Chapter - VII

HEALTH FOR ALL
The health care system in India, and even in Andhra Pradesh, is characterized by multiple systems of medicine, mixed ownership patterns and different kinds of healthcare delivery system. Public sector ownership is divided between central and State Governments, municipal and panchayat local governments. Even in such a diverse scenario, the Health care system in Andhra Pradesh is being taken on a war-footing.

The Government of Andhra Pradesh has initiated several schemes for providing access to health care facilities in rural areas. The Government is committed to provide affordable health care to the entire population in the state through provision of increased allocations to the health sector.

Primary Health Care is the key to the total health care status of the nation. With improvement in science and technology, the cost of medical services is increasing and it is becoming burdensome to the poor. Treatment of some of the diseases would place huge economic burden on majority of the people. Providing basic health services to the people is the utmost duty of the Government.

One of the milestones in the health sector is the AP Gover initiative to provide free heart surgeries for children below 12 years suffering with ailments including holes in the heart. On a massive scale the State Government organized mass scrutiny of such cases at the district level which threw up nearly 10,000 cases. Since the Government hospitals did not have facilities for operating infants on such a large scale, the government enlisted the support of the corporate hospitals to take up the operations. The State Government took major initiative to ease the pain of the little hearts caused due to either hereditary deformities or during deliveries at home for lack of proper facilities. The government has initiated steps to promote hospital deliveries of babies and to contain home deliveries to end the menace of heart ailments and also bring down the infant mortality rate in
the state. Since 2004 when YSR government took over the reins in the state, 5160 little heart surgeries were completed as of October 2006. This scheme has allocated 20 crores for this purpose. 6238 children have been already treated by Cardiac surgeons in about 30 hospitals. Screening camps were conducted in the month of September 2006 for identification of new cases. This will be a regular programme to be conducted in every year. Rs.165 crores is being taken as loan from HUDCO to procure high-end equipment in major hospitals and to provide suitable infrastructure to meet the norms. Improvement of existing infrastructure in PHC and CHCs is being taken up with NAABARD funds with an outlay of Rs.100 Crores. The Government had provided Rs.40,000 per surgery for 500 children. The average cost of a procedure at cost-to-cost basis is Rs. 85,000 for simple defects and Rs.1.1 lakh for complex ones.

Under the relief fund the health and medical needs of the poor and those residing in remote and interior areas are made possible. As on date the CMO has processed and sanctioned Rs.226 crore to benefit 73,000 patients and the contribution is made directly to the hospitals treating the poor patients by the state government. Thus keeping in view the basic requirements, a holistic health insurance scheme by the name “Arogya Sri” was introduced to provide Medicare to families living BPL.

Dr. Y. S. Rajasekhara Reddy, a doctor- turned politician introduced an innovative health scheme named as Rajiv Health Mission (Rajiv Arogyasri). It is an ambitious health programme dedicating three new public services to the people of Andhra Pradesh in public-private-partnership mode.

As there is a felt need in the State to provide medical assistance to families living BPL for the treatment of serious ailments requiring hospitalization and surgery/therapy, Andhra Pradesh launched the rural health insurance scheme of Rajiv Arogyasri facilitating insurance coverage up to Rs.2/- lakhs for all Below Poverty Line (BPL) families. Available network of
government hospitals do not have the requisite equipment or the facility or the specialist pool of doctors to meet the state wide requirement for the treatment of such diseases. Large proportion of people, especially BPL borrow money or sell assets to pay for hospitalization. Presently, many people suffering from such diseases are approaching the Government to provide financial assistance to meet hospitalization expenses for surgical procedures.

For the past three years, financial assistance to a tune the Rs. 168.52 crores has been provided from CM’s Relief Fund in 55361 cases to meet hospitalization expenses. From the experience gained, it is now felt that the assistance could be institutionalized so that its benefit can be accessed by poor people across the State easily and in a trouble free manner. Health Insurance could be a way of removing the financial barriers and improving access of poor to quality medical care; of providing financial protection against high medical expenses; and negotiating with the providers for better quality care.

The Arogya Sri Scheme was implemented on a pilot basis in Mahbubnagar, Srikakulam and Anantpur districts since May 2007 and the same is now being extended to all districts to benefit 1.8 crore families who form around 30 percent of the BPL families living in urban slums and poverty ridden villages of the state. The Government is now extending this programme to all the districts in a phased manner. The program is slated to benefit all the BPL families in the state holding white ration cards. On December 5th, 2007 the Arogyaari scheme was extended to East Godavari, West Godavari, Chittoor, Nalgonda and Rainga Reddy districts covering 48.23 lakh BPL families comprising a population of 1.68 crore. The scheme covering eight districts of Andhra Pradesh during Phase I and II has so far (till January 6, 2008) screened nearly three lakh patients in 1134 health camps providing surgeries to over 10,700 poor people at a cost of Rs 52.32 crores.

As of now the State government has brought 23.12 lakh BPL families comprising of 85.33 lakh population under Rajiv Arogyaari and the premium
amount of Rs.60 crore including the service tax Rs.330 per family has been paid and service is ensured for the poor in more than 78 corporate hospitals in the state. As of December 2007 a total of 1,76,918 rural poor were provided medical check ups in 828 health camps and 15,000 were sent to referral hospitals for treatments as part of the scheme. All eligible families are being provided with Rajiv Arogyasri Bhima Health card. By November 2008 a total of 1.82 crore insurance cards have been issued covering 6.60 crore population (82 percent of the population) under the purview of the scheme. As on February 20th, 2009 a record 1,98,319 operations have been conducted and a sum of Rs.673 crore spent. Nearly 14,55,307 patients screened under the scheme (in-patients under this scheme are 2,32,249 and out-patients are 2,43,076).

While the health insurance scheme for which the State Government paid the premium is named as Arogyasree-I, Arogyasree-II provides cashless treatment in all the 23 districts. Under the scheme 887 diseases were covered for cashless treatment which covers all the expenses on consultation, specialist services, diagnostic tests, food and medicines, for which the government is paying Rs 330/- for each poor family as premium. The scheme is extended in 350 odd corporate hospitals in the state. This is the very first time in the country that a State Government is providing Medicare and healthcare services on the lines of corporate hospitals to people living BPL.

Arogyasri Healthcare Trust was set up with an IAS officer as its CEO to streamline healthcare for the poor. The government is to form a team of 72,000 Arogyamitra volunteers to guide the beneficiaries in tribal areas about the insurance benefits. A toll free number 1800 425 7788 is available to enable the poor people obtain information or lodge a complaint. The government is taking more and more measures in the districts to create awareness among people on the features of the scheme.
CM Switching on Hearing Aids for Children Under Aarogya Sri Health Scheme, Hyd on 22-01-2008
In order to operate the scheme professionally in a cost effective manner, public private partnership was promoted between the Insurance Company / TPA, the private sector hospitals and the State agencies. All BPL ration card (White, Annapoorna & Anthyodaya Anna Yojana) holders of the people are eligible under the scheme. All the members whose photographs /names appearing on the card are eligible. If any of the family members require surgeries, the entire cost of such surgeries will be covered under the scheme. The patient will be operated upon without having to pay any money to the hospital. The insurance cover per family is up to Rs.1.50 lakhs. A buffer of additional Rs.50,000 is earmarked for deserving cases on an individual basis.

The beneficiaries of the scheme, BPL families and the low income groups including the middle classes can obtain the Arogyasri cards by producing their ration cards. Each family could get Medicare including hospitalization expenses coverage worth Rs.2/- lakh.

The Government has also increased the plan allocation to Medical and health department to Rs.1315 crore including Rs.117 crore for the health sector reforms. The scheme is seen as a major boon to the rural poor who hitherto did not have the benefit of specialty Medicare and had to suffer the ailments and meet a gory death as they were unable to meet the huge financial burden and also did not have the awareness of cure and treatments. Such a mass coverage of poor people under a health scheme is unique in the world.

The upkeep and maintenance of Government Hospitals, particularly Medical College Hospitals are far more satisfactory when compared to its counterparts in other States. With the mushrooming of private corporate multi-super specialty hospitals in all the cities, towns and district headquarters, the Government Hospitals are by and large neglected. However they continue to be the only hope for the poor and low income group people. Hence the importance of government hospitals cannot be undermined. The Chief Minister said that
the government will take all care to see that all the Government hospitals are strengthened and facilities and equipments available are improved.

Health Camps

Health Camps are being conducted in all Mandal Head Quarters, Major Panchayats and Municipalities. A minimum of 7743 camps have to be held in the state as a policy. The insurer should ensure that at least one free medical camp is conducted by each network hospital per week at the place suggested by the trust. They should carry necessary screening equipment along with specialists and other para-medical staff. They should also work in close liaison with District Co-ordinator, DM&HO in consultation with District Collector.

Emergency Management and Research Institute (EMRI)

In many parts of the World, a centralized emergency management system helps in saving lives on a daily basis. India lags behind its western counterparts when it comes to providing emergency services. Though emergency care is frequently being addressed in India, it could not cater to all sections of the community. But now with the emergence of EMRIs, a full-fledged emergency care is being provided across the country.

They include the innovative programs like EMRI mobile clinics and ambulance service to rural poor to improve hospital deliveries and reduce infant mortality through 108 Helpline and 104 to provide ‘Fixed Day Health Service’. In 2008-09, the Government has provided budget allocation of Rs.29 crore for health care in remote and interior areas to set up two ANM training centers and provide additional new buildings for 60 primary health centres.

The National Population Policy (NPP) calls for the reduction of infant mortality rate to less than 30 per 1,000 live births by the year 2010. Given the high visibility of neonatal deaths and the lack of progress, addressing these issues is a high priority for the government, which aims to reduce the IMR from the current level to less than 30 per 1,000 live births. The Government has
also now become a partner of the EMRI programme launched with its unique
toll free call numbers 104 and 108.

Now the EMRI services are available faster on two wheelers to
circumvent the traffic jams and availability of ambulances in the vicinity of the
requirement. The scheme for mobile hospitals is already in vogue in 92 remote
regions and the same is being extended to more and more locations in the state.
EMRI is tied up with 842 private hospitals across Andhra Pradesh to provide
Medicare free of cost for the first 24 hours of admission. EMRI will have more
than 10000 ambulances covering over a billion population by 2010. The tie-up
with the EMRI and Arogyasree programme was launched by Dr. Y.S.R
government. An allocation of Rs. 1000 crore is provided for the integrated
programme. Innovative programmes like EMRI through a 108 toll free line as
well as Helpline for medical, police and fire emergencies and 104 helpline
has been launched to provide ‘Fixed Day Health Service’ in rural areas. As per
statistics nearly 50,000 lives were saved so far and the 108 service received 1.2
lakh calls per day. It signed MOUs with 2578 private hospitals, to accept
emergency victims free of cost, ambulances made 10 trips per day on an
average. Beneficiaries are 47 percent BC’s; 24 per cent SC’s; 12 per cent ST
and 17 per cent OC’s

Government has proposed a substantial increase in the Plan allocation to
Medical & Health Department to Rs. 1315 crores to bring a qualitative
improvement in its working. The allocation includes Rs. 117 crores for the AP
Health Sector Reforms Project to benefit the rural population by improving
health delivery in under-served areas, enhance community participation in the
management of health institutions and provide funds for the strengthening of
emergency services in the referral hospitals. Online consultation to the rural
and urban poor are provided on diseases and availability of services at
locations closer to them. The toll free number of 104 is provided where doctor
receives the call and hears the needs of the callers and advise them in immediate procedures to be followed.

Mobile Clinics

The Andhra Pradesh Government has also launched mobile clinics to serve the rural population who were not with in the reach of the hospitals and also to reach Medicare to affected population during famines, droughts, floods and cyclones. 450 mobile clinics have been launched by the Government across the State to offer both general medicine and also vaccination against contagious diseases.

Other Measures

The State Government initiated steps to regularize supply of drugs and equipments down to all the primary health centers. Secondly, it initiated steps to fill up the posts of doctors (1089 posts) 2500 para-medical staff posts at all territorial hospitals. Thirdly, it withdrew the user charges payable by patients in government specialty hospitals, slapped by the previous government. The AP government has also hiked the allocation for purchase of drugs for free supply in government hospitals from Rs.100 crore of 2003 to Rs.230 crore in 2007. Fourthly, every gram panchayat is allocated Rs.10,000 for Medicare including mosquito screening, clean drinking water systems. The government took steps to upgrade NIMS and SVIMS on par with AIIMS. Fifthly, it created 520 primary health centers to provide emergency and maternal, neo-natal care at a cost of Rs.1200 crore besides a brigade of 50,000 health volunteers to take Medicare to remote villages.

More recently it has been involving private enterprises in managing the diagnostics in government hospitals - setting up of X-rays, blood, urine, stool, cholesterol and ENT tests for a nominal fee. By doing so it has not only reduced the burden on the government but also providing quality service to the
patients at a nominal cost. Instead of sending patients for diagnostics, it is providing every facility under the same roof.

AIDS/HIV

Andhra Pradesh government has a focused strategy to tackle the endemic of HIV/AIDS in the population spiced with migrant labor of coastal Andhra districts and the gulf job seekers functioning as carriers of the dreaded social malaise. The state accounted for almost five lakh HIV positives with around 6000 full-blooded AIDS patients. A good beginning was made in the Andhra Pradesh Legislative Assembly with nearly 200 MLAs besides the Chief Minister and the Speaker opting for the HIV test.

For the first time, in the history the state government has allocated Rs.100 crore for the HIV/AIDS relief programme which includes setting up of residential-schools-hostels for the benefit of orphan children with HIV. The ASHA campaign run by the APPSACS has been largely successful in addressing the problem among designated communities. The State Government has also launched a unique programme "Balasahayoga" to help children afflicted by HIV/AIDS in the society.

. The Andhra Pradesh State Aids control Society (APSACS) had drawn up a programme to spread awareness of dangers of indiscriminate sex between multi partners and need for use of condoms. With the help of over 120 NGO's the APSACS has taken up the awareness programme on a war footing to end discrimination against children with HIV in schools and also against women with HIV in workplaces. APSACS has also launched an ambitious programme to promote HIV testing of all adults in the state to create a data bank. The State Government has also mooted steps to make HIV testing mandatory for registration of newly wedded couple.
The APPSACS conducted an exhaustive campaign labeled as ASHA to spread awareness of HIV and AIDS among youth, workers and white collared employees. Two rounds of ASHA runs were organized in the state capital and the district towns to popularize safety measures including disposable razors, syringes and also condoms. To assist the children victimized by the HIV/AIDS on families the state government has also launched a unique programme Balasahayoga to help children.

Fixed Day Health Clinics

The State Government has launched the fixed day mobile clinics in the remote villages to benefit the tribal and illiterate poor. The scheme provides for 475 mobile units. Each unit to cover a population of 1500 on a fixed day in a month using IT to network with mobile vans, PHCs, Area Hospitals and ASHA workers.

Yet another health initiative was launched by the Chief Minister to induce reforms in health sector, titled as the Rajiv Health Mission. The mission provides among other benefits to the poorest of poor, funds worth Rs.360 crore for improving the health systems in rural areas which deliver the health services across the state.

Aarogyaraksha

Population stabilization cannot be achieved without maternal wellbeing and child survival. The Government of Andhra Pradesh has designed a scheme called Aarogyaraksha that provides insurance coverage to the acceptors of family planning with 2 children for the whole family for a limited period. The objective of the programme is to increase the confidence of couples about child survival who desire to have a small family.

This scheme provides health insurance coverage for a period of 5 years to the sterilization acceptors and their 2 children. The coverage is to an extent
of Rs.20,000/- for a period of 5 years, Rs.4,000/- per annum. The beneficiaries are provided with facility of inpatient treatment in identified Private Nursing Homes. The scheme also includes accident insurance coverage for the children.

Young Infant Health Assurance Scheme

The Andhra Pradesh Government launched on 26th May 2006 'Young Infant Health Assurance' scheme to provide better health care facilities for infants upto the age of 3 months to reduce infant mortality rate in the state. The scheme was introduced under National Rural Health Mission (NRHM). It is the first of its kind in the country and was approved by the Union Health Ministry under the National Rural Health Mission (NRHM). Under the scheme the government distributes vouchers of Rs 30 each. The parents could go to private hospitals near their residence and get treatment for their infants in case of any emergency. The Indian Academy of Pediatricians and the Indian Medial Association (IMA) have also agreed to extend assistance to the scheme. The State Health Department organised workshops in co-ordination with private hospitals. Kits were be distributed to the poor living in rural and urban areas to reduce infant mortality rate. The current Infant Mortality Rate in Andhra Pradesh is 59 out of 1000 living births. The government aims at bringing it down to 25 per 1000 living births.

Maternal Health Care Service

Maternal Health Care Services are being provided to the pregnant woman by implementing the following schemes / interventions:

1) **Women Health Volunteers (Accredited Social Health Activist (ASHA))**

   This scheme is started during the year 2005-06 with the objective of providing the services of health resource person very nearer to the community in rural areas. It is implemented in 21,916 villages (67561 habitations). 55,400 "Women Health Volunteers" have been identified in all habitations across the state through the Gram Panchayat Health Committees, to act as 'health-
resource person of first resort. 51,900 WHVs were trained and positioned as on 31.3.2007. They provide services to the pregnant woman, infants and eligible couples

ii) First Referral Units Strengthened with CEMONC Services

(COMPREHENSIVE EMERGENCY OBSTETRIC & NEONATAL CARE)

During the year 2005-06 this scheme was started with the objective of providing the services of life-saving emergency care to mothers and children (caesarian, neonatal care, etc.); Every CEMONC centre is designed to have 4 obstetricians, 1 pediatrician, 1 anesthetist, blood bank or blood storage center; and additional budget for drugs and consumables per each case of delivery. Till now, 148 CEMONC Centers have been set up. About 59 obstetricians and 59 MBBS lady medical officers are in position.

iii) Blood Bank & Blood Storage Centres

During the year 2005-06, this scheme with the main objective of providing blood to the caesarian surgery cases was started. In this Comprehensive Emergency Obstetric and Neonatal Care (CEMONC) centres, it was planned to set up 16 new blood banks and 89 blood storage centers. During 2006-07, 40 new blood storage centres were established. The Indian Red Cross Society is appointed as the State Level Nodal Agency to set up Blood Banks and Blood Storages Centers.

iv) 24-hours MCH Centre

This scheme was started during the year 2007-08 with an objective of providing round the clock service for conducting normal deliveries, to identify the high risk pregnancy cases and to refer them to FRUs. 280 PHCs were converted as 24-hrs MCH centres. The number of deliveries conducted during 2006-07 were 70,012.
v) _Mastha-Shishu Rakshak_

For the convenience of pregnant women in villages the State Government has initiated a unique scheme of providing free conveyance by ambulances upto the hospitals. The scheme popular in districts as "Mastha-Shishu Rakshak" has gone a long way in reducing the infant mortality in the state. The Janani-Suraksha scheme has helped promoting hospital delivery of children with a special cash incentive to pregnant women.

vi) _Janani Suraksha Yojana & Sukhibhava Schemes Cash Incentive_

The Government of India has launched the Janani Suraksha Yojana to promote safe motherhood and safe birth-outcomes under the Reproductive and Child Health Project - II that constitutes Part-A of the National Rural Health Mission (NRHM). Under this scheme, a cash incentive of Rs.700/- will be paid to Rural Below-Poverty-Line pregnant women who have their deliveries in Government hospitals and PHCs in the state. The objective of this scheme is to promote institutional deliveries among the rural poor, by assisting them in meeting the expenses in traveling to the hospital town incurred by the pregnant woman and one or two family members who accompany her, loss of wages for the family members accompanying the pregnant woman for up to two to three days, food and incidental costs for the accompanying family members, etc.

The Govt. of Andhra Pradesh has also been implementing, a cash incentive scheme called the "Sukhibhava", under which an amount of Rs.300/- is paid to all rural pregnant women having institutional deliveries in government hospitals and PHCs. In view of the coming into force of the JSY scheme of the Government of India, in addition to the Sukhibhava scheme, both having the same objectives and covering the same group of beneficiaries, the following comprehensive guidelines are given for the implementation of both JSY and Sukhibhava schemes in a combined manner.
Every rural pregnant woman who intends to claim this incentive under the combined scheme (Janani Sukhibhava) should obtain a certificate regarding their eligibility status in the prescribed proforma signed by both the Gram Sarpanch and the Gram Panchayat Secretary. All ANMs and PHCs have copies of blank certificate forms.

vii) Free Bus Passes

During the year 2005-06, this scheme was started with an objective to provide free travel facility to the BPL rural pregnant women in APSRTC Buses for antenatal checkups in the nearest Government/ Private hospitals. 8 lakhs bus passes have been distributed to the beneficiaries during 2006-07.

viii) Rural Emergency Health Transport Scheme

This scheme was started during the year 2005-06 with the objective to provide transport to the pregnant women, infants, children and other health emergencies in rural areas to the nearest hospital to provide emergency health care. One ambulance is provided for a population of about 1.25 to 1.5 lakh in the rural areas. Now, 122 ambulances are functioning in 4 districts of Mahabubnagar, Nizamabad, Kurnool, Kadapa and in the tribal areas of 9 districts. The operationalization of the balance 310 ambulances has been entrusted to M/s Emergency Management and Research Institute which is recognized as a Nodal agency by the Government.

24-Hour Mother & Child Health Centres

315 Primary Health Centres (PHCs) are proposed to be upgraded into 24-hour Mother and Child Health Centres in the State during 2006-07. 55400 women health volunteers were selected to act as health resource persons as first resort. Under Rural Emergency Health Transportation Scheme, 122 ambulances are in place to transport all health emergency cases, particularly, pregnant women, infants and children requiring emergency health care to the nearest hospitals. 108 Comprehensive Emergency Obstetrics and Neo-natal Care
(CEMONC) Centres have been established and 2.2 lakhs beneficiaries have been paid Janani Suraksha Yojana incentive amount for institutional deliveries.

Under Home Based Management of Neo-natal and Childhood Illnesses (NHMCI), State and district level workshops have been conducted. Under NRHM, 46 CHCs have been identified for up-gradation of CHCs to IPHS. Under NRHM, the Hospital Management Societies have been constituted in all the 23 district hospitals and 256 CHCs.

2. CHILD HEALTH SERVICES:

Child Health Care Services are being provided to the Infant and Children by implementing the following schemes / interventions:

i) Neonatal Intensive Care Units (NICUS)

This scheme was started during the year 2006-07 with an objective to provide emergency neonatal care services to new born and neonates to reduce Infant mortality rate and to improve the quality of pediatric care services in remote, interior, tribal areas and urban areas.

UNICEF has trained 60 regular instructors and 560 Anganwadi workers in mother and child care. The Mahatma Gandhi Medical Hospital Secunderabad has acquired the state-of-the-art 'New Born Care equipment' - costing 6.3 crore as a gift from the UNICEF. The institution received radiant armer, photo therapy unit, resuscitation kit, bilorubino meter, syringe pumps, pulse oxymeter, multi monitor, mobile examination lamps, electronic weighing machines and oxygen concentrator – all of them most useful in saving the lives of infants immediately after birth.

ii) New Born Care Kits

This scheme was started during the year 2006-07 with an objective to prevent deaths from hypothermia and outside infections. Under this scheme, the kits are being supplied to low birth weight (<2000 grms) new born babies
of SC/ST/BPL families, born in all government institutions. The Newborn Care Kit consists of 2 Baby Mattresses; 4 Baby Jackets; 3 Baby Caps; 3 pairs of Gloves; 12 Baby Diaper and 8 Baby Blankets. The Kit is sterile and would keep the baby warm and prevent death from hypothermia and outside infections. During 2006-07, 52,000 new born care kits were distributed to the beneficiaries. It is planned to procure lakhs of kits for distribution.

iii) Newborn and Neonatal Care Campaign / Age at Marriage Campaign

This campaign was organized with an objective to increase awareness on issues like age at marriage, to identify danger symptoms and signs in new born and neonatal infants. The campaign was conducted in 6 districts with high Infant Mortality Rate in 2005-06 and in 21 districts in 2006-07

FAMILY PLANNING INSURANCE SCHEME

In 2005, this scheme was started with an objective to provide insurance to sterilization acceptors. The details of the scheme are as follows:

Table 7.1: Government Schemes of Family Planning Insurance Scheme

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Issues covered</th>
<th>Limit of Indemnity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Death due to sterilization operation in Hospital or within 7 days from the date of discharge from the hospital</td>
<td>Rs.2,00,000</td>
</tr>
<tr>
<td>2</td>
<td>Death occurring due to sterilization operation between 8 to 30 days from the date of discharge from the hospital</td>
<td>Rs.50,000</td>
</tr>
<tr>
<td>3</td>
<td>Failure of sterilization operation (payable once only)</td>
<td>Rs.25,000</td>
</tr>
<tr>
<td>4</td>
<td>Expenses for treatment of medical complication due to sterilization operation (within 60 days of operation)</td>
<td>Actual subject to maximum of Rs.25,000</td>
</tr>
</tbody>
</table>
Urban Health Services

During 2005-06, Under RCH-II, 25 UHCs were established in 9 cities/towns and during 2006-07 21 UHCs were established in another 9 cities/towns. The main aim of the scheme is to provide preventive, promotive and curative services to the people living in urban slums. 192 Urban Health centres are functioning in the state through NGOs with state government funds. Each urban health centre covers 15,000 population in slum areas.

TRIBAL HEALTH SERVICES

The following additional initiatives were taken up to strengthen the health services in the tribal areas. In tribal areas, 8500 Community Health Volunteers are working in tribal areas. Initiatives under RCH-II from 2005-06 onwards are

1. A package of RCH services have been introduced in the tribal areas (193 tribal PHCs) including shandy level RCH medical camps organized weekly once at every shandy.
2. 3,500 shandy clinics were organised during 2005-06 and 7,000 clinics during 2006-07. The expenditure under this scheme was Rs. 79,26,640/-
3. 43 Emergency Health Transport vehicles are functioning in tribal areas to provide transport to emergency cases free of cost.
4. 92 Mobile Medical Units are functioning in all the tribal areas to provide the services at the doorstep of the tribal people.

Birth waiting homes

In Tribal areas birth waiting homes are being constructed to enable women from distant and interior habitations to reach the delivery care institution a couple of days before the expected date of delivery as to prevent the complications of late labour due to late arrival.
Proconception And Prenatal Diagnostic Techniques (PC&PNDT)

The Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994 and Rules 1996 are being implemented in Andhra Pradesh to prevent the Female foeticide and to improve the female sex ratio in the State. Under this Act - 2751 Medical Facilities (Scanning Centres) are registered in Andhra Pradesh as on 13.9.2006. 19 cases are filed so far in various courts for violation of PC PNDT Act.

Sub-Centre United Fund

During 2005-06, the scheme was launched with the main aim to provide funds at Grant Panchayats to meet the requirements for maintenance of sanitation and public health at village level and to improve the facilities at the sub-centre level. An amount of Rs.10,000/- is being released to each sub-centre per annum and this amount will be deposited in a joint account to be operated by the Village Sarpanch and the ANM. The objectives of the scheme are

- To enable the PHCs to function more effectively
- Repairs to PHCs,
- To keep the PHC compounds clean on a regular basis.
- To arrange for scientific bio-medical waste disposal
- To meet expenses for NRHM review with MPHA (M&F) and ASHAs
- To provide referral transportation in exceptional situations, etc.

The budget provision per annum is Rs.90,000/- per PHC and funds released during 2006-07 were Rs.1046.00 lakhs.

Hospital Development Societies (Rogi Kalyana Samithi)

During the year 2006-07, this scheme was started with the broad objectives of: (i) to Improve the institutions/hospitals, upgrade the equipment and modernize the health services; (ii) Ensure discipline in the institutions and supervise the staff; (iii) Undertake construction and expansion of hospital...
buildings; (iv) Ensure optimal use of hospital land according to government guidelines; (v) Improve participation of the committees in the running of the institutions / hospitals; (vi) Ensure scientific disposal of hospital waste; (vii) Ensure proper training for doctors and staff; (viii) Ensure subsidized food, medicines and drinking water to the patients and their attendants; (ix) Ensure proper implementation of National Health programmes; and (x) Ensure proper use, timely maintenance and repairs of institution / hospital equipment and machinery. Govt. of India under NRHM has proposed to provide one time Corpus Grant to HDS at Rs.5.00 lakhs to each District Hospital and Rs.1.00 lakh to each AH/ CHC / PHCs. 1620 HDS's have been constituted in all the District Hospitals, Area Hospitals, Community Health Centres and Primary Health Centres.

Village Level Health and Sanitation Committees

During the year 2006-07, this scheme was started with the objectives to ensure optimal use of health services in the villages; improve participation of the village level health and sanitation committees in maintaining quality health services and sanitation; to prevent occurrence of epidemics in the villages. The Village Health and Sanitation Committees are formed with Panchayat Sarpanches as chairpersons, and ward members, Anganwadi Workers, ANMs, and Women Health Volunteers as members and MPHAs (M), and MPHAs (F) as member conveners.

To sum up, AP the Government has initiated several schemes for providing access to primary health care facilities in rural and urban areas. The Arogya Sri is for extending multi-specialty treatment to the poor families for diseases ranging from cancer to burns. This scheme provides for cashless treatment and covers all expenses on consultation, specialist services, diagnostic tests, food and medicines. Under this every person with white ration card will be insured to the extent of Rs 2/- lakhs. Sources reveal that so far over 1,98,319 surgeries have been conducted, 7743 health camps were organised,
14,55,307 persons were tested; of them 2,32,240 persons were in patients and 2,43,076 were out-patients. The total expenditure on this scheme was Rs673 crores. The government is taking more and more measures in the districts to create awareness among the people on the features of the scheme. The Government is committed to provide affordable health care to the entire population in the State through provision of increased allocations to the health sector. The government is committed to combat the menacing spread of HIV/AIDS by organizing sustained awareness campaigns. EMRI average time taken from call receipt to reaching hospital is 34 minutes. Under EMRI service is a world class facility at work to provide quickest response to any distress call. Health Sector Reforms Project (HMRI) is to benefit the rural population by improving health delivery in under-served areas, enhance community participation in the management of health institutions and provide funds for the strengthening of emergency services in the referral hospitals. The progress in health sector so far achieved was mainly due to the novel initiatives taken up by the State Government under the leadership of Dr. Y S Rajasekhara Reddy, the Chief Minister.