CHAPTER- II

SUPER SPECIALTY HOSPITALS IN ANDHRA PRADESH
2.0 INTRODUCTION

Before going to study the Super Specialty Hospitals in Andhra Pradesh, it is pertinent to present a brief profile of the State in which they are operated. Here, the first part of this chapter deals with a profile of Andhra Pradesh while the second part deals with the status of Super Specialty Hospitals in Andhra Pradesh.

2.1 PROFILE OF THE ANDHRA PRADESH

Andhra Pradesh lies between 12°41' and 22° longitudes and 77° and 84°40' latitude. It is bounded by Madhya Pradesh and Orissa in the north, the Bay of Bengal in the east, Tamil Nadu and Karnataka in the south and Maharashtra in the west. Andhra Pradesh is the fifth largest state in India and it forms the major link between the north and the south of India. It is the biggest and most populous state in the south of India.

Map 2.1 Location of Andhra Pradesh in India

Sources: Wikipedia, Govt. of Andhra Pradesh
There are three main regions in Andhra Pradesh, viz. (1) Northern Circars or Coastal Andhra comprising Srikakulam, Visakhapatnam, East Godavari, West Godavari, Krishna, Guntur, Ongole and Nellore districts; (2) Rayalaseema or Ceded districts comprising Kurnool, Kadapa, Chittoor and Anantapur districts and (3) Telangana comprising Khammam, Nalgonda, Warangal, Karimnagar, Medak, Nizamabad, Adilabad, Mahbubnagar and Hyderabad districts. The Circars or Coastal districts are well developed and enjoy a greater degree of affluence than the other two regions. Rayalaseema is close to the coastal districts and here rainfall is less than in the coastal districts and drought conditions prevail sometimes. The Telangana region is of the former princely state of Nizam's Hyderabad, which is close to Maharashtra's Marathwada region and some parts of Karnataka.

The State is dotted with hill ranges from the north to the south, running erratically down the middle of the country dividing it into western and eastern or
Coastal Andhra. These hills form integral geographical entities of Andhra life and history. In the north, there are Simhachalam and Annavaram hills, in the middle there are the Nallamalai hill ranges and in the south are the Tirumalai-Tirupati Seshachalam hills. The state has two great rivers, Godavari and Krishna which spring from the Western Ghats in Maharashtra and flow eastward and join the Bay of Bengal. The Godavari enters the state of Andhra Pradesh direct from Maharashtra, but the Krishna first goes to Karnataka where it flows for a considerable distance before entering Andhra Pradesh. Besides these two big rivers, there are the Tungabhadra, the Pennar and many other small rivers and rivulets. Pennar originates in the Karnatak plateau. Like all the peninsular rivers and even those which arise in central India, like the Narmada, Sone and Chambal, all these are rain fed rivers as there is no snow belt like the Himalayas. Andhra Pradesh has considerable topographical variations with dense forest in the north east, flat paddy lands in the coastal plains; several worthy beaches along the Bay of Bengal and the stark boulder-strewn region around Hyderabad.

2.1.1 History

Andhra Pradesh is said to have been the land of the Pre-Dravidian dark coloured inhabitants. Andhra region witnessed the rule of Chandragupta Maurya during which it established itself as an independent kingdom. After Ashoka, the Mauryan Empire declined giving king’s opportunity to establish smaller kingdoms. In about the third century BC the Satavahanas ruled for about five centuries. The Satavahanas established a strong rule with their territories extending up to Maharashtra and Madhya Pradesh. The Satavahanas were overpowered by the Ikshvakus by the third century AD. During this period Brahmanism is said to have been revived. This reduced the influence of Buddhism which was fostered by the Satavahanas.

By the end of the third century AD, the Pallavas of Kanchi put an end to the rule of the Ikshvakus and Architecture advanced during their rule. By 4th century AD, the Anandas established their rule which lasted till 6th century. During the 7th century the Eastern Chalukyas exercised their power for many centuries. The Kakatiyas who were the feudatories of the Eastern Chalukyas became independent in about the 12th century. During the rule of Delhi Sultanate, Muslims repeatedly attempted to invade
Andhra. In 1332 AD Ulugh Khan established the Reddi Kingdom of Kondavidu and the Velama kingdom. The Vijayanagar Kingdom also ruled independently. The rule of Muhammad Tughlag witnessed the rise of the independent Muslim Power at Bijapur. This was under the Bahamani Sultanate. In 1518 the Sultan Quli Qutub Shah declared himself independent and founded the Qutub Shah dynasty which existed till 1687. During this period literature, art and architecture advanced. The city of Hyderabad was laid in 1591 by Muhammad Quli Qutub Shah. The Mughals put an end to the Qutub Shahi rule in 1687. Later the Asafjahis called Nizams emerged. They influenced Andhra Pradesh throughout the 18th century till Andhra Pradesh was ceded to the East India Company. Gradually the whole of Andhra Pradesh, except Hyderabad, was under the British till 1947. In 1956 Andhra Pradesh was declared as a state.

The state of Andhra Pradesh has an area of 275,045 sq. km. and a population of 76.21 million. There are 23 districts, 1128 blocks and 28123 villages. The State has a population density of 277 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 14.59% (against 21.54% for the country) and the population of the state is growing at a slower rate than the national rate.

According to the Planning Commission of India, in the financial year 2011-12 the state was second in nominal GDP and in GDP per capita it ranks fourth. The total GDP of Andhra Pradesh exceeds 5,00,000 crore. It is historically called the “Rice Bowl of India”. More than 77 percent of its crop is rice and Andhra Pradesh produce an average of 17,796,000 tonnes of rice.

Andhra Pradesh has the second-longest coastline of 972 km (604 mi) among the states of India. Two major rivers, the Godavari and the Krishna, run across the state. The small enclave (30 square kilometres (12 sq mi)) of Yanam, a district of Pondicherry, lies in the Godavari delta in the northeast of the state.

On 1st November 1956, under the States Reorganization Act Andhra Pradesh was formed by merging Telugu-speaking areas of Andhra State with the already existing Hyderabad State. The Marathi speaking areas of Hyderabad State merged with Bombay State and Kannada speaking areas were merged with Mysore State.
Table 2.1
Demographics

<table>
<thead>
<tr>
<th>Population Trend</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census</td>
<td>Population</td>
</tr>
<tr>
<td>1961</td>
<td>35,983,000</td>
</tr>
<tr>
<td>1971</td>
<td>43,503,000</td>
</tr>
<tr>
<td>1981</td>
<td>53,550,000</td>
</tr>
<tr>
<td>1991</td>
<td>66,508,000</td>
</tr>
<tr>
<td>2001</td>
<td>75,727,000</td>
</tr>
<tr>
<td>2011</td>
<td>84,655,533</td>
</tr>
</tbody>
</table>

Source: Wikipedia, Govt. of Andhra Pradesh

Population statistics

The population of A.P was 35,983,000 in 1961 and increased at each is up to 1991 to reach 66,508,000. Later on the population increased normally during 1999-2011 and the growth rate is low compared to 1961-1991.

Telugu is the official language of the state, spoken by 83.88 per cent followed by Urdu spoken by 8.63 per cent of the population. Major linguistic minority groups are Hindi (3.23%), and Tamil (1.01%). Other languages spoken in Andhra Pradesh by less than 1 per cent each are Kannada (0.74%), Marathi (0.80%) and Oriya (0.44%). Languages spoken by less than 0.2 per cent of the population include Malayalam (0.08%), Gujarati (0.06%), Bengali (0.05%), Gorkhali / Nepali (0.03%), Punjabi (0.01%) and Sindhi (0.01%).

The main ethnic group of Andhra Pradesh is the Telugu people, who are primarily Dravidians. Andhra Pradesh ranks tenth compared to all Indian States in the Human Development Index scores with a score of 0.4 16. The National Council of Applied Economic Research district analysis in 2001 reveals that Khammam, Krishna, West Godavari, Chittoor and Medak are the five districts in rural AP with the highest Human Development Index scores in the ascending order.

The data show that the poor make up 16.3 per cent of the total population in rural AP, and expenditure on consumption is around 13.5 per cent of the total
consumption expenditure. The female literacy rate is 0.66 compared to male literacy rate in rural AP. The district-wise variations for poverty ratio are high and low for the ratio of female/male literacy rate 48 percent. The gender gap in illiteracy is one of the issues being addressed by the Asmita Resource Centre for Women, an Indian NGO based in Andhra Pradesh that works to better the socio-economic status of women and communities in India.

2.1.3 Religions

The state is home to Hindu saints of all castes. An important figure is Saint Yogi Sri Potuluri Virabrahmendra Swami. He was born in the Vishwabrahmin (goldsmith) caste and had Brahmin and Dalit disciples, 49 per cent Fisherman Raghu were a Shudra saint, 50 per cent Saint Kakkayya was a chura (sweeper) Harijan saint.

<table>
<thead>
<tr>
<th>Religion</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hinduism</td>
<td>89.88%</td>
</tr>
<tr>
<td>Islam</td>
<td>9.16%</td>
</tr>
<tr>
<td>Christianity</td>
<td>1.7%</td>
</tr>
<tr>
<td>Jainism</td>
<td>0.04%</td>
</tr>
<tr>
<td>Sikhism</td>
<td>0.05%</td>
</tr>
<tr>
<td>Others</td>
<td>0.17%</td>
</tr>
</tbody>
</table>

Source: Wikipedia, Govt. of Andhra Pradesh

Several important Hindu modern-day saints are from Andhra Pradesh. These include Sri Sathya Sal Baba, Sri Sivabala Yogi Maharaj who advocates religious unity in worship; Swami Sundara Chaitanyanandaji of the Aurobindo Mission; and Brahmarshi Subhash Patri, founder of the pyramid spiritual societies movement. Islam in Hyderabad, with historical patronizing by the main rulers, has a strong Sufi influence, with various moments active in the last two decades. Hyderabad has also produced many renowned religious scholars of AP, representing different Islamic sects and trends, including Abul Ala Maududi, AP Turab-ul-Haq Qadri. and Allamah Rasheed Turabi. 51 per cent Most Telugu Christians are Protestant belonging to major Indian Protestant denominations such as the Church of South India, the Andhra
Evangelical Lutheran Church, the Samavesam of Telugu Baptist Churches and several others.

2.1.4 Economy

The economy of Andhra Pradesh during 2008 - 12 has been presented in the Table 2.3.

<table>
<thead>
<tr>
<th>Year</th>
<th>GSDP</th>
<th>State Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3,364,813</td>
<td>3</td>
</tr>
<tr>
<td>2009</td>
<td>4,267,850</td>
<td>3</td>
</tr>
<tr>
<td>2010</td>
<td>4,904,110</td>
<td>3</td>
</tr>
<tr>
<td>2011</td>
<td>5,889,630</td>
<td>3</td>
</tr>
<tr>
<td>2012</td>
<td>6,762,340</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Wikipedia, Govt. of Andhra Pradesh

Andhra Pradesh GDP for 2011 was approximately 5,67,630 lakh crore, placing it third among the States. The state ranks second in terms of overall Gross State Product among all the states of the Indian Union. In terms of per capita GSDP the state compares very favorably with other large states. In the 2010 list by Forbes Magazine, there are seven from Andhra Pradesh among the top 100 richest Indians.

2.2 SUPER SPECIALTY HOSPITALS IN ANDHRA PRADESH

There are seven Super Specialty hospitals in public sector while 117 super Specialty hospitals are recognized by the Government of Andhra Pradesh. A brief discussion on some of the important Super Specialty Hospitals in Andhra Pradesh is presented here.
Table 2.4
Private and Public Super Specialty Hospitals in Andhra Pradesh

<table>
<thead>
<tr>
<th>SL No.</th>
<th>Public Sector</th>
<th>Private Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nizam Institute of Medical Sciences, Hyderabad.</td>
<td>Apollo Hospitals, Kakinada.</td>
</tr>
<tr>
<td>2</td>
<td>Rajiv Medical Institute of Sciences, Kadapa.</td>
<td>Care Hospitals, Hyderabad.</td>
</tr>
<tr>
<td>3</td>
<td>Sri Venkateswara Institute of Medical Sciences, Tirupati.</td>
<td>Satyasai Super Specialty Hospitals, Anantapur.</td>
</tr>
<tr>
<td>4</td>
<td>Vishaka Institute of Medical Sciences, Vishakapatnam.</td>
<td>Yasoda Super Specialty Hospitals,</td>
</tr>
<tr>
<td>5</td>
<td>Rajiv Gandhi Institute of Medical Sciences, Ongole.</td>
<td>Medicity Hospitals, Hyderabad.</td>
</tr>
<tr>
<td>6</td>
<td>Rajiv Gandhi Institute of Medical Sciences, Adilabad.</td>
<td>Global Hospitals, Hyderabad.</td>
</tr>
<tr>
<td>7</td>
<td>Rajiv Gandhi Institute of Medical Sciences, Srikakulam.</td>
<td>Kamineni Hospitals</td>
</tr>
</tbody>
</table>

Source: Weikiepadie, Govt. of Andhra Pradesh

2.2.1 Nizam's Institute of Medical Sciences (NIMS)

NIZAM'S INSTITUTE OF MEDICAL SCIENCES (NIMS), Hyderabad, is a University established under the Act of Andhra Pradesh State Legislature.

The objectives of the institute are to create a Centre of Excellence for providing medical care, educational and research facilities of high order in the field of medical science among the existing super specialties and such other super specialties that may develop in future, including continuing Medical Education and Hospital Administration to develop patterns of teaching at post graduate level and in super specialties. This is aimed at setting a high standard of medical education, to provide training in paramedical and allied fields, particularly in relation to Super-Specialties so that it functions as a referral hospital. It is also endeavours to provide for post graduate teaching and conduct of research in the relevant disciplines of modern medicine and allied sciences, including interdisciplinary fields of physical and Biological sciences.

The administration of NIM$ is carried out under the supervision of Governing Council, Executive Board, Director and other statutory bodies.
This Institute extends its services through 28 Departments. Out of them, 16 are Super and Broad Specialties and others are Supporting Departments.

The Institute has bed strength of 985 beds, out of which 684 are in General Wards, 117 in private rooms and 184 in emergency and post operative care. The average number of out-patients visiting the hospital per day is about 1275, and the number of in-patients admitted per day is about 80. The average bed occupancy is over 89%. As on date, this University has a cadre strength of about 2219 staff members, which includes Faculty-139, Residents (students)-172, Junior and Senior Residents-43, Medical Officers & Senior Medical Officers-14, College of Nursing & School of Nursing-6, College of Physiotherapy-6, Officers-14, Ministerial staff-149, Paramedical-304, Nursing staff-426, Class IV-115, Consolidated Staff-21, Fessey workers about 810 and the remaining from other categories. Interestingly, NIMS has been consistently maintaining a very good patient doctor ratio of about 3:1.

2.2.1.1 Hospital Services

The performance of the Institute as a hospital is measured using the parameters like number of beds, number of Out-patients, number of In-patients, number of Surgeries, bed occupancy rate, average length of stay, mortality rate and revenue generation. Presently the hospital has 985 beds compared to 246 beds of 1986. Out of these 985 beds, 684 are in general wards, 117 in private rooms and 184 in emergency and post operative care. The average number of out patients visiting the hospital per month is about 32,000 and the number of in-patients admitted per month is about 2,600.

It is gratifying to note that NIMS is a referral Hospital with a clientele of more than 250 organisations. During the year 2008, the number of out-patients has recorded a figure of 4.12 lakhs, which may be compared with 1.09 lakhs in 1986. Similarly the number of in-patients has increased from about 6,758 to 31,295 during the same period. Presently the average bed occupancy is about 89 per cent. While the average length of stay is 11 days during the year 2008, the mortality rate is about 2 per cent leaving the well being at 98 per cent. Interestingly NIMS is consistently maintaining a very good patient to doctor ratio of about 3:1. All these figures under different heads speak out ultimately for the services rendered by NIMS to the patients, quantitatively.
The number of surgeries is almost maintained at about 27,767 in the year 2008. Out of them 8,701 are major operations, 16,248 are minor operations and 2,818 are emergency operations.²

2.2.2 Rajiv Gandhi Institute of Medical Sciences (RIMS), Kadapa

Rajiv Gandhi Institute of Medical Sciences (RIMS) is situated in Kadapa, Andhra Pradesh. This college was founded by the Government of Andhra Pradesh in 2006. The RIMS Medical Institution & Hospital, conceived by Chief Minister-Dr. Y.S. Raja Sekhar Reddy, was inaugurated on 27th September 2006 by the then UPA Chair Person Smt. Sonia Gandhi. This Medical Institute started functioning from 1st August 2006 in 2010. The first batch of Undergraduates admitted, entered final MBBS. The institute was constructed within a time period of 14 months in 210 acres of land with beautiful landscapes all around.

The principal objective of establishment of this institute is to improve quality of health care in this region and make medical education accessible to all the eligible students of the region. The Government of Andhra Pradesh had taken special interest in the allocation of budget to this institute, close monitoring of the quality of construction and completion of the project within a given time frame. Such infrastructure is not available anywhere else in the State.

The first MCI Inspection took place in 2005 and was followed by another 7 inspections. Very few colleges in the state have 150 admissions per year. The MCI Inspectors were also astonished seeing the infrastructure & equipment provided to the institute. The Institute has passed through all the MCI inspections successfully without any interruption. The first batch of Under Graduates admitted, entered and left the college successfully completing the course. The Team constituted by Dr. NTR University of Health Sciences inspected the college in July 2010 to grant permission to start the internee programme.

Sudden budding of new institutions all over the country, availability of limited Post Graduate seats in the country and other conditions led to acute shortage of Qualified Staff throughout the country.
For any new budding institute, satisfying the norms of MCI regarding staff is a Herculean Task. The Corporate Medical Colleges are attracting qualified hands with attractive salaries and other benefits. Hence, majority of Government Medical Colleges are without adequate qualified hands. Government of AP made alternate arrangements to attract more number of qualified hands by introducing semi-autonomous regulations to retain Faculty wherein lump sum salaries are paid without pension benefits and other service facilities. The continuous efforts of Director of Medical Education & RIMS Authorities succeeded in recruiting reasonably good number of qualified hands.

Specialist’s services are very essential at Tertiary Level Care Hospitals like RIMS. The Administrators are facing difficulty in recruiting Specialists especially in Radio diagnosis & Radiotherapy, Psychiatry and General Medicine.

In the past, RIMS Hospital was a secondary level care hospital i.e., District Hospital. It was located in Kadapa town. Later it was converted into Tertiary Level Care Hospital when the Medical College was started to which it is attached. During formative stages of the present RIMS, the hospital was run in the same premises. Later on, it was shifted to the present campus. The present hospital is 8 kms away from town. Due to lack of transport, in the initial stages, efforts had been made to run APSRTC Buses. Economically deprived groups could not pay bus charges. Hence, the hospital turnover was poor. In order to get more clinical material for the students and to bring medical facilities and to provide medical aid to maximum number of people and utilize the resources to the optimum level, the Government has taken steps to provide free transport from old RIMS to the New RIMS. This effort improved the turnover of patients to a significant level. Now, the daily out patient attendance has reached 1800.

2.2.3 Sri Venkateswara Institute of Medical Sciences, Tirupati

The SVIMS, which happens to be the focal point of this study is described in detail in chapter III. The institute was started in the year 2005 with an objective of providing super specialty treatment to the needy of the area.
2.2.4 Vishaka Institute of Medical Sciences, Vishakapatnam

The institute was started in the year 2005 with an objective of providing super specialty treatment to the needy of the area.

The State Government is examining various options to develop Visakha Institute of Medical Sciences (VIMS) into a world-class centre for advanced medical care.

There are six blocks with 4.19 lakh sft, and it is prepared to have 15 blocks with a total of 18.7 lakh sft. The six blocks can accommodate 14 super specialties with bed strength of 450. The original plan envisages 21 super specialty wings, having a total of 1,300 beds.

2.2.5 Rajiv Gandhi Institute of Medical Sciences, Ongole

1. The foundation stone was laid on 2007 by the then Hon'ble Chief Minister, Late Dr. Y.S. Rajasekhara Reddy.
2. The District Collector & Magistrate has identified and handed over the site to an extent of 37.23 acres in Survey No.68 of Pelluru Village, Ongole Mandal pertaining to Nagarjuna Sagar Project in which Staff Quarters & Offices of Irrigation Department were existing.
3. The construction work was started in January 2008 and it is completed as per MCI norms.
4. The erstwhile District Headquarters Hospital, Ongole, was taken over and brought under the administrative Control of Director, RIMS, Ongole from 01.10.2008 and it is now shifted to new premises.
5. The A.P.H.M.H.I.D.C., Government of Andhra Pradesh has undertaken the construction of RIMS, Ongole.

2.2.6 Rajiv Gandhi Institute of Medical Sciences, Adilabad

The Rajiv Gandhi Institute of Medical Sciences is situated in Adilabad, Andhra Pradesh. It started functioning in the year 2008. The institute is affiliated to Dr. NTR University of Health Sciences, Vijayawada. The institute has the capacity of providing 100 seats for this undergraduate course. The Government has sanctioned
Medical College at a yearly intake of 100 students and upgradation of existing Hospital to 500 Beds.

RIMS, Adilabad were established in 53.5 Acres of land side by NH 7 in the year 2008. The work was grounded on 01-02-2008. The District Hospital was taken over by RIMS Authority in the month of October 2008 with 250 beds. Now there are 350 beds: The ground floor of the college building was inaugurated on 24th August 2008 by our former Chief Minister, Sri Dr.Y.S. Rajasekhara Reddy. 7

2.2.7 Rajiv Gandhi Institute of Medical Sciences (RIMS), Srikakulam

The RIMS was started in 2007 at a cost of 119 crores in the premises of old District Hospital in an area of 35.97 Acres.

Foundation stone was laid on 02.01.2008. The Medical College building was constructed and was inaugurated by the then Chief Minister, Dr.Y.S.Rajasekhura Reddy on 26.10.2008. The total area of the College is 17,511 Sq.Mts. and total area is 76,137 Sq.Mts. including Hostels, Staff quarters and other amenities. The Hospital area is 36,017 Sq.Mts and the hospital, ultimately, is expected to be a 500 bed hospital. 8

SUPER SPECIALTY HOSPITAL IN PRIVATE SECTOR

2.2.8 Apollo Hospitals, Kakinada

Apollo Hospitals, Kakinada, brings a whole new concept in healthcare to the coastal regions of Andhra Pradesh.

Apollo Hospitals is centrally located in the heart of Kakinada with easy access from the Railway Station and Bus Station. This facility has been planned, designed and equipped with state-of-the-art, cutting edge technology to provide excellent medical care for the community. 9

2.2.9 Care Hospitals

Care hospitals are a group of hospitals established in Hyderabad in Visakhapatnam. Care hospital provides continuous guidance, warm care and lays emphasis on putting the patient's interests above it. These emerged as the hall marks
of CARE group. CARE Visakhapatnam was established in tune with these hall marks of the CARE group. CARE Visakhapatnam, a part of the CARE group chain of super-Specialty hospitals, has been in the forefront of delivering quality health care since 1999. And since then, it has made a mark for itself as a premier Institute. Originally started out as an exclusive hospital for treatment of cardiac and cardio thoracic ailments, it has firmly rooted itself into the community and gradually, over the decade, emerged as a multi-disciplinary super-Specialty hospital.

With a surplus of experienced and highly qualified surgical staff and envious state-of-the-art technology, the hospital authorities set their eyes of achieving the common CARE goal i.e. achieving the highest patient satisfaction by providing high quality care at affordable cost.

CARE Hospitals is one of the fastest growth-chain of hospitals in India, engaged in providing primary as well as tertiary healthcare services, with a difference. It is a hospital chain that is founded and managed by professionals with a mission and a passion for providing healthcare for the needy.10

2.2.10. Medicity Hospital, Hyderabad

Medicity Hospitals was established in 1996, with a mission to make high end healthcare services affordable. Today, with over 225 beds, and multiple super-specialties, dedicated senior consultants, centre for research and medical education, it has grown up exponentially, making a mark in every aspect of medical services domain. Medicity is credited as being the first hospital across the state to set up super Specialty centre for Cardio-Thoracic care. It holds DNB accreditation for five specialties11.

2.2.11. Sri Sathya Sai Super Specialty Hospital, Puttaparthi, Anantapur

The Sri Sathya Sai Super Specialty Hospital, started in 1982, is a tertiary health care hospital created to provide patient care facilities to all, free of cost. There are currently two super specialty hospitals, one in Puttaparthi, Andhra Pradesh and another in Whitefield (outside of Bangalore), Karnataka, India.
"Sri Sathya Sai Medical Trust provides free medical care to the sick and ailing with dedication, commitment, love and the best of skills, so that they will be cured in body, mind and spirit. Its Mission is to provide high quality medical care free of charge to all irrespective of caste, creed, religion, and financial status in an atmosphere of love and care".

The hospital is equipped with 300 beds, 11 surgical theatres, five Intensive Care Units, two cardiac catheterisation laboratories, medical and surgical wards, and a 24-hour emergency unit. "Leading doctors specialising in the fields of Cardiology, Cardio Thoracic and Vascular Surgery, Urology, Ophthalmology etc. are serving in this hospital."

2.2.12. Yasoda Hospital, Hyderabad

The journey of Yashoda Hospitals, started way back in 1989 as a small clinic, has come a long way since then, from a small clinic in Hyderabad to a 1,000-plus-bed facility, with three hospitals at Secunderabad, Malakpet and Somajiguda. With a nursing school and college attached to each hospital, it has more than 450 doctors, 1,500 nurses and a total of 4,000 staff comprising paramedical and other support staff.

Since its inception, Yashoda Hospitals has successfully combined the three critical elements of patient care - accomplished doctors, advanced technology and, most importantly, personal touch.

It is renowned for its medical expertise, excellent nursing care and quality diagnostics. Medical specialists on the hospital's panel of doctors include some of the most distinguished names in the medical faculty.

2.2.13. Global Hospitals, Hyderabad

Global Hospitals was founded in 1998.

Today, Global Hospitals group is all set to spread its wings to Mumbai, Kolkata, Delhi and Bhubaneswar.

Its aim is to be a world-class medical services provider turning distant possibilities into today's realities, to achieve the dream of a healthy world through
continuous innovation, dedication to quality and provision of compassionate and affordable medical services.\textsuperscript{14}

\section*{2.2.14 Kamineni Hospitals, Hyderabad}

Kamineni Hospitals is a specialized hospital chain offering world-class healthcare in Hyderabad. Dedicated to saving lives, Kamineni has been in the forefront of medical breakthroughs right from its inception in 1993. Kamineni is always upgrading itself with the latest medical technologies and techniques. With a slew of expert medical practitioners working full time, it offers a perfect harmony of health and happiness for everyone to experience life the way it needs to be experienced. To bring responsible and international standard medicare within everyone's reach and partner them in staying healthy and smiling is the aim of Kamineni hospital.\textsuperscript{15}

\section*{2.3 HEALTH ADMINISTRATION IN ANDHRA PRADESH}

The Health Administration in Andhra Pradesh\textsuperscript{16} has been shown diagrammatically below.

\begin{center}
\begin{tikzpicture}
  \node {Minister of Health, Medical and Family Welfare}child {node {Secretariat of Health, Medical and Family Welfare}child {node {Directorate of Health, Medical and Education}child {node {Directorate of Health, Medical and Family Welfare}child {node {Andhra Pradesh Vaidya Vidhana Parishad}child {node {Regional Director of Health and Family Welfare}child {node {District Medical Health Officer}child {node {Primary Health Centre}}}}}}}}
\end{tikzpicture}
\end{center}
2.3.1 Ministry of Health, Medical and Family Welfare

Andhra Pradesh is the fifth largest state in India, with an area of nearly 278,000 square kilometers, accounting for 8.4 percent of India's territory. It is also the fifth most populous state with a population of 76 million. Administratively, the state is divided into 23 districts, 79 revenue divisions, 1,123 mandals (cluster of villages), about 27,000 villages and 264 towns. Over 75 percent of its land is covered by river basin. The economy of the State is largely dependent on agriculture.17

Both the public and the private sector provide Indian traditional medicine, e.g. Ayurveda and Homoeopathy. However allopathic medicine is the dominant system of medicine in both sectors.

The Department of Health, Medical and Family Welfare function under two divisions. The first division functions under Ministry of Medical and Health Education covering Arogyasree, Health Education, 104, 108, Medical Infrastructure, Ayush, Yogadhayana Parishad and Drug Control Administration. The second division functions under Minister of Medical and Health, Family Welfare covering Health and Family Welfare, Andhra Pradesh Vaidya Vidhana Parishad and A.P. AIDS control society.

The Department of Health, Medical and Family Welfare (DoHMFW) was set up in 1922 as the nodal agency for delivery of primary and secondary health care to the people of the State. Primary objectives of DoHMFW are (i) to provide quality, accessible, equitable, affordable and guaranteed health services to the poor, both in rural and urban areas and (ii) facilitating, partnering and providing regulatory framework for private sector and civil society health services.

The existing health system in Andhra Pradesh is very complex and has multiple entities coordinating with one another on issues related to health service delivery. The Department of Health, Medical and Family Welfare consists of ten organizations, namely, 1) Andhra Pradesh Vaidya Vidhana Parishad, 2) Andhra Pradesh Health Medical Housing and Infrastructure Development Corporation, 3) Andhra Pradesh State AIDS Control Society, 4) Commissionerate of Family Welfare, 5) Directorate of Health Services, 6) Directorate of Medical Education, 7) Institute of Preventive Medicine, 8) Andhra Pradesh Yogadhyayana Parishad,
9) Drugs Control Authority and 10) Ayurveda, Yoga, Naturopathy, Unani, Siddha (AYUSH). (See the annexure for details on each organization).

The department also oversees the following autonomous bodies: Sri Venkateswara Institute of Medical Sciences (SVIMS), NTR University of Health Sciences, MNJ Cancer Hospital and Andhra Pradesh Aromatic Plants Board. With the inception of the Andhra Pradesh Health Sector Reform Programme, the Strategic Planning and Innovation Unit (SPIU) and State Program Management Unit (SPMU) have become autonomous bodies overseen by the DoHMFW as well.

Main Functions of Health, Medical and Family Welfare Department are:

- Formulate, organise, and execute schemes that provide housing for medical and paramedical staff.
- Construct primary health centres, sub-centres, hospitals, dispensaries, clinics and other health care centres.
- Formulate and undertake schemes for acquisition of medical equipment and creation of infrastructure facilities.
- Develop major and minor operation theaters, emergency medical services, wards with attached nursing cubicles and more
- Improve the functioning of hospitals
- Impart medical education to undergraduates and post graduates
- Provide training in paramedical courses, and so on.

2.3.2 Secretariat of Health Medical Family Welfare

Health being a state subject falls within the domain of the state government. At the state level there are broadly two wings: (i) the Health Secretariat which provides the policy, and planning directions, and (ii) the Directorate which provides the necessary technical inputs into the various medical and health care programmes.

The Health Secretariat plays an important role in formulating policies pertaining to medical care, medical education, public health, and other matters related to health based on the information provided by the different directorates of medical and health services, and, in-turn, communicates the formulated policies, and decisions to the directorates for implementation from time to time.
The health and Medical Care Services are supervised and controlled by the different directorates as follows:

(i) Directorate of Medical Education oversees the functioning of medical colleges and the teaching hospitals in the State;

(ii) Directorate of Institute of Preventive Medicine and Food Control, has the functions to provide the laboratory facilities and quality control of food commodities;

(iii) Directorate of Indian Medicine Systems and Homeopathy, looks after the provision of medical and health care services through Ayurveda, Unani, Homeopathy and other Indian systems;

(iv) Directorate of Drugs Control and Administration, controls the quality of drugs, issues licenses for the manufacture and sale of drugs;

(v) Employees State Insurance (ESI) services, provides protection against loss of wages due to inability to work on account of sickness, maternity and disablement, and payment of insurance money to the persons who die as a result of employment injury. The scheme also provides medical care to the insured persons and their family members;

(vi) Andhra Pradesh Vaidya Vidhana Parishad (Commissionerate of Medical Services) oversees the functioning of non-teaching hospitals which include the district hospitals, area hospitals, community hospitals, specialty hospitals, and dispensaries;

(vii) Directorate of Health provides the bulk of medical and health services in the state for the prevention and control of locally endemic diseases, and provision of curative services, particularly in rural areas; and

(viii) Directorate of Family Welfare is responsible for the Family Welfare and Immunization Programmes in addition to Maternal and Child Health Programme.

(ix) The bulk of the primary health care services are provided under the technical guidance and supervision of the above two directorates (vii & viii). We shall therefore start the analysis at the sub-centre and move upwards to the directorate level.
2.3.3 Directorate of Health and Medical Education

The Directorate of Health provides the bulk of medical and health services in the state. The main objectives of the department are prevention and control of locally endemic diseases, and provision of curative services, particularly in rural areas.

The Directorate of Health, functions under the supervision, and control of the Director of Health who is assisted by five Additional Directors of Medical and Health Services. They, in turn, are assisted by Deputy Directors, Gazetted Assistants, Special Officers, and other supporting staff.

The Directorate of Health in Andhra Pradesh ensures the prevention of disease spread in the State. The Directorate is responsible for implementing corrective healthcare services throughout the state.

The main functions of the organisation are:

- Ensure that patients of accidents receive first aid at primary healthcare centres and district hospitals.
- Equip hospitals and health centres with necessary medical equipments.
- Supply and distribute preventive medicines to stop the spread of communicable diseases/epidemics.
- Provide rehabilitative services for patients of leprosy/encephalitis.
- Provide treatment for people suffering from a variety of disorders.
- Promote health awareness among the citizens of the State by offering health education and running health campaigns, and so on.

2.3.4 Directorate of Health and Family Welfare

The Family Welfare Programme is a centrally sponsored scheme with 100 percent central assistance. The programme is implemented through the State Family Welfare Bureau at the state headquarters headed by the Director of Family Welfare, and Ex-Officio Joint Secretary to Government, Health, Medical and Family Welfare Department. The Director is responsible for monitoring, and evaluating the performance in respect of Family Welfare and Immunization Programmes, in addition to Maternal and Child Health Programme. Further, all correspondence with respect to the implementation of the programmes and supply logistics are maintained at the state
level. The Director of Family Welfare is assisted by two Additional Directors, one in-charge of Family Welfare (FW) and the other in-charge of Universal Immunization Programme (UIP): four Deputy Directors in-charge of UIP, Maternal and Child Health (MCH), Demography (DEMO); and Mass Education Media (MEM), and other supporting staff.

2.3.5 Andhra Pradesh Vaidya Vidhana Parishad (APVVP)

Established in the year 1986 under an act of legislation, Andhra Pradesh Vaidya Vidhana Parishad (APVVP) deals exclusively with the middle level hospitals of bed strengths ranging from 30 to 3502. At present, the hospitals under the control of APVVP which are referred to as secondary hospitals or first referral hospitals are 228 in number. Out of these, 20 are District Hospitals, 55 are Area Hospitals, 118 are Community Health Centres, 10 are Specialty Hospitals and 25 dispensaries.

2.3.5.1 Functions

The main functions of APVVP hospitals in providing effective delivery of health services are:

- Maintenance of Major and Minor operation theaters as per standards.
- Outpatient department with consultation rooms and diagnostic facilities with reception area
- Emergency medical services with theater facility
- Delivery suit with all facilities
- Wards with attached nursing cubicles
- Administration department with stores
- Hospital service departments such as generator room, laundry, workshops, garages, mortuary room, staff quarters, patient attendant sheds, cycle stands, canteen, security post and sulabh complex.

2.3.6 Regional Joint Director

The posts of the Regional Director were created under the six point formula for the smooth functioning of the administration. The Regional Director is of the same rank as an Additional Director of Medical and Health Services. He is responsible for the medical and health administration in the region. All medical institutions,
except those under the control of the APVVP, and the Directorate of Medical Education, function under his direction, and control. He deals with all service matters of all the non-gazetted officials covered by the zonal scheme under the six-point formula, which include departmental transfers, postings, and disciplinary action relating to the zone. He is also responsible for the implementation of all plan, non-plan, and national schemes, under the medical and health department, and compilation of statistical data within the zone. Each Regional Director is assisted by two Deputy Directors, one for administration, and the other for statistics in each zone. The District Medical and Health Officer, the Additional District Medical and Health Officer, District Leprosy Officer, District Tuberculosis Control Officer, District Malaria Officers function under his control.

In spite of the regional setup, there is inadequate decentralization of power, and in several instances the approval of the Director of Health has to be obtained. This has resulted in inadequate supervision, and control of the health institutions in the state.

2.3.7 District Medical Health Officer

At the district level the District Medical and Health Officer (DMHO) is responsible for the implementation of all the national, and state health schemes, and for administering the medical institutions in the district except those under the control of Director of Medical Education, Commissioner, Andhra Pradesh Vaidya Vidhana Prasidh (APVVP) and University of Health Sciences. The DMHO works under the technical and supervisory control of the Director of Health with regard to implementation of all health programmes except family welfare, for which the Director of Family Welfare is the supervising officer. Thus the DMHO is answerable to the Director of Health, as well as Director of Family Welfare.

The DMHO is assisted by one Additional DMHO in-charge of Family Welfare Programme, and two Deputy DMHOs in-charge of a revenue division for overall supervision. The DMHO is also assisted by individual programme officers at the district level like the District Tuberculosis Control Officer, District Leprosy Officer, (both civil surgeon cadre), District Malaria Officer, Administrative Officer, District Public Health Nursing Supervisor, and Statistical Officer.
The DMHO thus has to play an important role in the coordination, and implementation of all programmes within the district, and forms an important link between the Director of Health, Regional Director, and all the medical institutions under his control, and supervision.

If we look at the organizational setup at the district level, one finds that the DMHO has a large span of control because of the centralized authority within the organization as compared to the second level officials, namely the Additional DMHO, Deputy DMHOs, and Programme Officers.

2.3.8 Primary Health Centre

Each Primary Health Centre (PHC) has three Medical Officers, one regular Medical Officer, one Medical Officer in-charge of the Family Welfare Programme, and a third Medical Officer in-charge of the Village Health Guides Scheme. The Medical Officer in-charge of the Family Welfare Programme is designated as the in-charge Medical Officer of the Primary Health Centre for all administrative purposes. The Government of India is contemplating abolishing of the Village Health Guides Scheme in a phased manner, and as a first step in the process, the post of the third Medical Officer is being abolished in some Primary Health Centres. Consequently, the regular PI-ICs, henceforth, will have only two Medical Officers.

In the Primary Health Centre under study all the three Medical Officers were present. All were equal in rank, yet the in-charge Medical Officer was considered senior as compared to the other two Medical Officers because of the drawing and disbursement powers. The in-charge Medical Officer represents the PHC at the meetings held at the district and mandal level. Rest of the work is mostly preventive and promotive work.

AP is the first state formed on the linguistic basis. It lies between 12°41' and 22° longitude and 77° and 84° 40' latitude. The state of Andhra Pradesh has an area of 275,045 sq. km. and a population of 76.21 million. There are 23 districts, 1128 blocks and 28123 villages. Later on the population increased moderately during 1999-2011, which is lower growth rate compared to 1961-1991. The State has a population density of 277 per sq. km. (as against the national average of 312). The decadal
growth rate of the state is 14.59% (against 21.54% for the country) and the population of the state is growing at a slower rate than the national rate.

Andhra Pradesh is the first state in India that has envisaged on the role of private sector in its vision 2020. Both public sector and private sector provide allopathy, ayurveda and homeopathy. However, allopathy medicine is the dormant system of medicine in both sectors.

The Total Fertility Rate of the State is 1.8. The Infant Mortality Rate is 52 and Maternal Mortality Ratio is 154 (SRS 2004 - 06) which are lower than the National average. The Sex Ratio in the State is 978 (as compared to 933 for the country).

There are seven Super Specialty hospitals in public sector while 117 super Specialty hospitals are recognized by the Government of Andhra Pradesh, viz. One of the seven Super Specialty hospitals in public sector is The Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati. The other hospitals are Nizam's Institute of Medical Sciences (NIMS), Hyderabad, Rajiv Gandhi Institute of Medical Sciences (RIMS), Kadapa, Vishaka Institute of Medical Sciences, Vishakapatnam, Rajiv Gandhi Institute of Medical Sciences, Ongole, Rajiv Gandhi Institute of Medical Sciences, Adilabad and Rajiv Gandhi Institute of Medical Sciences (RIMS), Srikakulam.
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