Chapter - II

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A Brief Profile of Chittoor District, and Health Services Organisations and Infrastructure
A BRIEF PROFILE OF CHITTOOR DISTRICT, AND HEALTH SERVICES ORGANISATION AND INFRASTRUCTURE

This chapter deals with a brief profile of Chittoor district and the organisation of health services in India.

2.1 Profile of Chittoor district

A brief profile of Chittoor district is described in the following paragraphs.

There are 25 states and 7 union territories in India. Andhra Pradesh is one of the state among these 25 states. Chittoor district is one among the 23 districts of Andhra Pradesh.

2.1.1 Location and Area

Chittoor district was constituted on 1st April, 1911 in the former Madras Province and it was one of the districts included in Andhra state at the time of its formation in 1953. The District is bounded on the North by
Anantapur and Cuddapah districts, on the East by Nellore district and Chengalput district of Tamil Nadu, on the South by North Arcot district of Tamil Nadu, on the West by Salem district of Tamil Nadu and Kolar district of Karnataka state. It is situated between 12°-37" and 14°-8" of North latitude and 78°-33" and 79°-55" of the Eastern longitude. The district covers an extent of 15,152 sq.kms. consisting 1,540 villages of which 1,405 are inhabited.

For administrative purpose at present, Chittoor district is organised into three revenue divisions, Chittoor, Madanapalli and Tirupati. The district has been divided into 66 revenue mandals and five municipalities.

2.1.2 Topography

The district can be divided into two natural divisions. The mountainous plateau on the West comprises the erstwhile taluks of Kuppam, Palamaner, Punganur, Madanapalle, Thamballapalle, Chinnagottigallu and Vayalpadu. The plain on the East comprises the erstwhile taluks of Puttur, Srikalahasti, Thottambedu, Nagari and Satyavedu. Chittoor taluk is the dividing line between the two natural divisions of the district.

2.1.3 Population

According to 1991 census figures, the total population of the district is 32,61,118 of which males constitute 50.84 per cent and females constitute 49.16 per cent. The district ranks sixth in the state in the size of population. The percentage of rural population to total population was 80.19 in Chittoor district. The density of population in the district is 215 per sq.km.
2.1.4 Climate

The climate of the district is dry and healthy. The 31 upland Mandals in Madanapalle Division are comparatively cooler than the eastern Mandals except Chittoor where the climate is moderate.

2.1.5 Rainfall

The district has the benefit of receiving rainfall during both the South-West and North-East Monsoon periods, while the normal rainfall of the district for the South-West Monsoon period is 380.4 mms and that of North-East Monsoon period is 410.5 mms. The rainfall received during the winter period and hot weather period is negligible. The annual normal rainfall of the district is 908.1 mms. The incidence of the rainfall is not uniform or certain. Therefore, the district is frequently prone to drought conditions.

2.1.6 Rivers

The rivers flowing in the district are non-perennial in nature and that they remain dry for a major part of the year. Of these rivers, river Ponnai which is tributary of river Palar, rises in erstwhile Chittoor taluk and flowing towards the South, joins the Palar in Tamilnadu. The Swarnamukhi, another important river which rises in the eastern ghats in erstwhile Chandragiri Taluk has its course throughout the mandals of erstwhile Chandragiri taluk and part of erstwhile Srikalahasti taluk and ultimately flows into Nellore district. Other such important rivers of the district are the Kusastali, the Beema, the Bahuda, the Pincha, the Kalyani, the Araniyar and the Pedderu which flow in different mandals of the district. Besides the above rivers, there are a number of small hilly streams flowing in the district.
2.1.7 Soils

The major portion of the district is covered by red soils with portions of Alluvial soil in Chittoor and Bangarupalem erstwhile taluks. According to an assessment made on the basis of village records, 57% of the soils of the district are Red loamy and 34% Red sandy. The remaining 9% is covered by Black clay (3%), Black loamy (2%), Black sandy (1%) and Red clay (3%).

2.1.8 Irrigation

The chief sources of irrigation in the district are tanks and wells besides eight medium irrigation projects, namely, Swarnamukhi, Araniyar, Mallimadugu, Kalangi, Bahuda, Siddalagandi, Krishnapuram and Pedderu. The total registered ayucat under the eight projects is 41,429 acres. Wells constitute the major source of irrigation claiming the first rank in the state. As wells are the main source of irrigation, the policy of the government was all along to encourage the construction of wells by granting loans and other inducements to private individuals.

2.1.9 Minerals

The district is not rich in mineral wealth. Steatite is the only mineral mine in Puttur and Gangadhara Nellore erstwhile block areas in the district. However, the occurrence of gold, iron and red moulding sand are also noticed in certain parts of the district. In Bisnatham area of Kuppam erstwhile taluk, the Auriferous veins are 22% wide and carry an average gold content of 5,190wts. of gold per tonne. Iron ore occurs in intimate association with hematila in Voyalpad, Srikalahasti and Puttur erstwhile taluks.
2.1.10 Places of Tourist Importance

The places of tourist importance in Chittoor district are given below.

Chandragiri

There is a hill fort in this town which is said to have been built by one Immadi Narasimhudu, a Yadava King in tenth century, A.D. and later developed by the Vijayanagar Kings in the 14th century. The Rani Mahal and Raja Mahal which are under the control of the Archaeological Department of the State Government are the centres of attraction to the tourists.

Tirupati

This is sacred place of pilgrimage which is full of temples and holy spots. The Govindaraja Swamy Temple, The Kodandaramaswamy Temple and The Kapileswara Swamy Temple in this town are famous. This town being the gateway to the sacred hills at Tirumala where Lord Sri Venkateswara has taken his abode, has acquired all India fame and hums with activity of the perennial stream of pilgrims to Tirumala.

Besides being a famous pilgrim centre, it has become a great seat of learning and education with the establishment of S.V.University and its constituent colleges. Medical, Veterinary and Agricultural Colleges also have been established here. There are also colleges for oriental languages, Music and Dance at Tirupati. The Mahila University was also established in the year 1984.
Tiruchanur (Alivelu Mangapuram)

This is situated at about 5 kms. from Tirupati and it is an equally important place of pilgrimage as the Goddess Padmavathi, the divine consort of Lord Sri Venkateswara has taken her abode here. A visit to this temple is considered a must for all devotees to worship her after worshiping Lord Sri Venkateswara.

Tirumala

Located at the top of the Seven Hills, Tirumala is the abode of Lord Sri Venkateswara. This a very sacred place of Hindu pilgrimage which attracts innumerable devotees from all parts of the country throughout the year. This temple has the largest income of all the temples in India. Papanasanam Akasaganga, Gogarbham and Pandavatheertham not far off from Tirumala are also important places of pilgrimage.

Srikalahasti

This is very famous temple of Lord Siva, also called Sri Kalahasteeswara and is known as 'Dakshinakasi'. The Siva Temple here, is one of the most ancient and sacred places in South India. The presiding Goddess here is Gnana Prasunambika, the power of divine knowledge. This place is only 35 kms. from Tirupati and its proximity attracts almost all the pilgrims that visit Tirupati throughout the year. At the top of the two big hills over looking the town, there are two temples dedicated to Goddess Durga and Lord Subramanya.
Nagalapuram

This place lies at Madras Puttur trunk Road. There is an ancient historical temple of Sri Vedanarayana Swamy said to have been built by Sri Krishnadevaraya of Vijayanagar. The temple was built in such a way that the rays of the setting sun fall on the sanctum sanctorum on three particular days i.e. 26th, 27th and 28th March of every year. The ancient historical temple attracts many devotees particularly on the three dates of every year to have a glimpse of the deity when the sun rays illuminate the sanctum sanctorum.

Arogyavaram

This is suburb of Madanapalle town where the famous T.B. Sanitorium is located. The sanitorium is run by Christian missionaries. The salubrious climate is very congenial for effective treatment of T.B. and other thoracic ailments and as such attracts a number of patients from all parts of South India.

Horsley Hills

These hills, situated, at a distance of 20 kms. from Madanapalle Ananthapur road, serve as a summer resort for Andhra Pradesh. These hills contain one of the highest peaks with a height of 4326 feet above the sea level. The climate on the hills even during the highest summer period is cool because of the rich flora and fauna of the reserve forest all over the hills. There are well furnished rest houses run by the State Tourism Corporation. The hills, therefore attract a number of tourists every year.
Kailasakona

This is located at a distance of 8 kms. from Narayanavanam village in Puttur taluk. There is a waterfall at this place with picturesque panorama which is of tourist attraction. Throughout the year, tourists from Tamilnadu and the neighbouring districts gather here.

2.1.11 Literacy

The rate of literacy is fairly high in the district and it ranks fourth among the 23 districts of Andhra Pradesh. Functionally literate population in Chittoor district formed 42.37 per cent in 1991.

2.1.12 Education facilities

According to Andhra Pradesh Statistical Abstract of 1995¹, there are 3996 primary schools, 398 upper primary schools, 376 high schools and 71 junior colleges in the district.

The following universities are located in the district.

1. Sri Venkateswara University, Tirupati.
2. Sri Padmavathi Mahila Viswavidyalayam, Tirupati.
3. Rastriya Sanskrit Vidya Peeth, Tirupati (Deemed to be University).
4. Sri Venkateswara Institute of Medical Sciences, Tirupati (Deemed to be university).
5. Dravida University, Kuppam.
In addition to above universities, there are 19 degree colleges, 6 Engineering colleges, 3 Law colleges, 1 Medical college, 1 Agricultural college, 1 Veterinary science college and 5 Polytechnic colleges. Industrial training institutions and the schools for the disadvantaged are also located in the district.

2.1.13 Libraries

In addition to the libraries attached to schools, colleges and universities, there are many branch libraries and one District Central Library and one State Regional Library in the district.

2.1.14 Medical facilities

Medical facilities are essential for taking treatment when the people will become illhealth. The different types of hospitals available in the district are given in Table 2.1.14.

**TABLE 2.1.14**

Type of hospitals in Chittoor district

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Type of Hospital</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Allopathic Hospitals</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Government Hospitals</td>
<td>16</td>
</tr>
<tr>
<td>2.</td>
<td>Private Hospitals</td>
<td>6</td>
</tr>
<tr>
<td>3.</td>
<td>Hospitals for Special Treatment</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Dispensaries</td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td>M.C.H.Centres/Rural Health Centre</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>Primary Health Centre</td>
<td>74</td>
</tr>
<tr>
<td>2.</td>
<td>Ayurvedic Hospitals</td>
<td>35</td>
</tr>
<tr>
<td>3.</td>
<td>Unani Hospitals</td>
<td>15</td>
</tr>
<tr>
<td>4.</td>
<td>Homeopathy</td>
<td>29</td>
</tr>
</tbody>
</table>
It is evident from Table 2.1.14 that more number of Allopathic hospitals\(^2\) are available in Chittoor district compared to Ayurvedic, Unani and Homeopathy hospitals. In addition to the above hospitals mentioned in the table, there are many small private hospitals.

2.2 Health services organisation and infrastructure

The organisation and infrastructure of health services in India are described in the following paragraphs.

2.2.1 Introduction

India is the largest democracy in the world. It presents a unique case in terms of sheer size of its population characterized by heterogeneity in respect of physical, economic, social and cultural conditions. India's population rose from 361.1 million in 1951 to 846.3 million in 1991. On 2.4% of the land area, India supports more than 16 percent of the population of the world. India's 74.2 per cent of the population live in villages.

The Republic of India has a federal structure consisting of 25 states and 7 union territories. The Constitution of India envisages the establishment of new social order based on equality, freedom, justice and the dignity of the individual. It aims at elimination of poverty, ignorance and ill-health and directs the State with regard to raising the level of nutrition and the standard of living of the people, securing the health and strength of workers, men and women, and especially ensuring that children are given opportunities to develop in a healthy manner. Constitutionally while public
health, sanitation, hospitals and dispensaries are the responsibilities of the States, population control and Family Planning, drugs, prevention of food adulteration are concurrent subjects.

India achieved independence in 1947. Soon thereafter, in 1951, India initiated the process of planned development to raise the living standard of its people, and to open up for them new opportunities for a richer and more varied life.

The programme of establishing Primary Health Centres in each Community Development Block having a population of 60,000 to 80,000 was launched as an integral part of the Community Development Programme on October 2, 1952.

Subsequently, over the past forty eight years the health services organisation and infrastructure have undergone extensive changes and extension in stages following review by a number of Expert Committees, namely, the Mudaliar Committee (1962), Chadha Committee (1963), Mukherjee Committee (1966), Jungalwala Committee (1967), Kartar Singh Committee (1973) and Srivastava Committee (1975). Progressive changes have been introduced into the programme over the sixth and seventh Five Year Plan Period when the national norms for population coverage were adopted. During the Eighth Plan, the emphasis is mainly on consolidation of the existing health infrastructure rather than expansion. The thrust is given to qualitative improvement in the health services through strengthening of physical facilities like provision of essential equipments, supply of essential
drugs and consumables, construction of buildings and staff quarters, filling up of vacant posts of medical and paramedical staff and in-service training of staff.

India is a signatory to the Alma Ata Declaration of 1978 and is committed to attaining the goal of 'Health For All' by the year 2000 A.D. through the Primary Health Care approach. Consequently, while formulating the Sixth Five Year Plan (1980-85), a critical review was made of the approaches adopted during the previous Five Year Plans. Based upon this, a long term perspective plan was outlined by the Government for achieving the 'Health For All' goals. The National Health Policy was officially adopted by the Parliament in 1983. 'Health For All' principles and strategies were also incorporated in the Sixth (1980-85) and Seventh (1985-90) Five Year Plans.

The Government has started concentrating on the development of rural health infrastructure so as to provide primary health care services to about 74% of rural population which had by and large remained neglected. The stress in the National Health Policy is on the provision of preventive, promotive and rehabilitative health services to the people, thus representing a shift from medical care to health care and from urban to rural population. The main objective is to place the health of the people in the hands of the people through the primary health care approach.

The delivery of Primary Health Care is the foundation of rural health care system and forms an integral part of the national health care system. For developing vast human resources of the country, accelerating the socio-
economic development and attaining improved quality of life, Primary Health Care is accepted as one of the main instruments of action. Primary Health Care is essential health care made universally accessible to individuals and acceptable to them through their full participation and at a cost the community and country can afford.

In the rural area services are provided through a network of integrated health and family welfare delivery system. Health care programmes have been restructured and reoriented from time to time for attaining the objectives of 'Health For All' by 2000 A.D. as envisaged in National Health Policy. Priority has been accorded to extension, expansion and consolidation of the rural health infrastructure viz., Sub Centres, Primary Health Centres and Community Health Centres. Primary Health Care pays particular attention to the point of initial contact between the members of the community and the health services. Sophisticated and specialised needs are referred to secondary and tertiary levels.

2.2.2 Health infrastructure

The basis for organisation of health services in India through the primary health care approach was laid by the recommendations and guidance provided by the 'Health survey and development committee' (Bhore committee) in 1946. The community development programme was launched in October 1952 has first integrated all round rural development programme. It was proposed to establish one primary Health centre (PHC) for each community development block. At that time, the operational responsibilities
of the PHC were to cover medical care, control of communicable diseases, maternal and child health nutrition, health education, school health, environmental sanitation and collection of vital statistics. Each PHC had three sub-centres being looked after by a trained midwife for providing mother and child health services.

Subsequently, over the past five decades, the health organisation and infrastructure have undergone extensive changes. The following types of health infrastructure facilities are available at present at different levels.

Facilities at Village level

For about 1000 population in a village, there will be at least one Health Guide preferably female and one trained Dai. The village health guide scheme was introduced in 1977. The health guides are selected from the community and they work part-time on a voluntary basis mainly for preventive and promotive health care and also for providing curative care for major ailments and making referrals for problem cases.

Sub-centres

It is the most peripheral contact point between the Primary Health Care system and the community. It is manned by one Multi Purpose Worker (Male) and one Multi Purpose Worker (Female)/Auxiliary Nurse midwife (ANM). These sub-centres are funded by Ministry of Health and Family Welfare and by State Governments under the State Minimum Needs Programme.
The Multi Purpose Workers (Scheme) was introduced in 1974 with the objective of making the vertical unipurpose programme into integrated multipurpose one. Auxiliary Nurse Midwives with at least 5 years of service are deputed for 6 months promotional training course. After the training, they became eligible for the post of Lady Health Visitor (LHV). An LHV provides supportive supervision and technical guidance to female health workers (ANMs) of 6 sub-centres.

**Primary Health Centres (PHCs)**

Primary Health Centres (PHCs) are established and maintained by the State Governments under the Minimum Needs Programme (MNP). A PHC is manned by a Medical Officer supported by 14 paramedical and other staff. It acts as a referral unit for 6 sub-centres. The activities of PHC involve curative, preventive, promotive and Family Welfare Services.

**Community Health Centres (CHCs)**

CHCs are being established and maintained by the State Governments under the Minimum Needs Programme. It is manned by four medical specialists i.e. Surgeon, Medicine, Gynaecologist and Paediatrician supported by 21 paramedical and other staff. It serves as a referral centre of 4 PHCs.
Taluka Hospitals

Taluka Hospitals are to be strengthened for providing family planning services and mother and child health services, including referral supports to peripheral centres.

District Hospitals

District Hospitals are to be strengthened to cater to the needs of the expanding rural health and family welfare programmes.

2.2.3 Health organization structure

The health services organization in the country extending from the national level to a village level is diagrammatically shown in Fig. 2.2.3. Sub-centres constitute the most peripheral governmental health institutional facility. The village level health functionaries i.e., Health Guides and trained Dais form the interface between the people and the governmental set-up. The type of the health and family welfare personnel that are available at different levels are given in the boxes marked by the dotted lines. Sophisticated and specialised needs are referred to primary health centres and above its level.
Fig. 2.2.3: HEALTH ORGANISATION STRUCTURE

NATIONAL LEVEL
Ministry of Health and Family Welfare

STATE AND UNION TERRITORY
Ministry of Health and Family Welfare

DISTRICT HEALTH ORGANISATIONS
ALL SPECIALITIES
CMO/DMO/DM & HO & Others

SUB-DISTRICT/TALUKA HOSPITALS
SOME SPECIALITIES

COMMUNITY HEALTH CENTRES
SOME SPECIALITIES

PRIMARY HEALTH CENTRES
AT BLOCK/MANDAL LEVEL
M O/Health Assistant (M&P)/Health Workers,
Paramedical Staff and Others

SUB-Centres
Health Workers(Male)
Health Workers(Female)/ANM

VILLAGES
Health Guide
DAI

PEOPLE
REFERENCES
