



Mission for Elimination of Poverty in Municipal Areas
(Indira Kranti Patham-Urban)
Municipal Administration & Urban Development Dept.,
Government of Andhra Pradesh



From:

Smt. Anita Ramachandran, I.A.S.,
Mission Director, MEPMA
Hyderabad.

To

The Project Directors,
MEPMA

Lr.Roc.No.36 /09/ DIS /D1 Date: 6.7.2013

Sir,

Sub: MEPMA-Disability –Screening Camps to Differently Abled Persons through Ravi Helios Hospital - Hyderabad-in all Districts –One camp per month –mobilization of PWDs for surgical corrections of Post Polio Cases, Orthopedic related deformities, Ortho related congenital anomalies and cleft Palate-Reg

Ref : Roc.No 36/09/D1/Dated 1.06.2013

I invite kind attention to the reference cited and inform that one day work shop was conducted with TVS Presidents, Secretaries and PWD Volunteer of all Districts on surgical corrections of Ortho related deformities with Dr.Vijay Bhaskar CEO of Ravi Helio's Hospital at Hyderabad.

Accordingly it is decided to organize one day screening camp to conduct the screening cum surgical corrections for the Post Polio affected persons, Ortho related deformities, Congenital anomalies, and Cleft Palate in collaboration with Ravi Helio's Hospital, Hyderabad on assessment of ortho related surgical Camps in each District in a phase manner one Camp per Month (Dates –Enclosed) .

- **Venue:** District hospital / any hall with adequate infrastructure of Assessment tables, waiting hall with chairs, nursing and Paramedical staff shall be selected for the camp.(Preparatory activities enclosed **Timings :-1pm to 6pm**
- **Preparatory meeting with District officers:** preparatory meeting with district level officers, i.e., AD, DW dept, Superintendent, Govt. General Hospital, The MRO, Medical Officers UHC, The DEO, The DM&HO, Directors, Private Hospitals and NGOs working in the field of Disability etc., may be held ten days prior to surgical camp for fixing the venue (Preferably District (cell No: 9701385103) and Dr.Y.Sujatha, Sr.specialist (CH & Disability) (Cell No:9701385131) in order to enable the Specialist (Disability) to attend the meeting. Please be in touch with him for any assistance
- Hence Project Director are requested to organize surgical camps (Dates-Enclosed) in consultation with the consultation of Asst. Director, Disabled Welfare concerned district, DRDA, SSA,PVT Teaching hospitals and other service providers in the district as approved by the District Collector:
- Budget already released to all DPMUs under Action plan 2009-10 under Assessment Camps and kept as unspent. The same budget shall be utilized for screening cum surgical correction camps as per the budget heads indicated in Disability assessment Camps.

Copy to

All the Collectors in the state

The Regional Directors MA & UD dept

Copy to CEO Ravi Helios Hospital Hyderabad

MISSION DIRECTOR

19/7/13

Annexure-1

Schedule dates for conduct of Screening Camps year 2013-2014

SNO	DISTRICT	DATE
1	Medak	5.8.2013
2	Ananthapur	3.9.2013
3	Nalgonda	4.10.2013
4	Srikakulam	3.11.2013
5	Kurnool	5.12.2013
6	Mahabubnagar	6.1.2014
7	Vishakhapatnam	7.2.2014
8	Warangal	4.3.2014
The schedule for the left over Districts will be communicated in 2014-15		

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Signature

2.0 PLANNING AND PREPARATORY ACTIVITIES AT THE DISTRICT LEVEL

2.1 CONVERGENCE MEETING: A convergence meeting has to be conducted under the chairmanship of the district collector involving all the participating agencies i.e. IKP DRDA/ SSA/ HEALTH- DCHS/ AMHO / REVENUE/ MEDICAL COLLEGE/ PHYSIOTHERAPY COLLEGE/ INSTITUTES OF REHABILITATION/ NGO's / PHILANTHROPISTS in which a detailed planning of logistics and budget required for the camp as per the number of cases expected for surgeries should be done. During these meeting specific tasks, roles and responsibilities for all participating agencies will be allocated and dates for the camp have to be finalized in consultation with visiting team. A core committee should be formed with a designated camp coordinator.

2.2 LOGISTICS FOR THE SCREEING CAMPS AT DISTRICT LEVEL:

Venue: Base hospital / any hall with adequate infrastructure of Assessment tables, waiting hall with chairs, nursing and Paramedical staff shall be selected for the camp.

Visiting doctors Team: Detailed discussions have to be held with the chief of the visiting team regarding the equipment / professional support/ logistics to be arranged/ materials to be procured by organizers well in advance to avoid any difficulties during the camp.

Local Orthopedic team formed from the base hospital / other hospitals (Govt/ private) should be involved right from the beginning of the camp to the completion of follow up and rehabilitation process with a clear understanding in consultation with the visiting team.

All logistics have to be arranged including Shamiyana/ hygienic food/ safe drinking water / proper sanitation at the base hospital

Voluntary/ monetary support for volunteers / materials to be enlisted from voluntary organizations in the district has to be arranged.

Overall responsibility of camp logistics at the base hospital and follow up by the orthopedic team has to be assigned to the DCHS in the district.

Overall responsibility of post Operative follow-up in habitations and appropriate referrals by the concerned UHC's staff has to be assigned to DMHO.

Transportation plan: Transportation of identified persons for surgeries, their parents to Balaji Institute of Surgery, Research & Rehabilitation for Disabled, (BIRRD), Tirupati and also operated persons with the POP caste to their homes has to be arranged with transportation department.

2.3 ACTIVITIES AT THE Ravi Helios Hospital, Hyderabad

Assessment: Thorough assessment of each case will be done by the operating surgeon and will be entered in legible manner in the individual case sheet

Investigations: TC/DC/Hb%/ HbSAg will be undertaken by the lab in the camp hospital

Pre-surgical protocol: After thorough pre anesthetic checkup for fitness for the surgery by the anesthetist/ physician cases will be posted for surgical corrections with specific pre-operative

instructions to be followed with regard to intake of food, preparation of the part, pre-medication etc.

Appropriate surgical interventions will be under taken in the OT and details of surgical procedures / instructions will be clearly entered in the case sheet before transferring to the post-operative ward.

The hospital staff on duty round the clock till the discharge will undertake meticulous post-surgical care.

Discharge Advise: Clear instructions and case specific discharge advice will be given and explained to operated persons and their attendants.

Total coordination of the visiting team and the local team to be ensured from the beginning of the camp till the completion of rehabilitation process of all operated cases.

No inaugural meeting has to be arranged during the camp to ensure full attention for all activities undertaken by organizers and professional teams.

3.0 ROLE OF COMMUNITY LEVEL FUNCTIONARIES INCLUDING IN SURGICAL CORRECTION AND REHABILITATION

PROGRAM

Community level functionaries in close contact with the family in settlements / wards and the rehabilitation team have a crucial role in the successful implementation of this program.

Identification and preparation of list of persons with loco motor disabilities.

Facilitation of cluster/ town level screening camps.

Dissemination of information regarding the process, motivation and counseling.

Mobilization to the surgical correction camp.

Facilitation support in all aspects during the stay at hospital for surgical correction.

Transportation to the home at town.

Care during POP period at home.

Mobilization to rehabilitation camp.

With adequate skills in basics of physiotherapy and use and care of calipers facilitates rehabilitation at doorsteps.

Facilitates appropriate reference to hospitals/rehab institutions whenever necessary.

S/He instills confidence and encouragement to the operated person and also the family in getting the optimum results out of surgical intervention and rehabilitation.

4.0 ROLE OF COMMUNITY BASED ORGANIZATIONS (SHG's/WF's/TVSs/TMSs)

Motivation and counseling

Facilitation for camps.

Provision of basic infrastructure/needs.

Assistance and guidance in ensuring follow-up of medical instructions by the operated person.

To organize screening camps.

To facilitate in identification and preparation of list of beneficiaries.

To arrange transportation to camps and home.

To facilitate rehabilitation team in conducting their activities.

To assist the family in taking appropriate action in case of any problem faced during the process.

5.0 INSTRUCTIONS TO PATIENTS/PARENTS

Operated limb should be kept elevated on a pillow.

Swelling/pain discoloration should be informed to the nursing staff.

Patient should do continuous movement of fingers.

Special instructions given by the surgeon should be followed.

Any other problems like retention of urine constipation should be reported to the nursing staff.

6.0 CARE AT HOME WITH POP CAST

Should be clearly informed to parents that pop cast will be removed after six weeks in STR cases and

12 weeks in osteotomy cases.

Operated persons should be provided with flat hard surface i.e., wooden or iron cot for proper upkeep of POP cast.

Limb should be elevated on a pillow.

Movement of fingers as explained has to be followed.

If severe pain/Fever/ Swelling/Bloods/Discoloration of toes are observed that should be informed to field level functionaries or to be taken to nearest UHC for necessary immediate action and referral to a higher center.

In case of delay in transportation, the POP should be split open and to be wrapped with bandage cloth.

Patient should be given nutritious soft diet and plenty of fluids.

SHG members/MPHW/AWW/Social workers in the town should make frequent visits and render necessary assistance and instill confidence.

Rehabilitation team should visit every week.

Patient should not put weight on POP i.e., s/he should not walk on POP. as weight bearing causes swelling inside the POP cast which can lead to obstruction to blood circulation leading to complications like infection/gangrene which may warrant amputation.

5.0 POST SURGICAL CARE AT HOME.

The most important task of rehabilitation is to bring about optimum improvement in locomotion

All instructions given by rehabilitation team should be followed meticulously. Parents should be taught regarding the use and care of calipers and basic exercises

Parents, community functionaries and SHG members should encourage the person operated for following the rehabilitation schedule.

Rehabilitation team should visit the home in the beginning and give instructions appropriate for the individual care in home environment.

Community functionaries should visit periodically at least twice or thrice a week and report the progress to the rehabilitation team.

They should attend the Mandal level follow up schedule by the rehabilitation team and get the required assistance and treatment.

They can also approach transit home whenever necessary

They can approach orthopedic surgeon/Area/District Hospital/Medical college hospital at any time in case of need and also every 2 months for a period of Six months to one year.

8.0 FITMENT OF ASSISTIVE DEVICES

After the stipulated period (6-12 weeks) the POP will be split open and wounds (if any) will be taken care of.

The physiotherapist will do mobilization of the joint.

Measurement will be taken for fabrication of calipers.

Physiotherapy i.e., mobilization of joints for gaining full Range of Movement (ROM) and strengthening exercise etc. will be undertaken.

Calipers will be fitted and joint flouting will be given.

Required medication will be prescribed for swellings, wounds, care etc.

Rehabilitation team will assess the care and give necessary trainings to the operated person and parents regarding physiotherapy care of the calipers etc.

]The community level functionaries will be given necessary inputs regarding door step rehabilitation and follow up.

9.0 HOME BASED REHABILITATION & FOLLOW UP:

Rehabilitation team consisting of physiotherapists and Orthotist technician will be undertaking visits during which time the operated person their parents /siblings /community members will be given necessary trainings with regard to exercise and care of the calipers and gait. It will be making appropriate referrals to the orthopedic surgeon/physiotherapists/institutes of rehabilitation for further advice to ensure best outcome of the surgical correction intervention.

10.0 .PREPARATORY MEETING WITH DISTRICT OFFICERS:

One preparatory meeting with district level officers, i.e., AD, DW dept, Superintendent, Govt. General Hospital, The MRO, Medical Officers UHC, The DEO, The DM&HO, Directors, Private Hospitals and NGOs working in the field of Disability etc., may be held ten days prior to surgical camp for fixing the venue (Preferably PVT. Medical college hospitals) for the screening camp. Date may be informed to AMD, MEPMA (cell No: 9701385103) and Dr.Y.Sujatha Sr.specialist (Community Health & Disability) (Cell No: 9701385131) MEPMA in order to enable the Specialist (Disability) to attend the meeting. Please be in touch with him for any assistance.

The screening cum surgical camp may be organized in consultation with the with the consultation of Asst.Director, Disabled Welfare concerned district, DRDA, SSA,PVT Teaching hospitals and other service providers in the district..

11.0 BUDGET:

Budget already released to all DPPMUs under Action plan 2009-10 under Assessment Camps and kept as unspent. The same budget shall be utilized for screening cum surgical correction camps as per the budget heads indicated in annexure -A and as approved by the District Collector.