</sup> August to 25<sup>th</sup> September 2017.
- Telangana State has successfully completed the Measles Rubella Vaccination Campaign as part of the Government of India's National Measles Elimination and Rubella Control Program. The campaign is scheduled from 17<sup>th</sup> August to 30<sup>th</sup> September 2017.
- The target beneficiaries of the MR campaign are children from 9 months to 15 years of age. The estimated target for the state is around **90,01,117** ( ninety
- Single additional dose of MR vaccine was administered on the right shoulder to the target beneficiaries by subcutaneous route during the campaign.
- The state achieved the target of **91,48,171 i.e., 102%** without a single serious Adverse Event Following Immunization which is a mark of safe injection practices in the state.
- Telangana MR Vaccination Campaign 2017:
  - Estimated Target Children – **90,01,117**
  - Children Immunized – **91,48,171 = 102 %**
  - Schools covered – more than 60,000 schools were covered,
  - AWW centers – more than 36,000 were covered
  - Mobile teams – 300 to 400 mobile teams were functional
  - High Risk Areas – 1800 HRAs were covered

## **9.Routine Immunization Trainings:**

- Routine Immunization training has been conducted for all Medical Officers in the State. At State level till date around 500 Medical Officers were trained under Routine Immunization Programme.

#### **10. Mission Indradhanush Programme under Gram Swaraj Abhiyan:**

- Special Intensified Mission Indradhanush aims to identify enumerate and immunize unvaccinated and partially vaccinated children and Pregnant women. (To identify, track, Immunize the missed and Left out Children and follow them up with the required vaccine in the consecutive 3 rounds from April 2018 to June 2018.
- TELANGANA is selected for the Intensified Mission Indradhanush Program for the 1<sup>st</sup> time
- The full Immunization coverage of the state is at 68.1% as per NFHS 4 data (2016)
- Beneficiaries: Children in the age group of 0-2yrs and pregnant women.
- For Telangana, targeting age group 0-5 yrs as the No: households are less so that we can ensure booster dose for the Enumerated children beyond 2yrs also.(2yrs- 5yrs of age)

#### **Achievement of SIMI:**

	Round 1			Round 2		
	Target	Achievement	Saturation	Target	Achievement	Saturation
Pregnant Women	63	62	98%	35	35	100 %
Children	289	290	100%	105	105	100%

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). The first round is scheduled from 16<sup>th</sup> July 2018 onwards

#### **FAMILY PLANNING PROGRAMME**

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).



## **FAMILY PLANNING INTERVENTIONS**

- Female sterilizations (Tubectomy & DPL) and Male sterilizations (Conventional & NSV).
- Increase the spacing method among newly married , 1<sup>st</sup> and 2<sup>nd</sup> parity couples by Promoting IUCD /PPIUCD services
- Effectively implementing of Social distribution of Contraceptives
- DPL / NSV camps, IUCD & PPIUCD services.
- Implementation of Quality assurance in providing sterilizations.
- Conduction of QAC /Family Planning review meetings.
- Promoting age at marriage to prevent teenage pregnancies
- World Population Day celebrations.
- Implementation of Family Planning Indemnity scheme.
- Trainings under Family Planning Program (Minilap, NSV, DPL, IUCD and PPIUCD).
- New Initiative, Injectable contraceptive (MPA) for women for spacing method.
- Observation of Vasectomy Fortnight ( for promoting the male participation in Family Planning).

### **Family Planning Indemnity Scheme**

Family Planning Indemnity Scheme was started in 2005 with an objective to provide insurance to sterilization acceptors through authorized insurance agency (ICICI Lombard). Presently the Government of India is providing the funds under the NHM from 1<sup>st</sup> April 2013.

1. Under this scheme, Rs.2, 00,000 is given after death of an acceptor due to Sterilization operation within 7 days from the date of discharge from the hospital
2. Rs.50,000 for such occurrence between 8 to 30 days.
3. Rs.30,000 for sterilization failure.
4. Rs.25,000 as expenses for treatment of medical complication due to sterilization Operation.

#### **Year Wise FP Insurance Beneficiaries in Last Four Years**

<b>2014 -15</b>	<b>2015 -16</b>	<b>2016-17</b>	<b>2017-18</b>
56	51	13	31

#### **Year Wise Family Welfare Program Beneficiaries in Last Three Years**

<b>Sl. No.</b>	<b>Year</b>				<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
	<b>Permanent Method</b>							
1	Number of Vasectomies				6323	6011	4083	4580
2	Number of				189156	174257	137067	138901

Sl. No.	Year				2014-15	2015-16	2016-17	2017-18
	Tubectomies							
3	Total Sterilizations				195479	180268	141150	143481
	<b>Temporary Method</b>							
4	IUD				93482	79437	39366	79194
5	Oral Pill users				117742	86957	40472	107995
6	Contraceptive Condoms users				123467	77782	42648	138020

The state has achieved the Total Fertility Rate 1.8 and focusing on spacing methods such as IUCD, PPIUCD and Injectable contraceptive (MPA), Oral Contraceptive Pills and condoms. In this connection “POP” (Progesterone – only – pills) as an ideal contraceptive in breastfeeding women in the immediate post-partum period, the pilot study is being conducting in Medak, Sangareddy and Siddipet districts by Jhpiego under the guidance of Government of India under Maternal Child Survival Program.

The Ministry of Health and Family Welfare, Gol is more focusing on spacing methods by promoting PPIUCD duly enhancing the compensation to the beneficiaries, incentives to the Service Providers and motivators from the ROP F.Y.2017-18.

After formation of 31 districts in Telangana state the following health facilities are providing Family Planning services.

#### **Telangana State Public Health Facilities**

Sl. No	Name of the District	TH	MCH	DH	AH	CHC	24x7 PHC	PHC	Total
1	Mahaboobnagar	1	0	0	1	5	16	6	29
2	Wanaparthy	0	0	0	1	2	11	4	18
3	Nagarkurnool	0	0	0	1	5	17	7	30
4	Jouglamba Gadwala	0	0	0	1	1	7	2	11
5	Rangareddy Shamshabad	0	0	0	2	8	19	14	43
6	Vikarabad	0	0	1	0	4	7	13	25
7	Medchal	0	0	0	0	2	11	4	17
8	Hyderabad	4	1	1	3	1	10	81	101
9	Medak	0	0	0	1	2	10	8	21

10	Sangareddy	0	0	1	2	4	18	11	36
11	Siddipet	0	1	0	0	3	13	13	30
12	Nizamabad	1	0	0	2	10	9	16	38
13	Kamareddy	0	0	0	1	4	11	7	23
14	Adilabad	1	0	0	0	3	9	12	25
15	Komaram Bheem Asifabad	0	0	0	0	5	8	7	20
16	Nirmal	0	1	0	2	2	10	7	22
17	Manchiryal	0	0	0	1	3	9	8	21
18	Karimnagar	0	0	1	0	4	6	16	27
19	Peddapally	0	0	0	1	4	4	9	18
20	Rajanna Sirisilla	0	0	0	1	2	3	6	12
21	Jagithyal	0	0	0	1	4	7	10	22
22	Warangal Urban	2	0	0	0	2	3	7	14
23	Warangal Rural	0	0	0	0	3	6	11	20
24	Jayasankar Bhupalapalli	0	0	0	0	5	15	9	29
25	Mahabubabad	0	0	0	1	4	8	8	21
26	Jangon	0	0	0	1	3	7	6	17
27	Khammam	0	0	1	0	5	8	13	27
28	Badradi Kothagudem	0	0	0	2	7	15	13	37
29	Nalgonda	0	0	1	2	2	18	18	41
30	Yadadri	0	0	0	1	2	10	8	21
31	Suryapeta	0	0	0	2	3	9	11	25
<b>Total</b>		<b>9</b>	<b>3</b>	<b>6</b>	<b>30</b>	<b>114</b>	<b>314</b>	<b>365</b>	<b>841</b>

## Rashtriya Bal Swasthya Karyakram Programme

***Rashtriya Bal Swasthya Karyakram*** (RBSK) focuses on screening of children from birth to 18 years for birth defects, deficiencies, diseases, disability and developmental delays (4 Ds), in its mandate for comprehensive child health care assuring extensive health services. Universal screening would lead to early detection of medical conditions, timely intervention ultimately leading to reduction in mortality, morbidity and lifelong disability. For the children ranging between 6–18 years age group, management of conditions will be done through existing public health facilities.

District Early Intervention Centers (DEICs) will act as referral linkages for both the age groups. The referral children will be managed at different health facilities such as PHCs, CHCs, AHs, DHs, NRCs, DEICs and MoU with Private Hospitals for early treatment and intervention for better child survival and child health.

In Telangana State under RBSK Programme 300 Mobile Health Teams are in place they will screen the children at Government & Government Aided Schools and at Anganwadi centers and the age group covered are from birth to 18 years. Mobile Health Team (MHT) has been established at each CHNC Level and such teams are function under the Administrative control and Supervision of the DM&HO, Dy. DM&HO and RBSK Coordinators concerned. The tour programme of each MHT along with the Route Maps planned and designed by the Dy.DM&HO and DPMO of the CHNC along with the MOs of the PHCs under the coverage area of such HMT. Children in each Cluster will be screened twice a year (birth to 5 yrs, 1<sup>st</sup> to 12<sup>th</sup> Students Govt., & Aided Institutions) and their data will be captured at the time of screening in specially designed software through laptops and will be maintained in a website. There should be a very good convergence model between Health, Women and Child Welfare and school education departments.

Screening Tool cum Referral Cards are printed supplied to Mobile Health Teams to issue the same to the each child at Anganwadi Centres and Government & Government Aided schools and Jr.Colleges for screening and Referral management. Monthly Reports on Health of children is being reported, on Screening, Identification of Disease, Confirmation of the Disease and Referred/ Treated Management (Medical & Surgical Management) at Secondary & Tertiary Care facilities.

The screening of children for the age groups of 6 weeks to 6 years and 6 years to 18 years is conducted by dedicated RBSK Mobile Health Teams. As on today the following MHTs Staff are available across the (31) Districts.

**Mobile Health Teams (MHTs)**

✓ Medical Officer (MBBS)	- 96
✓ Medical Officer (Ayush)	- 421
✓ ANM	- 252
✓ Pharmacist	- 285
<b>Total</b>	<b>- 1054 out of 1200</b>

The children identified with any defects and development delays including disability would be referred to District Early Intervention Centers (DEICs) for further

confirmation, diagnosis, treatment and further referral to tertiary care facility free of cost. As on today the following DEIC Staff are available in (10) erstwhile districts.

**District Early Intervention Centres (DEICs)**

- **Team consists of 13 members**
- **In position- 98 out of 130 Sanctioned in 10 DEIC's**
- **Staff In position**
  - 1. Medical Professionals
    - ✓ Paediatrician - 7
    - ✓ Medical Officer - 8
    - ✓ Dental Doctor - 9
  - 2. Physiotherapist - 8
  - 3. Audiologist & Speech Therapist - 8
  - 4. Psychologist - 3
  - 5. Optometrist - 8
  - 6. Early Interventionist cum Special Educator - 9
  - 7. Social Worker - 8
  - 8. Lab Technician - 9
  - 9. Staff nurse - 8
  - 10. Dental Technician - 6
  - 11. DEIC Manager - 7

**Physical Progress / Achievements as on 30.06.2018**

- ✓ 300 Mobile Health Teams Sanctioned
- ✓ Out of 300 MHTs 210 are Complete Teams and 90 Teams are partial teams.
- ✓ Recruitment -88% completed (1054/1200)
- ✓ DEIC- Staff 98/130 in Position.
- ✓ GPS Tracking Systems installed in 266 MHT Vehicles.
- ✓ Provision of 300 Tabs & 300 BSNL SIM cards to MHT Teams.
- ✓ 64% Child Screening achieved (March 2018).
- ✓ DEIC -Fully Functional - 6 Partially Functional - 4
- ✓ 2 Sets of Desk tops, Pinter & Scanners are Provided to (10) DEIC's
- ✓ (2) Batches of State Level ToT, (13) Batches of District Level Orientation Trainings Completed on Comprehensive New Born Screening of Visible Birth Defects for Doctors (Gynaecologist, Paediatricians & Staff Nurses) from the high delivery load delivery points.

- ✓ IEC- Birth Defects Posters Distributed to all (31) Districts
- ✓ As per the sanctioned (12) newly DEICs Location Identified & Civil works started.

### **Progress of the Programme up to March 2018**

	6 weeks to 18 years enrolled in Anganwadies, Govt. & Govt aided schools (MHT)							
	Target: Total children to be screened in complete year by MHTs	Total no. of children screened in the current year	Percentage of total children screened in current year	No. of children found positive for selected health conditions	No. of children referred by MHTs	No. of children Confirmed	No. of children Treated	No. of children Waiting for services
Male	3054635	1723196	53%	85684	67455	32111	20355	11730
Female	3019490	2165565	68%	101253	82637	37505	23752	14538
Total	6074125	3888761	64%	186937	150092	69616	44107	26268

### **Achievements of the RBSK Programme in FY 2017-18**

Sl. No.	Surgical Conditions	No.of Cases Treated
1	Cleft Lip and Cleft Palete Surgeries	143
2	Clubfoot Surgeries + Ponseti	58 +175
3	Cardiac Surgeries	195
4	Dental Surgeries	2139
5	Hearing Aids	168
6	Cochlear Implant	4
7	Scepticals Distributed through NVBDCP	2597
8	Eye Surgeries (Squint, etc)	55
9	ENT Surgeries	64
	<b>Total →</b>	<b>2833</b>

## 10. Service Matters

Sl. No.	Function/service	Norms/standards of performance set	Time frame
1	Sanction of leaves of all kinds	Leave Rules	10 days
2	Sanction of Loans and Advances	Loans and Advances	15 days
3	Forwarding of pension Papers	Pension Rules	15 days
4	Sanction of Increments and Regularization of Services	F.R. Min. Ser. Rules & S.S.S. Rules	30 days
5	Pay Fixation and claims	RPS Rules	30 days
6	Action on meetings conducted	--	10 days
7	Administrative and Technical sanctions	--	10 days
8	Enquiry and Disciplinary actions	As per Rules	30 days
9	Other Petition like Hostels, Scholarship & Loans (ESS)	General as per Rules	10 days

### **Note:**

**At district level the District Medical & Health Officer is the competent authority to register any complaints and at state level the Commissioner of Health & Family Welfare is the competent authority to register any complaints.**

## **CHAPTER -6**

### **RULES, REGULATIONS, INSTRUCTIONS, MANUAL AND RECORDS, FOR DISCHARGING FUNCTIONS**

**[Section 4(1)(b)(v)&(vi)]**

- 6.1 List and gist of rules, regulations, instructions, manuals and records, held by public authority or under its control or used by its employees for discharging functions in the following format.

#### **Service and Conduct Rules**

<b>Sl. No</b>	<b>Name/title of the document</b>	<b>Type of the document</b>	<b>Brief Write-upon the Document</b>	<b>Location/Source</b>
1	The District Office Manual	Rules & Regulations		<a href="#">District Office Manual</a>
2	The Fundamental Rules	Rules & Regulations	1996	<a href="https://finance.telangana.gov.in/fundamental-rules.html">https://finance.telangana.gov.in/fundamental-rules.html</a>
3	The CCA Rules and TS State and Sub-ordinate service rules.	Rules & Regulations	1991	<a href="https://treasury.telangana.gov.in/docs/serviceRule/civil%20services%20cca.pdf">https://treasury.telangana.gov.in/docs/serviceRule/civil%20services%20cca.pdf</a>
4	The Conduct Rules	Rules & Regulations	1964	
5	T.S. State & Subordinate service Rules.	Rules & Regulations	1996 Adopted	<a href="#">State and subordinate Rules</a>
6	T.S. Ministerial service Rules.	Rules & Regulations		<a href="https://treasury.telangana.gov.in/docs/serviceRule/ministerial-rules%20-%20corrected.pdf">https://treasury.telangana.gov.in/docs/serviceRule/ministerial-rules%20-%20corrected.pdf</a>
7	T.S. Pension Rules 1981	Rules & Regulations	1981	<a href="http://www.agap.cag.gov.in/ae-pension.html">http://www.agap.cag.gov.in/ae-pension.html</a>
8	T.S. Leave Rules	Rules & Regulations	1933	<a href="https://treasury.telangana.gov.in/docs/audit/LeaveRulesRevised.pdf">https://treasury.telangana.gov.in/docs/audit/LeaveRulesRevised.pdf</a>



**RECORDS**

1	Attendance Register of the staff	Records	Sr. Asst in charge of Estt.	Commissionerate
2	Scheme wise budget control Register	Records	Sr.Asst./Jr.Asst. I/c of the subject	Commissionerate
3	Tappal Distribution Register	Records	Jr.Asst/ DEO	Commissionerate
4	Inward Register for Tappals	Records	Jr.Asst/ DEO	Commissionerate
5	Outward/Despatch Register	Records	Jr.Asst/ DEO	Commissionerate
6	Late Attendance Register	Records	Sr. Asst.incharge of establishment	Commissionerate
7	Schemes Wise budget control Registers for non-Plan, Plan & C.S.S separately	Records	Sr. AsstIncharge of respective Schemes	Commissionerate
8	Store Register	Records	Store Keeper/Superintendent of stores	Commissionerate
9	Casual Leave Register	Records	Sr.Asst. of Establishment section	Commissionerate
10	Log Book	Records	All Drivers	Commissionerate
11	List of cheques cashed (Form 73 of APTC)	Records	AAO	Commissionerate
12	Treasury Bill Book (Form 70 of APTC)	Records	AAO	Commissionerate
13	Register of cheques	Records	AAO	Commissionerate
14	Periodical Increment - Watch Register	Records	Senior Assistant	Commissionerate

**From where one cat orgy copy of rules, regulations, instructions, manual and records**

**Address:  
O/o Commissioner of Health and Family Welfare,  
3<sup>rd</sup>Floor,DME Building,  
DM&HS Campus, Sultan Bazar  
Hyderabad**

## **CHAPTER -7**

### **CATEGORIES OF DOCUMENTS HELD BY THE PUBLIC AUTHORITY UNDER ITS CONTROL**

#### **[Section 4(1)(b)V(i)]**

7.1 Information about the official documents held by the public authority or under its control.

Sl. No.	Category of document	Title of the document	Designation and address Of the custodian(held by/ under the control of
1	Orders, Instructions, Guidelines with respective Maternal Health and Nutrition	As per the content of document	Joint Director(MHN), O/o CH&FW,T.S., Sultan Bazaar ,Koti, Hyderabad
2	Orders, Instructions, Guidelines with respective Child Health & Immunization Programme	As per the content of document	Joint Director(CHI),O/o CH&FW, T.S., Sultan Bazaar, Koti, Hyderabad
3	Orders, Instructions, Guidelines with respective Population Stabilization and	As per the content of document	Joint Director(PSSP),O/o CH&FW, T.S., Sultan Bazaar, Koti, Hyderabad
4	Orders, Instructions, Guidelines with respective ANM Examinations	As per the content of document	Joint Director(PSSP),O/o CH&FW, T.S., Sultan Bazaar, Koti, Hyderabad
5	Orders, Instructions, Guidelines with respective National Rural Health	As per the content of document	State Programme Manager, NHM,O/o CH&FW,T.S., Sultan Bazaar, Koti
6	Orders, Instructions, Guidelines with respective National Urban Health	As per the content of document	SPM(NUHM),O/o CH&FW, T.S., Sultan Bazaar,Koti, Hyderabad
7	Orders, Instructions, Guidelines with respective 108&104 Services	As per the content of document	Special Officer(PNPP), O/o CH&FW, T.S., Sulthan Bazaar, Koti, Hyderabad
8	Orders, Instructions, Guidelines with	As per the content of document	Programme Officer (Tribal Health),O/o

	Respective Tribal Health Programme		CH&FW, T.S. ,Sultan Bazaar ,Koti, Hyderabad
9	Orders, Instructions, Guidelines with respective Demography and other Statistical Information with respective Reproductive and Child Health Programme	As per the content of document	Statistical Officer, O/o CH&FW, T.S. ,Sultan Bazaar, Koti, Hyderabad
10	Orders, Instructions, Guidelines with respective Family Welfare Accounts	As per the content of document	Accounts Officer(FW), O/o CH&FW,T.S., Sultan Bazaar, Koti, Hyderabad
11	Orders, Instructions, Guidelines with respective PCPNDTT Ac Implementation	As per the content of document	Additional Director (MHN),O/o CH&FW, T.S., Sultan Bazaar, Koti, Hyderabad

## **CHAPTER 8**

### **ARRANGEMENT FOR CONSULTATION WITH, OR REPRESENTATION BY THE MEMBERS OF THE PUBLIC IN RELATION TO THE FORMULATION OF POLICY OR IMPLEMENTATION THERE OF [Section 4(1)(b)viii]**

- 8.1 Description on arrangements by the public authority to seek consultation / participation of public or its representatives for formulation and implementation of policies.

Sl. No.	Function/Service	Arrangements for Consultation with or representation of public in relations with policy formulation	Arrangements for Consultation with or representation of public in relations with policy implementation
1.	-	Nil	-

## **CHAPTER 9**

### **BOARDS, COUNCILS, COMMITTEES AND OTHER BODIES CONSTITUTED AS PART OF PUBLIC AUTHORITY [Section 4(1)(b) V(iii)]**

9.1 Information on boards, councils, committees and other bodies related to the public authority in the following format.

<b>Name of Board, Council, Committee, etc.</b>	<b>Composition</b>	<b>Powers &amp; Functions</b>	<b>Whether its meetings open to Public / Minutes of its meetings accessible for Public</b>
State Health and Family Welfare Society	As per Government Orders	Monitor the National Health Mission and other Health activities	Yes
State Supervisions Board for PC PC&PNDT Act	High powered expert committee (at Citizen charter of this manual)	Monitor Implementation of PC&PNDT Act in the State	Yes
Executive Council for 108 Services	As per MOU between Govt & GVK EMRI (at Citizen charter of this manual)	Monitor the 108 Services	Yes
Board of Examinations, MPHWF (Female) Training Course	As per Government Orders G.O. Ms. No. 99 datd:26.05.2014 <a href="http://goir.telangana.gov.in">http://goir.telangana.gov.in</a>	Conduct of MPHWF (F) Examinations, declaration of results, issue of Certificates	Yes

9.2 If minutes of meetings are accessible to public, description of the procedure as to how to access the minutes: contact point, hours of access, fee structure/cost of success and officer to be contacted.

**CHAPTER - 10**  
**DIRECTORY OF OFFICERS AND**  
**EMPLOYEES [Section4(1)(b)(ix)]**

10.1 Information on officers and employees working in different units or offices at different levels and their contact addresses in the following format (including officers in charge of grievances redressed, vigilance, audit, etc)

S.N o	Name of the Employee	Designation	Phone nos.	
<b>GAZETTED OFFICERS</b>				
1	Smt. V. Karuna, IAS	Commissioner of Health and Family Welfare	04024614545	
2	Smt. S. Padmaja	Joint Director	9490116148	
3	Sri S. Gopikanth	DeputyDirector (D)I/c		
4	Smt. N. Krishnaveni	Assistant Director	9100975716	
5	Smt. Aarathi Jade	Assistant Accounts Officer	9100975710	
6	Sri P. Narahari	I/cDemo MEM	9100975711	
7	Sri N. NandaKishore	Administrative Officer	9100975715	
<b>NON-GAZETTED OFFICERS</b>				
2	Smt. Shabana	Office superintendent		
	Sri S.M.H.S.Quadri	Office superintendent		
3	Sri K. KoteswarRao	Deputy Statistical Officer		
4	Sri G. Daniel Sukumar	Deputy Statistical Officer		
5	B. ChandraSekhar	Senior Assistant		
6	Anil Kumar	Senior Assistant		
7	TaneerZainab	Senior Assistant		
8	J. Mallikarjuna	Senior Assistant		
9	Md. Salauiddin	Senior Assistant		
10	P. PremChander	Senior Assistant		
11	MohdYounus	Junior Assistant		
12	A. Kiran Kumar	Junior Assistant		
13	B. Jagadish Kumar	Reno Operator		
14	M. Sunanda	MPHA(F)		

	<b>CLASS-IV</b>			
1	A. Jaipalreddy	Attender		
<b><u>OUT SOURCINGEMPLOYEES</u></b>				
1	A.NarayanaMurthy	Accoutant		
3	N.V. BhanuChander	Junior Asst		
4	V. Rajaiah	Junior Asst		
5	P. Ramesh	Junior Asst		
6	D. Haritha	DEO		
7	N.V. Shambavi	DEO		
8	B.Praveen Kumar	DEO		
9	V. PradeepKumar	DEO		
10	M.K. Geetha	DEO		
11	T. Jeevan Kumar	DEO		
12	G. Gowrishanker	Attender		
13	G. Anjenaulu	Attender		

Office Address:

O/o Commissioner of Health and Family Welfare,  
3rd Floor, DME Building,  
DM&HS Campus, Sultan Bazar  
Hyderabad

CONTACT DETAILS OF DISTRICT MEDICAL & HEALTH OFFICERS INTELANGANA STATE				
S.No.	Districts	Name of the DMHO	Mail ID	Mobile Official
1	Adilabad	Dr. Rajeev Raju	<a href="mailto:apadbdmo@nic.in">apadbdmo@nic.in</a>	9849902481
2	Asifabad (Komarambheem)	Dr.G.C.Subbarayudu	<a href="mailto:kumurambheemdmho@gmail.com">kumurambheemdmho@gmail.com</a>	9949052663
3	Bhupalpally (Jayashanker)	Dr.A.Appaiah	<a href="mailto:dmhojayashankar@gmail.com">dmhojayashankar@gmail.com</a>	8463950888
4	Gadwal (Jogulamba)	Dr. B.C. Mallikarjunappa	<a href="mailto:dmhojogulamba@gmail.com">dmhojogulamba@gmail.com</a>	8330931849
5	Hyderabad	Dr.K.Padmaja	<a href="mailto:dmhohyderabad@gmail.com">dmhohyderabad@gmail.com</a>	8978834540
6	Jagityal	Dr.Srinivas	<a href="mailto:dmhojagtial@gmail.com">dmhojagtial@gmail.com</a>	8978627395
7	Janagoan	Dr. Anna PrasannaKumari	<a href="mailto:dmhojangaondist@gmail.com">dmhojangaondist@gmail.com</a>	9963585515
8	Kamareddy	Dr. K. Madhu Shree	<a href="mailto:dmhokmr@yahoo.com">dmhokmr@yahoo.com</a>	9885024199
9	Karimnagar	Dr. K. Sudheer	<a href="mailto:apkngdmo@hub.nic.in">apkngdmo@hub.nic.in</a>	9849902494
10	Khammam	Dr. R. KondalRao	<a href="mailto:govtdmhokmm@yahoo.com">govtdmhokmm@yahoo.com</a>	9849902517
11	Kothagudem (Badadri)	Dr. K Dayanandaswamy	<a href="mailto:dmhobhadradri@gmail.com">dmhobhadradri@gmail.com</a>	9849902519
12	Mahabubabad	Dr. D. Sriram	<a href="mailto:dmhomahabubabad@gmail.com">dmhomahabubabad@gmail.com</a>	9849099985
13	Mancherial	Dr.AttamBheesma	<a href="mailto:dmhomancherial@gmail.com">dmhomancherial@gmail.com</a>	8008484681
14	Mahabubnagar	Dr. Harish chandrareddy	<a href="mailto:dmhombnr@yahoo.com">dmhombnr@yahoo.com</a>	9849902422
15	Medak	Dr. B. VenkateshwarRao	<a href="mailto:dmhomedaknew@gmail.com">dmhomedaknew@gmail.com</a>	9849902461
16	Medchal	Dr.DasyaNaik	<a href="mailto:dmhomedchal@gmail.com">dmhomedchal@gmail.com</a>	9490040147
17	Nagarkurnool	Dr.SudhakarLal	<a href="mailto:ngkldmho@gmail.com">ngkldmho@gmail.com</a>	9440489057
18	Nalgonda	Dr.Bhanu Prasad Naik	<a href="mailto:dmhonlg2002@yahoo.com">dmhonlg2002@yahoo.com</a>	9966921036
19	Nirmal	Dr. A. JalpathiNaik	<a href="mailto:dmhonirmal@gmail.com">dmhonirmal@gmail.com</a>	9908304142
20	Nizamabad	Dr.Venkat.J. (FAC)	<a href="mailto:dmhonzb@yahoo.com">dmhonzb@yahoo.com</a>	9849902469



21	Peddapally	Dr.N.Bikshapathi	<a href="mailto:dmhopeddapally@gmail.com">dmhopeddapally@gmail.com</a>	8008547250
22	Rangareddy	Dr.VankdothBalajiPawar	<a href="mailto:rdrdmho@gmail.com">rdrdmho@gmail.com</a>	9849902444
23	Sangareddy	Dr.MojiramRathod	<a href="mailto:dmhosangareddy@gmail.com">dmhosangareddy@gmail.com</a>	7331186790
24	Siddipet	Dr. G. Amarsinghnaik	<a href="mailto:dmhosiddipet@gmail.com">dmhosiddipet@gmail.com</a>	9676020808
25	Siricilla (Rajanna)	Dr. R. Ramesh	<a href="mailto:dmhorajanna@gmail.com">dmhorajanna@gmail.com</a>	9989573909
26	Suryapet	Dr. T. Murali Mohan	<a href="mailto:dmhosuryapet@gmail.com">dmhosuryapet@gmail.com</a>	8008488665
27	Vikarabad	Dr.Dasharath	<a href="mailto:dmhovikarabad@gmail.com">dmhovikarabad@gmail.com</a>	9849902440
28	Wanaparthi	Dr. A. Srinivasulu	<a href="mailto:dmhownp@gmail.com">dmhownp@gmail.com</a>	8330931847
29	Warangal (Urban)	Dr. B. Harish Raj	<a href="mailto:wglrdmho@yahoo.com">wglrdmho@yahoo.com</a>	9704587811
30	Warangal (Rural )	Dr. K. Venkataramana	<a href="mailto:dmhowqlrural@gmail.com">dmhowqlrural@gmail.com</a>	9849061035
31	Yadadri	Dr. B. Sambasivarao	<a href="mailto:dmhoyadadri@gmail.com">dmhoyadadri@gmail.com</a>	9494282233

#### Postal addresses of District Medical & Health Officers of State

S.No.	District Name	Head Quarters	Communication Address
1	Adilabad	Adilabad	DISTRICT MEDICAL & HEALTH OFFICER VinayakChowk, Opp:TapnalaBustop - 504001
2	KomaramBheemAsifabad	Asifabad	DISTRICT MEDICAL & HEALTH OFFICER Beside SC Girls Hostel, KomaramBheem, Asifabad-504293
3	BhadradiKothagudem	Kothagudem	DISTRICT MEDICAL & HEALTH OFFICER Beside Government Hospital, Kothagudem - 507101
4	JayashankarBhupalpally	Bhupalpalle	DISTRICT MEDICAL & HEALTH OFFICER Government ITI Building, Bhupalpally - 506169
5	JogulambaGadwal	Gadwal	DISTRICT MEDICAL & HEALTH OFFICER Gandhi Chowk, JogulambaGadwal - 509125
6	Hyderabad	Hyderabad	DISTRICT MEDICAL & HEALTH OFFICER 4th floor NTPC Building, OppHari Hara Kala bhavanPatnycentersecunderabad - 500003
7	Jagtial	Jagtial	DISTRICT MEDICAL & HEALTH OFFICER
8	Jangaon	Jangaon	DISTRICT MEDICAL & HEALTH OFFICER
9	Kamareddy	Kamareddy	DISTRICT MEDICAL & HEALTH OFFICER Beside Government Arts & Science degree College, Kamareddy - 503111
10	Karimnagar	Karimnagar	DISTRICT MEDICAL & HEALTH OFFICER Opp: BSNL Office, Karim Nagar - 505001
11	Khammam	Khammam	DISTRICT MEDICAL & HEALTH OFFICER Nehrunagar, Khammam - 507001
12	Mahabubabad	Mahabubabad	DISTRICT MEDICAL & HEALTH OFFICER
13	Mahbubnagar	Mahbubnagar	DISTRICT MEDICAL & HEALTH OFFICER

14	Mancherial	Mancherial	DISTRICT MEDICAL & HEALTH OFFICER Government General Hospital, 2nd Floor, Mancherial - 504208
15	Medak	Medak	DISTRICT MEDICAL & HEALTH OFFICER Beside Area Hospital, Jamikunta, Medak - 502110
16	Medchal	Keesara (Temporary)	DISTRICT MEDICAL & HEALTH OFFICER Integrated Collerate complex, Beside ORR, Keesar Village Medchal-501301
17	Nalgonda	Nalgonda	DISTRICT MEDICAL & HEALTH OFFICER Opp: One Town Police station, Devarakonda Road, Nalgonda - 508001
18	Nagarkurnool	Nagarkurnool	DISTRICT MEDICAL & HEALTH OFFICER Palem Village, BijnapallyMandal, Nagarkurnool - 509215
19	Nirmal	Nirmal	DISTRICT MEDICAL & HEALTH OFFICER Old area Hospital, Near one town Police station, Nirmal - 504106
20	Nizamabad	Nizamabad	DISTRICT MEDICAL & HEALTH OFFICER lind floor AksaraPramalikaBhavan, Collectorate complex Nizamabad-508001
21	Ranga Reddy	Shamshabad	DISTRICT MEDICAL & HEALTH OFFICER H.No.6-1-70, Shivarampally (V), Rajendranagar (M) Rangareddy 500030
22	Peddapalli	Peddapalle	DISTRICT MEDICAL & HEALTH OFFICER Opp: MLA House, Paeddaplle - 505172
23	RajannaSircilla	Sircilla	DISTRICT MEDICAL & HEALTH OFFICER Sri Naryana Kala Bhavan, Opp:NewBustandSiricilla - 505301
24	Sangareddy	Sangareddy	DISTRICT MEDICAL & HEALTH OFFICER Premises of District Hospital, Sanga Reddy - 508213
25	Siddipet	Siddipet	DISTRICT MEDICAL & HEALTH OFFICER
26	Suryapet	Suryapet	DISTRICT MEDICAL & HEALTH OFFICER Area Hospital back side, Suryapet - 508213
27	Vikarabad	Vikarabad	DISTRICT MEDICAL & HEALTH OFFICER Ananthagiri, Near water tank, Vikarabad - 501101
28	Wanaparthy	Wanaparthy	DISTRICT MEDICAL & HEALTH OFFICER Beside District Hospital, Wanaparthy - 509103
29	Warangal (urban)	Warangal	DISTRICT MEDICAL & HEALTH OFFICER Doctors Colony, Phase No.1, Gowtham Nagar, Warangal - 506001
30	Warangal (rural)	Warangal	DISTRICT MEDICAL & HEALTH OFFICER Doctors Colony, Phase No.1, Gowtham Nagar, Warangal - 506001
31	YadadriBhuvanagiri	Bhongiri	DISTRICT MEDICAL & HEALTH OFFICER Premises of DistHead quarters Hospital Hyderabad Road - Bhuvanagiri - 508116

**Chapter 11**  
**Monthly Remuneration received by Officers and Employees,**  
**including the System of Compensation as provided in**  
**Regulations**  
**[Section 4(1)(b)(x)]**

11.1 Provide information on remuneration and compensation structure for officers and employees in the following format:

S No	Designation	Monthly Remuneration including its composition	System of compensation to determine Remuneration as given in regulation
1	Dr. S. Padmaja, Joint Director	1,62,979/-	80930-110850
2	Smt. N. Krishnaveni, Assistant Director	89,289/-	42490-96110
3	Sri.D.Nagamalleswararao Statistical Officer	84,063/-	31460-84970
4	Smt. AarthiJedhe, Assistant Accounts Officer	68,803/-	29760-89030
5	Smt. Shabana, Office Superintendent	70,676/-	29760-80930
6	Sri.S.M.A.H.Quadri, Office Superintendent	70,676/-	29760-80930
7	Sri P. Gandhi babu, Office Superintendent	65,298/-	28940-78910
8	Sri P. Rajashekhar, Senior Assistant	56,705/-	23100-67990
9	Smt. Y. VijayaNirmala, Senior Assistant	55,241/-	22460-66330
10	Sri K. KoteswaraRao, Deputy Statistical Officer	68,803/-	28940-78910

11	Sri Daniel Sukumar, Deputy Statistical Officer.	55,241/-	28940-78910
12	Sri. Manoj Kumar, Chowdary, Jr. Asst	89,289/-	22460-66330
13	Sri Md. Younus, Junior. Asst	48,185/-	17890-53950
14	Smt. SwethaPranathi, Junior. Asst	26,837/-	16400-49870
15	Sri M. Saipadam, Junior. Asst	26,597/-	16400-49870
16	Sri Md. Yousufuddin, Driver	60,680/-	17890-53950
17	Sri B. Jagadishkumar, Reno operator	61,797/-	17890-53950
18	Sri R. Kishore Kumar, Office subordinate	48,185/-	15460-47330
19	Sri S. Venkatesh, Office subordinate	48,185/-	15460-47330
20	Sri M.A. Khadeer, Office subordinate	70,636/-	15030-46060
21	Smt. Sanjeeda Begum, office Subordinate	36,478/-	13390-41380
22	Sri P. Sangameshwar, Watchman	48,155/-	15460-47330
23	Sri P. Narayanarao, Packer	68,843/-	15030-46060
24	Sri Syed Hussian, Jamedar	63,508/-	15030-46060

## Staff under NHM

S.No.	Name of the Employee	Designation	Basic
1	Maduri Pavan Kumar	SAM	66150
2	Dr. Prabhavathi	Consultant	50000
3	Dr Rajni Gupta	Consultant	50000
4	Dr. Jalpath Reddy	SFM	50000
5	Tolupuri Jyotsna	PO QA	47250
6	Amjad Khan	Consultant	90000
7	Ruma Paul	Consultant	75000
8	Y Latha(D)	AAO	44100
9	A. Sreekanth	AAO	45000
10	Pallati Johnson Samuel	Data Manager	40000
11	Singuru Divya	System Administrative	30000
12	Dr. G. Anusha	APO	31500
13	Tirunagari Gopi Krishna	Office Manager	23100
14	Hyderabadoyi Badrinath	Bio-Medical Engineer	38588
15	Samala Prabhakar	Sr. Soft Engineer	31835
16	Settipally Shanthi	RAAM	30319
17	Urmiman Lahiri	RAAM	30319
18	PAR Kumar	Sr Soft Engineer	40000
19	T. Manasa	SDM-SNCU	30000
20	A. Narayana Murthy	Acct Clerk / RTD	25000
21	P. Padmavathi	Sr. Prog Asst	28000
22	B. Praveen Kumar	Sr. Prog Asst	28000
23	V. Pradeep Kumar	State level MIS Officer	23100
24	M K Geetha	Programme Asst	19425
25	Yadala Ratna Babu	Programme Asst	19425
26	T. Jeevan Kumar	Programme Asst	19425
27	Parimi Ramesh	Programme Asst	19425
28	K. Shilpa	Programme Asst	19425
29	G. Suresh Babu	Jr Prog Asst	22000
30	Dasari Lava Kumar	Accountant	21000
31	V. Rajaiah	Jr. Asst /Rtd	17640
32	Vattikonda Sridhar	Programme Asst	19425
33	D. Haritha	Programme Asst	19425
34	Mohammed Fareed	Programme Asst	19425
35	R. Anil Kumar	DEO	11500
36	K. Jagadeesh	DEO	12128
37	K. Madhavi	DEO	12734
38	Sita Maha lakshmi	DEO	12128
39	M Naresh	Driver	15000
40	P Babu Rao	Driver	15000
41	N Shekhar	Driver	15000
42	Nennella Suresh Kumar	Driver	15000
43	Md Abdul Hamed	Driver	15000
44	Mohd sharooof	Driver	15000
45	S. Krishna	OS	15000
46	Chovva Krishnaveni	OS	15000
47	Gutti Anjaneyulu	OS	15000
48	M Shyam Kumar	OS	15000
49	Syed Maqsood Ali	OS	15000
50	G Gowri Shankar	OS	15000
51	Bheem Raju	OS	15000
52	Javeed Hussain	OS	15000

53	B Archana	OS	15000
54	Shoba	OS	12000
55	S. Swarna latha	OS	15000
56	Shiva kumar	OS	12000
57	P Gayatri	DEO	11550
58	R Lalitha	Jr Asst	10915
59	T Praveen	Data Manager	23100
60	M Venugopal	DEO	15435
61	P Shanker	DEO	15435
62	Inapakurthi Srinivas	City data manger	30000
63	Sai varun kumar	PO	45000
64	Bharupathi Sridhar	Fin & Log officer	42000
65	Boda Ravi Kumar	Account Officer RNTCP	24150
66	Ganta Naresh	BFO-NPCB	26250
67	Banothu Megha	DEO	11550
68	T Vinay Goutham	BFO cum admin Officer	26250
69	P Rama Devi	T L ARC	50000
70	Chandavathu Srinu	APO ARC	44100
71	K Ramudu	VHNC Manager	42000
72	A Hari Krishna Raju	OS	15000
73	N V Bhanuchander	ARC Acct Asst	22000
74	G B Ramesh BaBu	RM CHFV	13230
75	Bika Gnana Prakash Rao	PO PME	75000
76	T. Swamy	DPO	54568
77	T Ravinder	DPO	54568
78	Valuri Nilohana (T)	DPO	54568
79	Syed Sayduddin	DPO	54568
80	M Jagannath Reddy	DPO	54568
81	Ch Uma Maheshwari	DPO	54568
82	J V Srinivasa Rao	DPO	54568
83	T V S Ranjeet Babu	Programme Officers	52500
84	Parimisetti Nageswara Rao	Accountant Manager	26250
85	M Deva Priyam	Office Subordinate	12000
86	P Narsimha Chary	OS / Rtd	15000
87	Kandarpa vijayalaxmi	Sect Staff (RTD)	10395
88	K Tirupathi rao	Sec – Staff	10395
89	N. Upender	OS	12000
90	Palla Sanjeeva Reddy	State Con (Entomology)	50000
91	Goundla Praveen Kumar	State con (Finance)	44210
92	Puli sukumar	Insect Collector	11053
93	Arun Nihar	Accountant	11025
94	Sravanthi	Sec Asst	11025
95	Annapurna	DEO	11025
96	K Shiva Shanker chary	DEO- NUHM	12075
97	Sameeuddin	DEO – PC&PNDT	12075
98	D. Bramaramba	DEO – NUHM	12075
99	K. Bhagyavathy	DEO- RSKS	12075
100	Chiluveri swetha	DEO – AD CFV	12075
101	T. Suneetha	DEO – CPO Peshi	12075
102	Junnu Kalyan kumar	DEO – cfv peshi	12075
103	B Jayanyhi	DEO –CHI	12075

## **Chapter 12**

### **Budget Allocated to Each Agency including Plans etc.**

#### **[Section 4(1)(b)xi]**

12.1 Provide information about the details of the plans, programmes and schemes undertaken by the public authority for each agency.

<b>Agency</b>	<b>Plan/Programme/ Scheme/Project/ Activity/Purpose for which budget is allocated</b>	<b>Proposed expenditure</b>	<b>Expected Outcomes</b>	<b>Report on disbursements made or where such details are available (web site, reports, notice board etc.)</b>
CH&FW	2211-00-101-00-06-300-OCS Employment of ANM's (Salaries of EC ANM's)	9.3960		www.telangana.gov.in
CH&FW	2211-00-108-00-06-310-311-GIA towards salaries Indian Institute of Health & Family Welfare, Hyderabad	1.1696		www.telangana.gov.in
CH&FW	2211-00-200-12-05-010 – Salaries(GEN) Infrastructure & Maintenance(CH&FW)	203.3859		www.telangana.gov.in
CH&FW	2211-00-789-12-05-010 – Salaries(SCSP) Infrastructure & Maintenance(CH&FW)	41.9129		www.telangana.gov.in
CH&FW	2211-00-796-12-05-010 – Salaries(TSP) Infrastructure & Maintenance(CH&FW)	24.8784		www.telangana.gov.in
CH&FW	2211-00-001-00-01-270 -272 – Maintenance Headquarters Office	0.7920		www.telangana.gov.in
CH&FW	2211-00-101-00-04-010 – Salaries Family Welfare Centre(FWC)	27.0623		www.telangana.gov.in
CH&FW	2211-00-104-00-04-240 & 511 – POL & MOV Transport	1.2289		www.telangana.gov.in
CH&FW	2211-00-108-00-05-010 -Salaries Area Project/ Indian Population Project.VI	0.7781		www.telangana.gov.in
CH&FW	2211-00-200-00-07-010 – Salaries Post-Partum Schemes/Taluk Hospitals & District/Teaching Hospitals	7.5520		www.telangana.gov.in
CH&FW	2211-00-001-25-08-500-503 – Other Expenditure(OE) Contingency Fund to Family Welfare	1.0000		www.telangana.gov.in
CH&FW	2211-00-103-25-11-500-503 – Other Expenditure(OE) (GEN) RCH Programme – II – Rural Emergency Health Transport Scheme (108 - Services)	48.1298		www.telangana.gov.in
CH&FW	2211-00-789-25-11-500-503 – Other Expenditure(OE) (SCSP) RCH Programme – II – Rural Emergency Health Transport Scheme (108 - Services)	9.7331		www.telangana.gov.in
CH&FW	2211-00-796-25-11-500-503 – Other	5.5981		www.telangana.gov.in

	Expenditure(OE) (TSP) RCH Programme – II – Rural Emergency Health Transport Scheme (108 - Services)			
CH&FW	2211-00-103-25-11-310 -312- OGIA(GEN) Operational Cost of Fixed Day Health Services (FDHS) (104 - Services)	33.0000		www.telangana.gov.in
CH&FW	2211-00-789-25-11-310 -312- OGIA(SCSP) Operational Cost of Fixed Day Health Services (FDHS) (104 - Services)	2.7037		www.telangana.gov.in
CH&FW	2211-00-796-25-11-310 -312- OGIA(TSP) Operational Cost of Fixed Day Health Services (FDHS) (104 - Services)	1.5890		www.telangana.gov.in
CH&FW	2211-00-104-25-06-500-503 – Other Expenditure(OE) Free Mortuary Hearse Van Services	10.0000		www.telangana.gov.in
CH&FW	2211-00-108-25-06-310 -312- OGIA Indian Institute of Health & Family Welfare, Hyderabad	1.2500		www.telangana.gov.in
CH&FW	2211-00-103-25-15-500-503 – Other Expenditure(OE) (GEN) KCR(AmmaVodi)	307.4167		www.telangana.gov.in
CH&FW	2211-00-789-25-15-500-503 – Other Expenditure(OE) (SCSP) KCR(AmmaVodi)	71.2245		www.telangana.gov.in
CH&FW	2211-00-796-25-15-500-503 – Other Expenditure(OE) (TSP) KCR(AmmaVodi)	41.8588		www.telangana.gov.in
CH&FW	2211-00-200-12-05-310 -312- OGIA(GEN) Infrastructure & Maintenance(CH&FW)	1.5803		www.telangana.gov.in
CH&FW	2211-00-789-12-05-310 -312- OGIA(SCSP) Infrastructure & Maintenance(CH&FW)	0.2436		www.telangana.gov.in
CH&FW	2211-00-796-12-05-310 -312- OGIA(TSP) Infrastructure & Maintenance(CH&FW)	0.1475		www.telangana.gov.in
CH&FW	2211-00-200-12-05-310 -312- OGIA(GEN) National Health Mission(NHM)	365.9509		www.telangana.gov.in
CH&FW	2211-00-789-12-05-310 -312- OGIA(SCSP) National Health Mission(NHM)	142.6073		www.telangana.gov.in
CH&FW	2211-00-796-12-05-310 -312- OGIA(TSP) National Health Mission(NHM)	106.9638		www.telangana.gov.in
CH&FW	2211-00-200-12-06-310 -312- OGIA Assistance to Voluntary Organizations of CH&FW	1.0000		www.telangana.gov.in
CH&FW	2211-00-200-12-07-310 -312- OGIA KCR (AmmaVodi)(CSS Component)	140.0000		www.telangana.gov.in
CH&FW	4211-00-101-25-74-530-531 - Other Expenditure(OE) Construction of Family Welfare Buildings	19.0000		www.telangana.gov.in
CH&FW	4211-00-103-25-06-530-531 - Other Expenditure(OE) Construction of New MCH Centres Purchase of New Vehicles and equipment's for 108 / 104 services	1.0000		www.telangana.gov.in



CH&FW	4211-00-106-25-06-500-503 - Other Expenditure(OE) Post-Partum Schemes/Taluk Hospitals & District/Teaching Hospitals	50.0000		www.telangana.gov.in
CH&FW	2211-00-200-00-07-010 – Salaries	0.0200		www.telangana.gov.in
CH&FW	2211-00-103-25-17-500-503 - Other Expenditure(OE) 102 Services (AmmaVodi)	10.2500		www.telangana.gov.in

**12.2 Provide information on the budget allocated for different activities under different programmes /schemes /projects etc. in the given format**

Agency	Programme/ Scheme/Project/ Activity Purpose for which budget is allocated	Amount released: last year	Amount spent last year	Budget allocated current year	Budget released current year
CH&FW	2211-00-101-00-06-300 – OCS Employment of ANM's (Salaries of EC ANM's)	11.1260	11.1260	9.3960	0.1050
CH&FW	2211-00-108-00-06-310 - 311- GIA towards salaries Indian Institute of Health & Family Welfare, Hyderabad	1.0170	1.0170	1.1696	0.00
CH&FW	2211-00-200-12-05-010 – Salaries(GEN) Infrastructure & Maintenance(CH&FW)	232.3467	232.3467	203.3859	17.5504
CH&FW	2211-00-789-12-05-010 – Salaries(SCSP) Infrastructure & Maintenance(CH&FW)	0.2899	0.2899	41.9129	0.00
CH&FW	2211-00-796-12-05-010 – Salaries(TSP) Infrastructure & Maintenance(CH&FW)	0.1588	0.1588	24.8784	0.00
CH&FW	2211-00-001-00-01-270 - 272 – Maintenance Headquarters Office	0.2376	0.2376	0.7920	0.00
CH&FW	2211-00-101-00-04-010 – Salaries Family Welfare Centre(FWC)	84.9394	84.9394	27.0623	7.5569
CH&FW	2211-00-104-00-04-240 & 511 – POL & MOV Transport	0.3527	0.3527	1.2289	0.00
CH&FW	2211-00-108-00-05-010 - Salaries Area Project/ Indian Population Project.VI	2.0339	2.0339	0.7781	0.3243
CH&FW	2211-00-200-00-07-010 – Salaries Post-Partum Schemes/Taluk Hospitals & District/Teaching Hospitals	17.8131	17.8131	7.5520	1.1570
CH&FW	2211-00-001-25-08-500-503 – Other Expenditure(OE) Contingency Fund to Family Welfare	0.3000	0.3000	1.0000	0.00
CH&FW	2211-00-103-25-11-500-503 – Other Expenditure(OE) (GEN) RCH Programme – II	53.5627	53.5627	48.1298	0.00

	– Rural Emergency Health Transport Scheme (108 - Services)				
CH&FW	2211-00-789-25-11-500-503 – Other Expenditure(OE) (SCSP) RCH Programme – II – Rural Emergency Health Transport Scheme (108 - Services)	9.7721	9.7721	9.7331	0.00
CH&FW	2211-00-796-25-11-500-503 – Other Expenditure(OE) (TSP) RCH Programme – II – Rural Emergency Health Transport Scheme (108 - Services)	5.7431	5.7431	5.5981	0.00
CH&FW	2211-00-103-25-11-310 - 312- OGIA(GEN) Operational Cost of Fixed Day Health Services (FDHS) (104 - Services)	27.7969	27.7969	33.0000	0.00
CH&FW	2211-00-789-25-11-310 - 312- OGIA(SCSP) Operational Cost of Fixed Day Health Services (FDHS) (104 - Services)	4.0556	4.0556	2.7037	0.00
CH&FW	2211-00-796-25-11-310 - 312- OGIA(TSP) Operational Cost of Fixed Day Health Services (FDHS) (104 - Services)	2.3835	2.3835	1.5890	0.00
CH&FW	2211-00-104-25-06-500-503 – Other Expenditure(OE) Free Mortuary Hearses Van Services	5.6416	1.5386	10.0000	0.00
CH&FW	2211-00-108-25-06-310 - 312- OGIA Indian Institute of Health & Family Welfare, Hyderabad	1.5200	1.5200	1.2500	0.00
CH&FW	2211-00-103-25-15-500-503 – Other Expenditure(OE) (GEN) KCR(AmmaVodi)	347.9167	193.6222	307.4167	25.6180
CH&FW	2211-00-789-25-15-500-503 – Other Expenditure(OE) (SCSP) KCR(AmmaVodi)	71.2245	47.1494	71.2245	5.9353
CH&FW	2211-00-796-25-15-500-503 – Other Expenditure(OE) (TSP) KCR(AmmaVodi)	41.8588	17.5200	41.8588	3.4882
CH&FW	2211-00-200-12-05-310 - 312- OGIA(GEN) Infrastructure & Maintenance(CH&FW)	0.9111	0.9111	1.5803	0.00
CH&FW	2211-00-789-12-05-310 - 312- OGIA(SCSP) Infrastructure & Maintenance(CH&FW)	0.1411	0.1411	0.2436	0.00
CH&FW	2211-00-796-12-05-310 - 312- OGIA(TSP) Infrastructure & Maintenance(CH&FW)	0.0850	0.0850	0.1475	0.00
CH&FW	2211-00-200-12-05-310 - 312- OGIA(GEN) National Health Mission(NHM)	429.7782	429.7782	365.9509	0.00

CH&FW	2211-00-789-12-05-310 - 312- OGIA(SCSP) National Health Mission(NHM)	163.3395	163.3395	142.6073	0.00
CH&FW	2211-00-796-12-05-310 - 312- OGIA(TSP) National Health Mission(NHM)	120.9635	120.9635	106.9638	0.00
CH&FW	2211-00-200-12-06-310 - 312- OGIA Assistance to Voluntary Organizations of CH&FW	3.6043	3.6043	1.0000	0.00
CH&FW	2211-00-200-12-07-310 - 312- OGIA KCR(AmmaVodi)(CSS Component)	144.0000	72.0000	140.0000	0.00
CH&FW	4211-00-101-25-74-530-531 - Other Expenditure(OE) Construction of Family Welfare Buildings	4.0000	0.00	19.0000	0.00
CH&FW	4211-00-103-25-06-530-531 - Other Expenditure(OE) Construction of New MCH Centres Purchase of New Vehicles and equipment's for 108 / 104 services	1.0000	1.0000	1.0000	0.00
CH&FW	4211-00-106-25-06-500-503 - Other Expenditure(OE) Post-Partum Schemes/Taluk Hospitals & District/Teaching Hospitals	20.0000	0.00	50.0000	0.00
CH&FW	2211-00-200-00-07-010 – Salaries	0.013	0.013	0.0200	0.00
CH&FW	2211-00-103-25-17-500-503 - Other Expenditure(OE) 102 Services (AmmaVodi)	0.00	0.00	10.2500	0.00

**CHAPTER 13**  
**MANNER OF EXECUTION OF SUBSIDY PROGRAMMES**  
**[Section 4(1)(b)xii]**

13.1 Description of activities / programmes / schemes being implemented by the public authority for which subsidy is provided

13.2 Information on the nature of subsidy ,eligibility criteria for accessing subsidy and designation of officer competent to grant subsidy under various programmes /schemes

<b>Name of programme/ activity</b>	<b>Nature/scale of subsidy</b>	<b>Eligibility criteria for grant of subsidy</b>	<b>Designation of officer to grant subsidy</b>
<b>NOT APPLICABLE</b>	-----	-----	-----

13.3 Description of the manner of execution of the subsidy program

<b>Name of Programme/ activity</b>	<b>Application Procedure</b>	<b>Sanction Procedure</b>	<b>Disbursement Procedure</b>
<b>NOT APPLICABLE</b>	-----	-----	-----

## **CHAPTER 14**

### **PARTICULARS OF RECIPIENTS OF CONCESSIONS, PERMITS OR AUTHORIZATION GRANTED BY THE PUBLIC AUTHORITY [Section 4(1)(b)xiii]**

#### **14.1 Names and addresses of recipients of benefits under each programme / scheme.**

##### **Institutional Beneficiaries Name of Programme /scheme:**

##### **Janani Suraksha Yojana (JSY)**

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme is under implementation in all states and Union Territories (UTs), with a special focus on Low Performing States (LPS).

Janani Suraksha Yojana (JSY) is for promoting institutional deliveries in public hospitals wherein a delivered woman will be paid a sum of (Rs. 1000 – 300 under State funds and 700 under NHM) in rural areas and (Rs 600) in urban areas.

##### **Janani Shishu Suraksha Karyakramam (JSSK)**

Janani Shishu Suraksha Karyakramam (JSSK) is for providing free entitlements of drugs & consumables, diagnostics, diet, blood transfusion and transport for pregnant women (deliveries & cesareans) and sick new born children (upto 1 year after birth).

##### **Family planning**

- Rs.10,000 ex-gratia to be paid by DM&HO immediately as soon as the information reached to DM&HO
- Quality Assurance Committee (QAC) report submission –within 15 days after sterilization death.
- Rs.90,000 ex-gratia to be paid as soon as the QAC recommended for payment as laid down in G.O.Rt.No.100 dated 22.01.1999.

## **CHAPTER 15**

### **INFORMATION AVAILABLE IN ELECTRONIC FORM**

**[Section 4(1)(b)(iv)]**

- 15.1 Details of information related to the various schemes of the department which are available in electronic formats. (Floppy, CD, VCD, Web Site, Internet, etc)

Electronic format	Description (site address/location where available etc.)	Contents or title	Designation and address of the custodian of information (held by whom?)
<b>Website</b>	<a href="http://www.chfw.telangana.gov.in">www.chfw.telangana.gov.in</a>	About Programmes, Achievements,	Deputy Director (Admn)

- 15.2 Description of particulars facilities available to citizens for obtaining information including the working hours of a library or information center or reading room maintained for public use where information relating to the department or records/ documents are made available to the public.

**CHAPTER 16**  
**PARTICULARS OF FACILITIES AVAILABLE**  
**TO CITIZENS FOR OBTAINING INFORMATION**  
**[Section 4(1)(b)(xv)]**

16.1 Description of the particulars of information dissemination mechanisms in place/facilities available to the public for accessing of information:

<b>Facility</b>	<b>Description (Location of Facility/Name, etc.)</b>	<b>Details of Information made available</b>
<b>Notice Board</b>	Commissioner of Health and Family Welfare—Establishment Section	Tenders, Recruitment, Advertisements, Programmes related information
<b>Newspaper Reports</b>	Library/MEM Section	Press clippings
<b>Public Announcements</b>	Conference Hall	Meetings
<b>Information Counter</b>	Planning/MEM Section	
<b>Websites</b>	Computer Centre	
<b>Other Facilities (Name)</b>	Nil	

## **CHAPTER 17**

### **NAMES, DESIGNATIONS AND OTHER PARTICULARS OF PUBLIC INFORMATION OFFICERS [Section 4(1)(b)(xvi)]**

17.1 Contact Information about the Public Information Officers and Assistant Public Information Officers designated for various offices / administrative units and Appellate Authority/Officer(s) for the public authority in the following format.

#### **Public Information Officer(s)**

<b>Sl. No</b>	<b>Name of the office/ administrative unit</b>	<b>Name &amp; designation of PIO</b>	<b>Office Tel: Residence Tel: Fax:</b>	<b>Email</b>
1.	Commissioner of Health and Family Welfare, TS., Hyderabad.	<b>Smt. N. Krishnaveni, Assistant Director (FW)</b>	Cell No: 9100975716 Res:	asstdirfw@yahoo.com

#### **Assistant Public Information Officer**

<b>Sl. No</b>	<b>Name of the office/ administrative unit</b>	<b>Name &amp; designation of PIO</b>	<b>Office Tel: Residence Tel: Fax:</b>	<b>Email</b>
1.	Commissioner of Health and Family Welfare, TS., Hyderabad.	<b>Sri N. Nandakishore, Administrative officer</b>	Cell No: 9100975715 Res:	aoplg17@gmail.com

#### **Appellate Authority**

<b>Sl. No</b>	<b>Name, designation &amp; address of Appellate Authority</b>	<b>Jurisdiction of Appellate Officer (offices/ administrative units of the authority)</b>	<b>Office Tel: Residence Tel: Fax:</b>	<b>Email</b>
1.	Dr. S. Padmaja, Joint Director	Commissioner of Health and Family Welfare, TS., Hyderabad	Cell No: 9490116148	jdinhnts@gmail.com



**CHAPTER 18**  
**OTHER USEFUL INFORMATION**  
**[Section 4(1)(b) xvii]**

- 18.1 Any other information or details of publications which are relevance or of use to the citizens
1. IEC material related to the different interventions
- 18.2 Information of the department which is excluded under section 8(1) of the Act and /or under Rules of the State Government as guidance to the public seeking information from your department.
1. Information on the implementation of different interventions under NRHM/ RCH-II Project like Janani Suraksha Yojana, ASHA Scheme, CEMONC Centers, Blood Bank & Blood Storage Centres, Urban Health Centres, Tribal Health (Shandy Clinics) and Family Welfare Program :Physical Performance on Sterilizations, Spacing methods, Institutional Delivery etc.

**Status of Public Health Facilities in Telangana, 2017**

Telangana State aims to provide preventive, promotive and curative services for the people in the state, for which it has 4,797 Sub-centers (SCs), 683 Primary Health Centers (PHCs), 193 Urban Primary Health Centers, 107 Community Health Centers (CHCs), 31 Area Hospitals (AHs), 6 District Hospitals (DHs), 7 Medical College Teaching Hospitals and 12 Specialty Hospitals.

**Maternal and Child Health in Telangana**

Despite making significant progress in bringing down maternal and child deaths, maternal and child malnutrition remained as the major cause of concern in the state. As per the 2017 report 'India: Health of Nation's States', child and maternal malnutrition are the major risk factors causing Neonatal Disorders, Nutritional Deficiencies, Diarrheal Diseases, Lower Respiratory Infections other Common Infections, leading to more deaths among infants, children below 5 years and women. Apart from the above risks, lack of immunization is also one of the important reasons for infant and Under-5 mortality rates. To further bring

down the maternal and child malnutrition, apart from the existing programmes, government has initiated

### **AarogyaLaxmi**

AarogyaLaxmi is another prestigious ongoing Programme in the State, providing full hot cooked meals (with all the nutritive values) to pregnant women, lactating mothers and children below six years, living below the poverty line. This scheme is currently being implemented in all the 149 ICDS projects, covering 31,711 main Anganwadi Centres (AWCs) and 3,989 mini AWCs, spread over the entire State. During 2017-18, the benefits of this scheme reached to 9,41,170 children in the age group of seven months to three years, 5,01,969 children in the age group of three to six years, and 3,66,344 pregnant and lactating mothers. Apart from this, 18,448 malnourished children are given special care under this Programme.

### **Achievements in Mother and Child Health**

- As per MMR bulletin (2011-13), MMR was 92 in Telangana. However, with all the initiatives taken by the government, MMR is expected to come down significantly.
- Infant Mortality Rate (IMR), has come down from 35 (2014) to 31 (2016) as given in the SRS Bulletins 2015 and 2017 respectively.

### **Other Major Initiatives in Maternal Health (During 2017-18)**

- 27,730 ASHAs (one ASHA per 1000 population) were selected through Gram Panchayat Health Committees and given 21 days of institutional training and 7 days of field training at Primary Health Centre (PHC) level and positioned in the Habitation level.
- 314 PHCs were notified as 24-hour round-the-clock Mother and Child Health (MCH) care centers to promote institutional deliveries.
- All labour rooms are being standardized. Standardization of Labour Rooms (SLR) is a unique initiative to introduce uniformity in 156 Socio Economic Outlook 2018 infrastructure, services, and quality of care for pregnant mothers by the Government of Telangana and UNICEF. The standardization focused on five important areas, including space and

layouts, equipment and supplies, human resource skill building, consumables and process protocols.

- All the CHCs and PHCs have been strengthened by providing them Ultrasound machines and diagnostic equipment. All the PHCs are branded with uniform color.
- With the support from the Johns Hopkins Programme for International Education in Gynecology and Obstetrics (JHPIEGO), Dakshata Programme has been implemented in 290 health centers covering all 31 districts. Dakshata is a skill-building activity to bring in quality care with ramification of skills and drills at provider level, so as to reduce complications of morbidity and mortality of mother and neonate. Every case of maternal death is being audited.
- All staff nurses were trained in skilled-birth attendance. During 2016-17, 79 master trainers, 846 district-level providers and 200 Dakshata mentors were trained. Intensive training is provided for mid-wives, staff nurses and medical officers in ante-natal, intra-natal and post-natal care with active collaboration with medical college hospitals. The Programme covers 97 percent of delivery load in public health facilities in the State.
- A residential 18-month Midwifery Course was started in 2017. Midwifery was mentoring and advocacy is being done free of cost by a UK midwifery consultant.
- At present, 150 bedded MCH blocks are operational in nine districts and the Government is planning to have such MCH blocks in all district hospitals. The State government has completed aesthetics in seven public hospitals (first phase) both in the interior and exterior space designs, creating a more patient-friendly ambience. In the second phase, this activity has been extended to all the districts.
- AmmaVodi (102 Services): This is a pick-up-and-drop-back service between home and public health facility for antenatal and postnatal women, and infants in the State. This Programme was initially started in selected areas, as the '102 Referral Transport Service' with 41 vehicles, which later got extended to the entire State. Since its inception till date (from 28 December 2016 to 10 September 2017), 12,836 pregnant women were benefited. Another 200 vehicles were added to the existing fleet from January 2018. Every pregnant woman is being tracked and birth planning is done through this service.

- ANM Online (ANMOL) is tablet PC-based application that was launched in 2017, which acts as a job aid to the ANMs by providing them with readily available information such as due list, dashboard and guidance based on data entered, etc.

### **Child Immunization**

TeekaBandi Mobile Vaccination was started in May 2017 to increase the percentage of full immunizations in the State. In Mission Indradhanush, Telangana State is one of the top-performing States in the country. Year-wise details of children immunized are given below in Table 9.2. Table 9.2: Child Immunization during 2017-18 (April - December 2017)

Sl.No	. Indicator	Number of Children
1	BCG	3,87,128
2	Polio third dose	3,67,973
3	Measles	3,62,175
4	Full immunization	3,60,792
5	Vitamin A	3,48,825
6	Pentavalen third dose	3,60,264

### **Measles-Rubella Campaign**

Telangana State has successfully completed the Measles-Rubella Vaccination Campaign as a part of the Government of India's National Measles Elimination and Rubella Control Programme. Altogether 91,48,171 children were immunized against a target of 90,01,117, thus achieving 102 per cent.

- Another important initiative is the increase in monthly honorarium for Anganwadi teachers, Mini Anganwadi teachers and Anganwadi Health workers by the government. 158 Socio Economic Outlook 2018
- Under Rashtriya Kishore Swasthya Karyakramam (RKSK) Programme, a total of 147 Adolescent-friendly Health Clinics, namely Yuva Clinics, are being run at selected government health institutions, i.e., District Hospitals, Area Hospitals, CHCs and certain PHCs, and Medical Colleges in 31 districts of the state, where counselling and clinical services are provided to adolescent boys and girls through trained medical officers, counselors and ANMs.

## **Tribal Health Services**

Tribal constitute approximately 9.08 percent of total population in Telangana State (Census 2011). They are mainly covered through 3 ITDAs in Khammam, Warangal, and Adilabad districts. There are 599 Sub Centres (SCs), 86 Primary Health Centres (PHCs), 10 Community Health Centres (CHCs), 6 Area Hospitals and 10 Birth Waiting Homes to provide health services to the tribal population. Extended health services are provided by 2987 Community Health Workers (CHWs), who have been hired in the tribal areas for this purpose Multi-Specialty Camps (Out-reach services) are organized in all CHCs and Area hospitals in ITDA areas to provide specialist care for the poor. So far, 26,834 patients have been examined through these outreach services in 2017-18. Twelve (12) Birth Waiting Homes (BWHs) have been set up to encourage tribal ANCs for institutional delivery. The ANCs are motivated to get admitted in advance for safe delivery and to ensure 48 hours of stay at birth-waiting homes. During 2017-18, so far, 957 deliveries have been conducted and have utilized birth-waiting homes. Twenty-five (25) Mother and Child Health (MCH) teams are in the tribal areas to identify pregnant women living in remote areas, who are not able to reach to the health facilities for regular check-ups. Each MCH team consists of one Medical Officer (MO) and one staff nurse. The team will provide outreach services to identified vulnerable populations under the guidance of Deputy DMHOs and also assess the extent of various diseases and epidemic cases, if any.

Place: HYDERABAD

Date:

Name and Designation of the Officer:

Commissioner of Health and F.W

Department: Family Welfare

Department (HM&FW Department)

**Note:** Information provided in these chapters should be updated from time to time and revised date should be mentioned.