

# INDIA





# **PRIME MINISTER NARENDRA MODI**

Technical service for providing door to door health screening of 18 yrs and above under  
“STATE HEALTH SOCIETY”



# PRESENTATION STRUCTURE

- ▶ Introduction of Door-to-Door health screening using Information & Communications Technology (ICT)
- ▶ Significance of Door-to-Door health screening
- ▶ Components of Door-to-Door health screening
- ▶ Scope of the Program
- ▶ Strategy and Approach
- ▶ Technology and Resources Utilized
- ▶ Company Profile
- ▶ Management Team
- ▶ Case Studies and Success Stories



# Introduction of Door-to-Door health screening using Information & Communications Technology (ICT)



A state faces many serious challenges to provide a worldclass healthcare to its citizens for which it has rolled out various flagship policies, programs and initiatives.

Evidently, these programs & policies are not efficiently manageable without the assistance of Healthcare Screening of the Citizens and Information & Communications Technology (ICT).

An integrated approach to the implementation of Door-to-Door Health Screening and usage of ICT provides a better, efficient, effective and affordable public healthcare services to its citizen

Total Healthcare coverage of the citizens can only be achieved by Door-to-Door Health Screening at ground level which can be operated by the field level workers using comfortable Handheld screening devices

This can allow the state government to obtain reliable information for governance & policy making, ensure efficient management & control, service delivery as well as achieve breakthrough discoveries for general prevention, treatment at ordinary times and as well as in epidemics.

Combining door-to-door health screening with ICT helps overcome geographical barriers, improves healthcare delivery, and empowers healthcare providers with accurate and timely information for better decision-making and care delivery

# SIGNIFICANCE OF DOOR-TO-DOOR HEALTH SCREENING



- Early detection of disease
- Risk mitigation
- Ensuring a safe environment
- Providing primary Health care at door step
- Efficient drug supply at health centers

Health  
Promotion &  
Community  
awareness

Data  
collection  
and analysis

- Improvement in the delivery of health care
- More effective treatment
- Strengthening HMIS
- Reducing medication administration errors

- Linkage with Free Diagnostics available at Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District and District Hospitals
- Enhancing management of public facilities

Proper linkage  
all Health  
infrastructure

Capacity  
building for  
future improvement  
of Health  
Infrastructure

- Well trained CHOs, ANMs and ASHAs on instruments, screening procedure and operational guidelines
- Inclusion on telemedicine to last mile delivery
- Property linked physical infrastructure

# COMPONENTS OF DOOR-TO-DOOR HEALTH SCREENING



Confirmation  
& Reporting

Reporting to District Health Centre

Patient  
follow up

Citizen who are screened positive on second level are followed up till diagnosis is confirmation

Second Level  
Testing

Screening of COPD, CKD and Heart Disease in Individuals who are found to be suspects of DM, HTN, Heart Disease, CKD, COPD. Those detected or with a history of Diabetes, Hypertension, Heart disease, kidney disease, COPD, post stroke patients. elderly people (above the age of 60 years) with a history of any of the above

First Level  
Testing

Carrying out screening of five diseases, DM, Heart disease, Hypertension and oral and breast cancer for all the citizens including Blood pressure measurement for hypertension screening, Blood glucose measurement for diabetes screening, Vitals measurement, BMI assessment, Cardiovascular risk calculation and Visual, Physical examination and Symptoms based

# SCOPE OF THE PROGRAM

Door to door screening will be done for the following 14 diseases as per standard guidelines:

01 Diabetes

02 Hypertension

03 Heart disease

04 Chronic respiratory disease

05 Chronic kidney disease

06 Cervical cancer

07 Diabetes

08 Breast cancer

09 Oral cancer

10 Stroke/post stroke

11 Mental illness

12 HIV & Syphilis (Using Dual Kit)

13 Cataract

14 TB



# INDIA DEMOGRAPHIC



District Wise Total, Rural and Urban Total Population

Sl. No	District	Total			Rural			Urban			% of Rural Population to Total			% of Urban Population to Total		
		Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons	Male	Female
1	Srikakulam	2703114	1341738	1361376	2266411	1126888	1139523	436703	214850	221853	83.84	83.99	83.70	16.16	16.01	16.30
2	Vizianagaram	2344474	1161477	1182997	1853563	920428	933135	490911	241049	249862	79.06	79.25	78.88	20.94	20.75	21.12
3	Visakhapatnam	4290589	2138910	2151679	2254667	1113234	1141433	2035922	1025676	1010246	52.55	52.05	53.05	47.45	47.95	46.95
4	East Godavari	5285824	2633304	2652520	3971852	1985909	1985903	1313972	647395	666577	75.14	75.42	74.87	24.86	24.58	25.13
5	West Godavari	3995742	1993747	2001995	3186965	1595842	1591123	808777	397905	410872	79.76	80.04	79.48	20.24	19.96	20.52
6	Krishna	4517398	2267375	2250023	2673738	1343534	1330204	1843660	923841	919819	59.19	59.26	59.12	40.81	40.74	40.88
7	Guntur	4887813	2440521	2447292	3235075	1621491	1613584	1652738	819030	833708	66.19	66.44	65.93	33.81	33.56	34.07
8	Prakasam	3397448	1714764	1682684	2732866	1382641	1350225	664582	332123	332459	80.44	80.63	80.24	19.56	19.37	19.76
9	SPSR Nellore	2963557	1492974	1470583	2105927	1060810	1045117	857630	432164	425466	71.06	71.05	71.07	28.94	28.95	28.93
10	Y.S.R Kadapa	2882469	1451777	1430692	1903337	959693	943644	979132	492084	487048	66.03	66.10	65.96	33.97	33.90	34.04
11	Kurnool	4053463	2039227	2014236	2904177	1464569	1439608	1149286	574658	574628	71.65	71.82	71.47	28.35	28.18	28.53
12	Anantapur	4081148	2064495	2016653	2935437	1489157	1446280	1145711	575338	570373	71.93	72.13	71.72	28.07	27.87	28.28
13	Chittoor	4174064	2090204	2083860	2942678	1474052	1468626	1231386	616152	615234	70.50	70.52	70.48	29.50	29.48	29.52
Andhra Pradesh		49577103	24830513	24746590	34966693	17538248	17428405	14610410	7292265	7318145	70.53	70.63	70.43	29.47	29.37	29.57

Source: Census 2011

Year	Total Population in Millions	Urban Population in Millions	Urban Population in %
1901	19.39	3.22	16.59
1911	21.47	3.25	15.13
1921	20.85	3.86	18.50
1931	23.96	4.46	18.60
1941	26.83	5.67	21.11
1951	32.00	9.20	28.75
1961	39.55	11.16	28.22
1971	50.41	15.71	31.17
1981	62.78	21.99	35.03
1991	78.94	30.54	38.69
2001	96.88	41.10	42.43
2011	112.37	50.83	45.23

Source: Census of India, 1901 to 2011

ANDHRA PRADESH DEMOGRAPHIC

MAHARASHTRA DEMOGRAPHIC

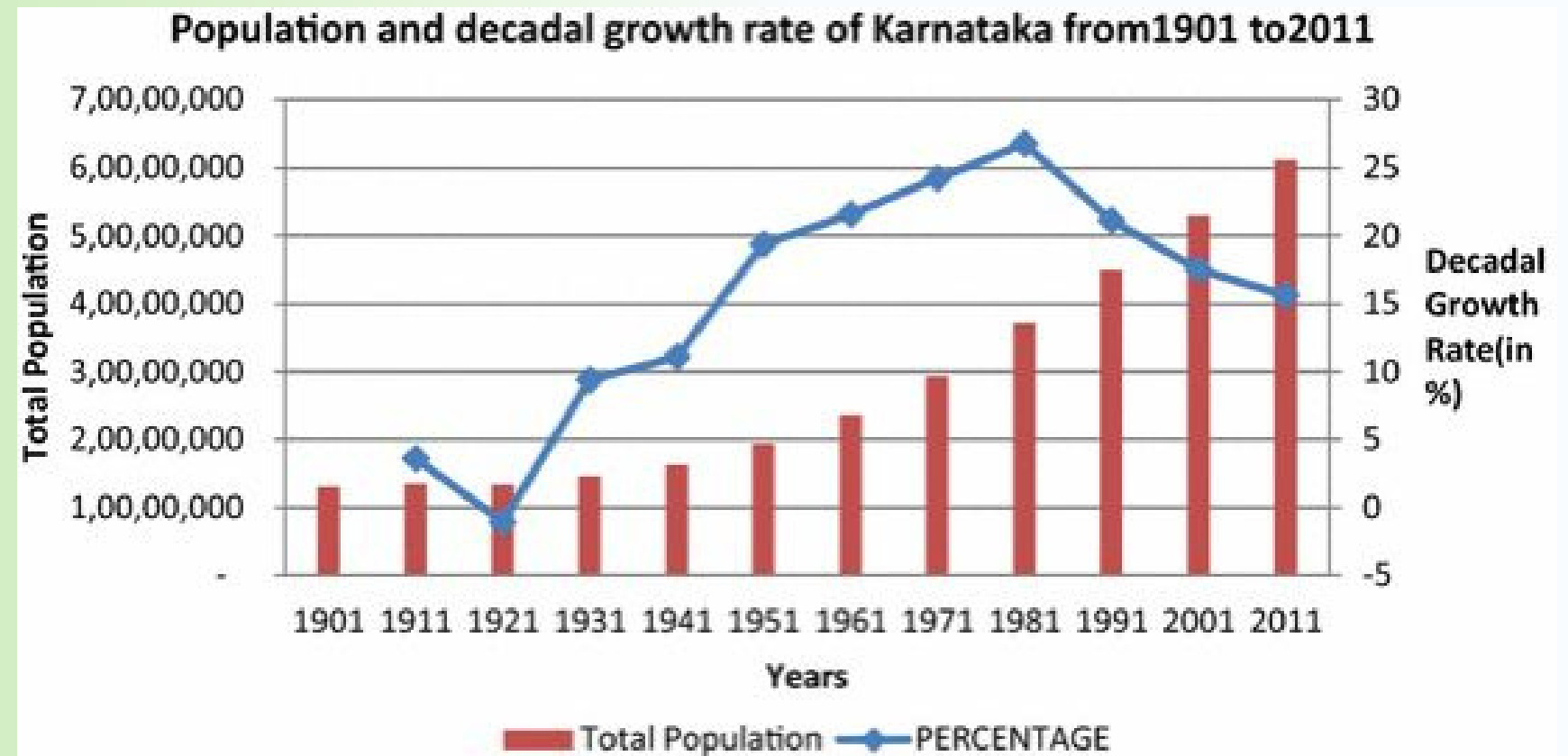
# INDIA DEMOGRAPHIC



Age Groups	2011			2001			1991		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
0-14	35.7	36.0	35.4	40.9	40.8	40.9	40.0	40.6	40.3
15-59	55.8	55.5	56.1	51.5	51.9	51.7	52.0	52.3	52.1
60+	7.7	7.7	7.8	7.6	7.3	7.4	8.0	7.1	7.6
ANS	0.8	0.8	0.8	--	--	--	--	--	--
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Census of India, [www.censusindia.gov.in](http://www.censusindia.gov.in)

## UTTAR PRADESH DEMOGRAPHIC



## KARNATAKA DEMOGRAPHIC

# STRATEGY AND APPROACH

## District Level Implementation Plan

- District Planning Meeting
- Chaired by CMO
- Participants: CHOs/MOs, Toppen staff
- Purpose: Prioritize health facilities, develop rollout plan, create micro-plans

## Program Launch at Health Facility Level

- Organized in newly added centers
- In consultation with District Health Society
- Launching Program:
- Invite: Local leaders, Village Chiefs, Authorities, Club leaders, Women Society reps
- Purpose: Create CMHA-2 awareness among locals

# STRATEGY AND APPROACH

## Door-to-Door Screening

### 1. Screening Team:

- CHO/ANM, ASHA worker, Toppen Field Coordinator
- Training for all teams beforehand

### 2. Screening Process:

- Briefing to families( incl: Record family demographics)
- Toppen provides screening devices and consumables
- Reporting anomalies to PHC
- Issuing NHM certificate (ABHA ID from Aadhaar Card)

### 3. Real-time Dashboard Verification

- Update screening records
- Extract list of patients needing further investigation
- Referral Process
- Suspected diseases: Toppen Level B examination -
- Other diseases: Referral centers designated by Health Depart

### 4. Follow-up for Referred Patients:

- Toppen staff, ASHA worker
- Record patient status in Toppen Dashboard

# STRATEGY AND APPROACH

## Device Calibration System

- Integration
- Quality Control Team Establishment
- Regular Monitoring
- Inclusion of SNO and SHS officials

## App Functionality

- Distinguish repetitive screenings
- Overwrite data in scenarios of repeated tests

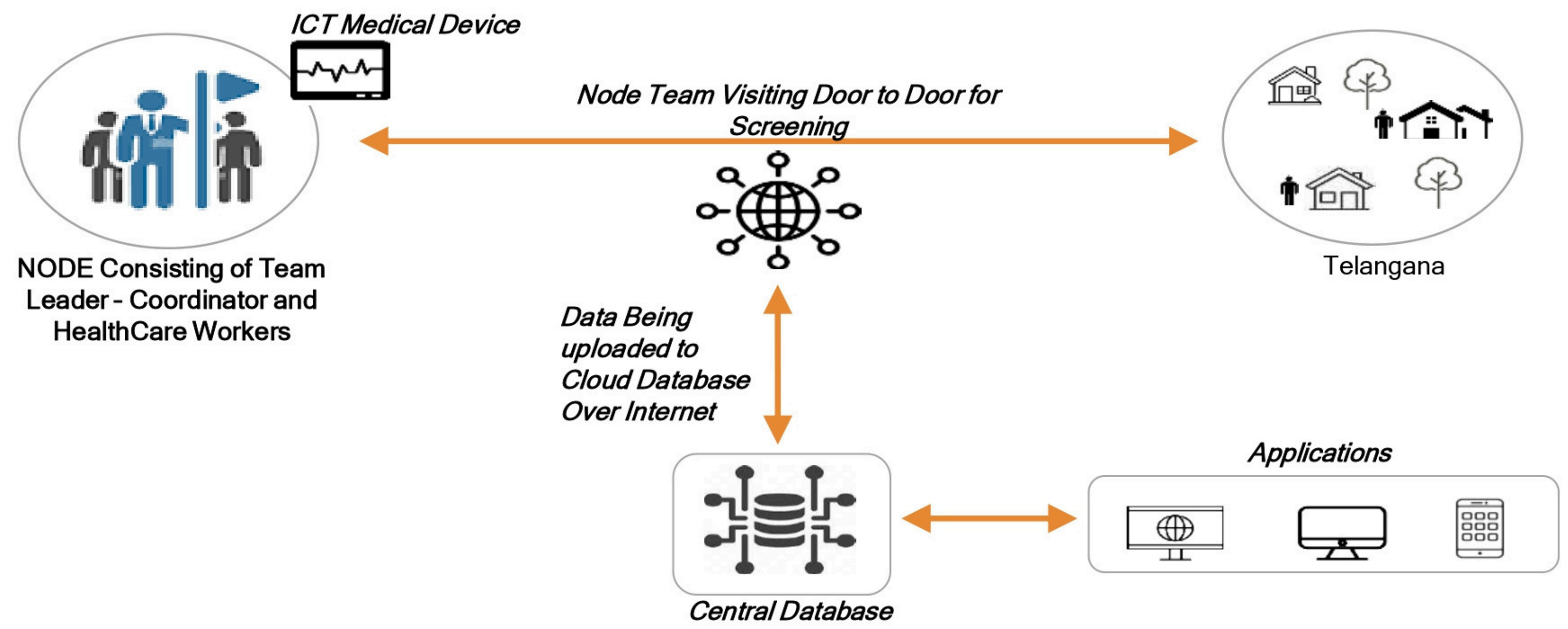
## Mobile and Internet Provision

- By Toppen Infratech

## Monthly Review Meeting

- District level
- Chaired by CMO
- Coordination: Toppen Zonal Manager and DNO-NCD
- Participants: CHO/MO conducting screenings

# STRATEGY AND APPROACH



# Benefit of Door-to-Door health screening using Information & Communications Technology (ICT)



- Accessibility and Inclusivity: By leveraging ICT, the government can extend healthcare services to remote and marginalized communities that might otherwise lack access to quality healthcare. This ensures inclusivity in healthcare delivery.
- Data-Driven Decision Making: ICT allows for the collection, storage, and analysis of health data in real-time. Governments can use this data to make informed decisions, allocate resources efficiently, and tailor interventions to specific community health needs.
- Cost-Effective Healthcare: ICT-supported screenings streamline processes, reduce paperwork, and minimize duplication of efforts. Over time, this leads to cost savings for the government by optimizing resource utilization and improving the effectiveness of healthcare services.
- Improved Public Health Surveillance: The government can use ICT to monitor public health trends, detect disease outbreaks early, and respond promptly to emerging health threats. This proactive approach enhances public health surveillance and control.
- Enhanced Monitoring and Evaluation: the government can closely monitor the implementation of health programs, track performance indicators, and evaluate the effectiveness of interventions. This helps in refining strategies for better health outcomes.
- Efficient Referral System: ICT-supported screenings enable quick and accurate referrals to higher levels of healthcare when needed, ensuring that patients receive timely and suitable care

# Benefit of Door-to-Door health screening using Information & Communications Technology (ICT)



- Transparent Reporting and Accountability: Digital data collection and reporting systems enhance transparency in healthcare delivery. It allows for better accountability as records are accurately maintained and can be audited easily.
- Community Engagement and Empowerment: Governments can use ICT to engage communities, raise awareness about health issues, and empower individuals to take charge of their health.
- Policy Development and Resource Allocation: Data gathered through ICT-enabled screenings can inform policymaking processes. Governments can use this information to develop targeted policies and allocate resources effectively to address prevalent health challenges.
- Long-Term Health Impact: By implementing ICT-supported door-to-door health screenings, governments can contribute to long term improvements in public health outcomes, leading to a healthier population and a more productive society overall.

The integration approach of ITC into government-led door-to-door health screenings amplifies the reach, effectiveness, and impact of healthcare interventions, ultimately leading to better health outcomes for the population

# COMPANY PROFILE

- M/s. Toppen Systems India Pvt. Ltd. & consortium partner has more than 50 years of cumulative experience in Healthcare industry. With group Turnover in excess of INR 50 Crores.
- Toppen has conducted 3 lakh door to door health screening in Manipur CHMA as on ground execution – sub contractirs
- Toppen has conducted successful tests for 1 lakh customer in Mumbai.
- Consortium Partners – Desai Pharma is leading Medical Supplies for past 40 years serving across India for 70 companies.





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**THANK  
YOU**

