CHAPTER V

ORGANISATION STRUCTURE
AT THE STATE LEVEL
The State of Andhra Pradesh came into existence according to the State's Re-organization Act, 1956. It was agreed that the new state would be named "Andhra Pradesh". Pandit Jawaharlal Nehru inaugurated the new state of Andhra Pradesh on 1st November, 1956.¹

It covers an area of 2,76,814 square kilometers and is the fifth largest state in terms of size and population in the country. It is surrounded by Tamilnadu on the South, Karnataka on the South East, Maharashtra on the North West, Madhya Pradesh on the North and Orissa on the North East.²

The Andhra Pradesh has 23 districts, 1,125 sub districts, 28,123 villages and 210 towns and 13 cities. Twenty three per cent (64,154 square kilometer) of the state's geographical area is under forest. Its main rivers include the Godavari and the Krishna.
The Andhra Pradesh State consists of three regions.

1. The Coastal Region made up of 9 districts and generally called "ANDHRA".

2. Telengana region which includes the capital Hyderabad and its adjoining districts.\(^3\)

3. The interior region, consisting of 4 districts collectively known as "RAYALASEEMA". Those districts are (1) Chittoor (2) Anantapur (3) Kurnool (4) Kadapa.

Andhra Pradesh first entire history as of the great Mouryan Empire in the first 13\(^{th}\) century, the Kakatiyas, with their capital of Warangal, dominated Andhra.

The Qutub Shah's of Golkonda laid the foundations of the modern city of Hyderabad. Emperor Aurangajeb routed the Qutub Shahi's and appointed Asafjab as the Governor of the Deccan. As the Mughal Emperor tottered under Aurangajeb's successors, the Asaf Jahis made themselves independent rulers under the title of Nizam. The Nizam became involved in the Anglo-French wars in the Deccan and had finally to enter into a subsidiary alliance with the British in 1800.\(^4\)

Andhra Pradesh is the first state in India that was formed on a purely linguistic basis when India became independent. The Andhra that is, The Telugu speaking people were distributed in about 21 districts. Nine of them in the Nizam's dominions and 12 in the
Madras, Presidency. On the basis of an agitation on October 1st 1953. Eleven districts of the Madras state were put together to form a new Andhra State with Kurnool as capital. Later the capital of Kurnool was shifted to the present Hyderabad.  

Andhra Pradesh which launched a right to sight programme as part of the Global vision 2020 project is an initiative of the WHO in coordination with twenty international non-governmental organizations involved in eye-care prevention of blindness.

The state has 1.5 million blind people, 6.5 million with varying degrees of visual impairment. The capital is in reality the twin cities of Hyderabad and Secunderabad linked together by the Hussein Sagar Lake. It has the world's highest Rock Statue sculptured of Gowtham Buddha from a single rock and placed in the middle of the lake. The above table 5.1 indicates the institutional population of Andhra Pradesh.

Table 5.2 explains the district wise population in Andhra Pradesh. In the Rayalaseema region like Anantapur, Chittoor, Kadapa and Kurnool, Chittoor has the highest population i.e., 3,735202 and Kadapa district comes next with a population of 2,573,48.
### TABLE 5.1

**INSTITUTIONAL POPULATION IN ANDHRA PRADESH**

<table>
<thead>
<tr>
<th>Institutional Population</th>
<th>Persons</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>994,197</td>
<td>643,207</td>
<td>350,990</td>
</tr>
<tr>
<td>Rural</td>
<td>630,064</td>
<td>428,539</td>
<td>201,525</td>
</tr>
<tr>
<td>Urban</td>
<td>364,133</td>
<td>214,668</td>
<td>149,465</td>
</tr>
<tr>
<td>Population (0-6) years</td>
<td>49,805</td>
<td>28,181</td>
<td>21,624</td>
</tr>
<tr>
<td>Literates (7 years and above)</td>
<td>858,687</td>
<td>574,122</td>
<td>284,565</td>
</tr>
<tr>
<td>Total workers</td>
<td>121,933</td>
<td>86,872</td>
<td>35,061</td>
</tr>
<tr>
<td>Main Workers</td>
<td>106,112</td>
<td>78,415</td>
<td>27,697</td>
</tr>
<tr>
<td>Marginal Workers</td>
<td>15,821</td>
<td>8,457</td>
<td>7,3664</td>
</tr>
<tr>
<td>Cultivators</td>
<td>10,924</td>
<td>7,182</td>
<td>3,742</td>
</tr>
<tr>
<td>Agricultural labourers</td>
<td>20,216</td>
<td>10,645</td>
<td>9,571</td>
</tr>
<tr>
<td>Household industry workers</td>
<td>4,873</td>
<td>2,471</td>
<td>2,402</td>
</tr>
<tr>
<td>Other workers</td>
<td>85,920</td>
<td>66,574</td>
<td>19,346</td>
</tr>
<tr>
<td>Sex ration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child sex ration (0-6 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy rate</td>
<td>90.9</td>
<td>93.3</td>
<td>56.4</td>
</tr>
<tr>
<td>Work participation rate</td>
<td>12.3</td>
<td>13.5</td>
<td>10.0</td>
</tr>
<tr>
<td>Percentage to total workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main workers</td>
<td>87.0</td>
<td>90.3</td>
<td>79.0</td>
</tr>
<tr>
<td>Marginal workers</td>
<td>13.0</td>
<td>9.7</td>
<td>21.0</td>
</tr>
<tr>
<td>Categories of total workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultivators</td>
<td>9.0</td>
<td>8.3</td>
<td>10.7</td>
</tr>
<tr>
<td>Agricultural labourers</td>
<td>16.6</td>
<td>12.3</td>
<td>27.3</td>
</tr>
<tr>
<td>Household industry workers</td>
<td>4.0</td>
<td>2.8</td>
<td>6.9</td>
</tr>
<tr>
<td>Other workers</td>
<td>70.5</td>
<td>76.6</td>
<td>55.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District</th>
<th>Area (Sq.Km)</th>
<th>Population-2001</th>
<th>Head Quarters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RAYALASEEMA REGION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anantapur</td>
<td>19,130</td>
<td>3,639,304</td>
<td>Anantapur</td>
</tr>
<tr>
<td>Chittoor</td>
<td>15,152</td>
<td>3,735,202</td>
<td>Chittoor</td>
</tr>
<tr>
<td>Kadapa</td>
<td>15,359</td>
<td>2,573,481</td>
<td>Kadapa</td>
</tr>
<tr>
<td>Kurnool</td>
<td>17,658</td>
<td>3,521,266</td>
<td>Kurnool</td>
</tr>
<tr>
<td><strong>ANDHRA REGION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Godavari</td>
<td>10,807</td>
<td>4,872,622</td>
<td>Kakinada</td>
</tr>
<tr>
<td>West Godavari</td>
<td></td>
<td></td>
<td>Rajahmundry</td>
</tr>
<tr>
<td>Guntur</td>
<td>11,391</td>
<td>4,405,521</td>
<td>Guntur</td>
</tr>
<tr>
<td>Krishna</td>
<td>18,734</td>
<td>4,218,416</td>
<td>Vijayawada</td>
</tr>
<tr>
<td>Nellore</td>
<td>13,076</td>
<td>2,659,661</td>
<td>Nellore</td>
</tr>
<tr>
<td>Prakasam</td>
<td>17,626</td>
<td>3,054,941</td>
<td>Ongole</td>
</tr>
<tr>
<td>Srikakulam</td>
<td>5,837</td>
<td>2,528,491</td>
<td>Srikakulam</td>
</tr>
<tr>
<td>Vishakapatnam</td>
<td>11,161</td>
<td>3,780,823</td>
<td>Vishakapatnam</td>
</tr>
<tr>
<td>Vizianagaram</td>
<td>6,539</td>
<td>2,245,103</td>
<td>Eluru</td>
</tr>
<tr>
<td><strong>TELANGANA REGION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adilabad</td>
<td>16,128</td>
<td>2,59,661</td>
<td>Adilabad</td>
</tr>
<tr>
<td>Hyderabad</td>
<td>217</td>
<td>3,054,941</td>
<td>Hyderabad</td>
</tr>
<tr>
<td>Karimnagar</td>
<td>11,823</td>
<td>2,528,491</td>
<td>Karimnagar</td>
</tr>
<tr>
<td>Khammam</td>
<td>16,029</td>
<td>3,780,823</td>
<td>Khammam</td>
</tr>
<tr>
<td>Mahaboobnagar</td>
<td>18,432</td>
<td>245,103</td>
<td>Mahaboobnagar</td>
</tr>
<tr>
<td>Medak</td>
<td>9,699</td>
<td>3,796,144</td>
<td>Sanga Reddy</td>
</tr>
<tr>
<td>Nalgonda</td>
<td>14,240</td>
<td>3,238,449</td>
<td>Nalgonda</td>
</tr>
<tr>
<td>Nizamabad</td>
<td>7,956</td>
<td>2,342,803</td>
<td>Nizamabad</td>
</tr>
<tr>
<td>Ranga Reddy</td>
<td>7,493</td>
<td>3,506,670</td>
<td>Hyderabad</td>
</tr>
<tr>
<td>Warangal</td>
<td>12,846</td>
<td>3,231,174</td>
<td>Warangal</td>
</tr>
</tbody>
</table>

In Andhra Pradesh East Godavari has the highest population, Vijayanagaram has the lowest population.

In Telangana Region Medak district is having highest population, Nizamabad is having less population.\(^7\)

**HEALTH SECTOR**

The Department of Health, Medical and Family Welfare in Andhra Pradesh consists of various Directorates.\(^8\)

- Directorate of Health
- A.P. Vaidya Vidhana Parishad
- Directorate of Medical Education
- Indian Medicine & Homeopathy Department
- Commissioner of Family Welfare
- AP State Aids Control Society
- Insurance of Medical Services
- AP Health, Medical & Housing Infrastructure Development Corporation
- Vemana Yoga Research Institute
- Institute of Preventive Medicine

Among them the three most important ones are the Directorate of Health, The Commissioner of Family Welfare and the Andhra Pradesh Vaidya Vidhana Parishad.
ORGANISING STRUCTURE AT STATE LEVEL

COMMISSIONER OF FAMILY WELFARE

Additional Director of Family Welfare

JD (MCH)  JD (RCH)  JD (SPP)  DD (DEMO)  JD (Trg & Sch)  JD (USP)  DD (ME & M)  Principal RTC


Source: Department of Family Welfare, Andhra Pradesh, Hyderabad.
Directorate of Health

The Directorate of Health takes care of primary health care and implements the vertical programmes.

The Andhra Pradesh Vaidya Vidhana Parishad (APVVP)

The Andhra Pradesh Vaidya Vidhana parishad (APVP) is manages the secondary care hospitals in the districts and hospitals at sub-district level (Area hospital's and community health centers).

The APVVP is an additional structure in the state level, health administration and is specific to Andhra Pradesh conceived and implemented in the mind 1980s to give secondary level health care more attention. The setting up of the APVVP has helped to stream line and improve infrastructure and services in the secondary hospitals of above three Directorates.

The Commissioner of Family Welfare

The Commissioner of Family Welfare is responsible for family planning, pre and post natal care and immunization.

The administrative organization at the national level is repeated to a large extent at the state level also. The Government of India has an over-all responsibility to develop the policy for implementation the family planning programme and mobilize the required financial resources. The implementation of the family planning programme rests wholly with the state governments. Medical and health-care programmes have since long been in the charge of the state
governments and a fairly large infrastructure had been built up over the years for their delivery at this level. An also most uniform administrative system with minor exceptions was developed by all the states for this purpose.

The family planning programme in Andhra Pradesh is planned on the pattern laid down by the Government of India with the objective of creating a small family norm through extension education methodology and by providing free service and supplies. The state family planning programme is integrated with other health services and is organized on a three-tier basis with administrative organization at the state, district and local levels. The activities concerning health, malaria and filarial, family planning and maternity and child-health, medical education and employees state insurance are all combined under integrated programme of health services.

The organizational and staffing pattern sanction for a state like Andhra Pradesh has to conform to the All-India pattern laid down by the Government of India with surprisingly little room for innovations and no considerations of various factors which influence the acceptance of the programme.

The Department of Family Welfare is headed by Secretary, Family Welfare at the Secretariat level. The Family Welfare Programme is implemented through Director or Commissioner of Family Welfare at the state head quarters and in the districts through
the District Family Welfare Bureaus. The services under Family Welfare and MCH are provided through PHC. PP Units and Urban Family Welfare Centres (UFWC). At village level the services like the sub-centres (SC) provided motivation and follow-up. In addition, voluntary organizations, NGOs, and private medical practitioners also contribute for the implementation of the programme. This is centrally sponsored programme with 100 percent financial support from the Government of India. Ministry of Health and Family Welfare. Under the department the following programmes are implemented.

1. Family Welfare
2. Child Survival and Safe Motherhood
3. Reproductive and Child Health Programme
4. Training of all medical and para medical health functionaries.

FUNCTIONS OF COMMISSIONER OF FAMILY WELFARE

1. Ensure proper direction for the programme implementation with reference to the objectives, policies and organizational structure.
2. Develop appropriate strategies to achieve the laid down short term and long term objectives of the programme.
3. Ensure management of the organization on systematic and scientific lines and monitoring and evaluation of the programme in implementation.
4. Arrange proper distribution of work among various divisions in the department and take over all responsibility for all the activities under family welfare and CSSM programmes.

5. Organize and conduct periodical meetings with programme executives at state and district level to review the activities.

6. Effectively coordinate with other health related departments in providing family welfare and CSSM services in the state.

7. Efficiently manage, use and coordinate the resources like men, material, money and equipment to achieve the objectives.

8. Responsible for proper planning and management in identifying urgent needs and establishes priorities.

9. Provide immediate and sustained attention to any complications developed during implementation process and provide solutions.

10. Provide leadership to the staff in education, motivation and delivery of services.

11. Encourage effective coordination from the voluntary organizations private medical practitioners and other
NGOs, in providing necessary assistance in implementation of the programme.

12. Ensure adequate supplies of equipment, drugs, materials and medicines and others required for the programme.

13. Provide support and guidance for any special programmes or campaigns under family welfare and CSSM to the service units in the districts.

14. Arrange proper dissemination of information related to the programme policies, strategies and management.

15. Arrange appropriate skills and management training for all the health functionaries working for the programme.

16. Take steps to ensure community participation and involvement in implementation of the programme.

17. Responsible for budgeting that includes fiscal planning, accounting and control.

18. Ensure management of information system and arrange for proper maintenance of records and reports and inspection at all levels and monitor timely submission of returns in the prescribed formats to the higher authorities.

19. Give direction for quality in performance through staff by recruitment, selection, training promotion and retirement.
20. Guide, assist and supervise the subordinate staff to perform their job effectively and collectively.

21. Responsible for implementation of policy decisions by translating them into concrete actions.

22. Attends to any other such duties as entrusted by the Secretary, Health and Family Welfare or the Government for the promotion of women and child welfare in the state.

Senior Officers and staff assist the Commissioner or Director of family welfare. The entire work is distributed among 5 sections.

1. Maternal and Child Health
2. Demography
3. Administration
4. Accounts and
5. Mass Media

MATERNAL AND CHILD HEALTH

The CSSM programmes and activities are carried out by MCH division. The section is headed by a Joint Director, who is assisted by Cold Chain Officer and one Research Officer along with other supporting staff. They look after the promotion and implementation of the programmes under.

(s) Mother's health covering antenatal care, natal care and post natal services.
(b) Child health services like immunization, vaccine preventable diseases, and nutritional supplements.

(c) Maintenance of cold chain system to keep vaccine potency.

(d) Other programmes like dia's training management and prevention of diarrhea diseases among children through oral rehydration therapy.

(e) And maintains records and reports pertaining to these activities.

FUNCTIONS OF JOINT DIRECTOR (MCH)

1. He will work under the administrative control of the Commissioners and technical guidance and control of the Additional Director (FW & MCH).

2. He will supervise and guide the districts in organizing immunization and nutrition programmes for children and pregnant mothers.

3. Guide, assist and supervise the district level officers to actively involve them in the implementation of the CSSM programmes.

4. Supervise and guide the service units for maximum coverage of antenatal mothers in providing quality of services.

5. Supervise and guide the districts in providing institutional deliveries and qualified attendant at birth for domiciliary deliveries.
6. Ensure at least 3 ante-natal and 3 post-natal visits by the female health assistants for all mothers.

7. Supervise the activities at the service units and districts in providing new born care and referral of high risk cases to hospitals.

8. Ensure diagnosis of high risk pregnancies by staff and help in referral for institutional deliveries.

9. Ensure that the vaccination supply are sent to the service units for immunization without interruption and maintains stock and issue position at districts.

10. He will tour the districts to check the availability of vaccines, drugs, materials and equipment.

11. He will ensure maintenance of vaccines as per the required temperature.

12. Supervise and guide the staff under cold chain system for their proper maintenance and vaccine availability and distribution.

13. Supervise the service units in their administration of Vitamin A and Iron and Folic Acid tablets (IFA) for the beneficiaries.

14. Participate in the district level review meetings whenever possible to assess the programme performance and provide guidance to the staffing if any deficiencies are notified.
15. Maintenance close contacts with other related departments under developmental programmes like Adult Education, Women development and child welfare, water supply and sanitation, primary education etc. for proper implementation of maternal and child health programmes.

16. Plan, participate and guide in training of health awareness programme in the community.

17. Ensure participation and technical support from international agencies like UNICEF, WHO, World Bank, etc.

18. Monitor the preparation and updating of beneficiaries under maternal and child health programmes and in the preparation of action plans by the service centres through the district programme officers.

19. Provide all mass media and educational programme support to the districts.

20. Plan, initiate and organize training programmes for the field health functionaries under skills development.

21. Scrutinize maintenance of records, reports, and submission of returns in the prescribed formats under CSSM progress reports, cold chain sickness report, stock position and distribution of vaccines.

22. Attend periodical review meetings at the state and the districts and guide the staff in improving performance.
23. Submit monthly tour and inspection notes to the Commissioner and Additional Director for necessary action and information.

24. He will support and guide the department in the integration of Family Welfare and MCH Programmes into the Reproductive and Child Health (RCH) programmes by implementing the strategies, components and other interventions under RCH.

25. He will discharge any other functions as entrusted by the Commissioner or Additional Director for the promotion of women and child welfare.

DEMOGRAPHY

The Demography division is headed by Deputy Director who is assisted by two Statistical Officers. One for Family Welfare Services and Evaluation and other for CSSM statistics. They are further assisted by Deputy Statistical Officers and statisticians along with a computer cell. This division mainly deals with collection, compilation, analysis and submission of returns on various programme performance activities under the department. They prepared periodical review reports for each district and the state on sterilization, IUD insertions and users of other temporary methods under family welfare, and infants and mothers covered under immunizations like BCG, Polio, DPT, and Measles and T.T for pregnant mothers. This division also deals with evaluation of performance statistics furnished by service units in the districts.¹⁰
FUNCTIONS OF DEPUTY DIRECTOR (DEMOGRAPHY)

1. He will work under the administrative control of the Commissioner or Director Family Welfare and technical control and supervision of the Additional Director (FW & MCH).

2. He is responsible for collection, compilation, organization and analysis of data related to Family Welfare and CSSM programmes.

3. He will present, interpret the quantitative information received from the district on the performance in terms of the laid down objectives and the expected levels of performance.

4. He will assist the department in the conduct of meetings of programme officers and District Medical and Health(DM&HO) Officers for the improvement of Family Welfare and CSSM programmes.

5. He is responsible for the maintenance of data bank in the department as well as in the district for monitoring and evaluation of the programmes.

6. He has to arrange to review all the programmes under family welfare and CSSM at state level for utilization by concerned officers.
7. He is the technical supervising officer for all the Statistical officers in the state and the district, review their work and guide them in the discharging of their duties.

8. He is responsible for the supervision for proper documentation of records and reports in all health institutions and for smooth flow of information from the periphery and feed back from above for all Family Welfare and CSSM programmes.

9. He will closely monitor and supervise the implementation of Health Management Information System (HMIS), Personal Management Information System in all institutions like District Medical and Health Offices, Primary Health Centres, and Sub-Centres.

10. He will periodically attend the divisional and district level meetings of medical officers, programme officers, and guide and orient them in evaluation techniques and for improving the recording and reporting systems.

11. He will the districts for evaluation of programme performance and conduct sample checks for verification of reported acceptors in rural and urban areas.

12. He will supervise the civil registration in all rural and urban institutions, covering municipalities, major
Panchayats and coordinate with revenue and Panchayat
Raj officers for improvement of vital statistics.

13. He will conduct quarterly review meetings with the
statistical officers working in the districts for improvement
of recording and reporting efficiency.

14. He will guide, assist, and supervise the orientation
training programmes for Statistical personnel working
in the department and at the district on the Health
Management Information System.

15. He will be guest faculty for all training institutions under
medical and health department, like District Training
Teams, Regional Training Centres (male and female) and
cover topics on demography, vital and health statistics,
and HMIS.

16. He will supervise the records, reports and returns
maintained and submitted by the Sub-centres, Primary
health centres and DM&HO under F.W., CSSM and RCH
programmes.

17. He will conduct reverification of state and central
evaluation reports wherever necessary, for initiating
action against defaulters and ensure follow up action by
the District Medical and Health Officers in case of any
defects noticed by the evaluation teams.
18. He will take special studies on coverage evaluation and other studies to assess the impact of performance on demographic indicators.

19. He will ensure supply of all printed formats to the service units and the district for maintenance of records and submission of reports.

20. He will ensure proper utilization of the Computers provided to the district.

21. He will coordinate with the Deputy Director (vital statistics) under Director of Health for the development of vital and health statistics and in optimum utilisation of statistical units working in the districts.

22. He will attend to such other duties as entrusted by the Commissioner and Additional Director, related to monitoring, evaluation and statistical analysis of the F.W. CSSM and RCH programmes.

ADMINISTRATION

The administration division is headed by Assistant Director who is assisted by ministerial staff. This section deals with establishment matters and stock and stores. The stock position and distribution of equipment, drugs and other items are maintained by this section. In addition, the staff sanctions and positions, employee details, vehicles are some of the other subjects looked after by this division.
FUNCTIONS OF THE ASSISTANT DIRECTOR

1. He will work under the administration control and guidance of the Commissioner Family Welfare and Additional Director Family Welfare.

2. He will assist the department in all administrative and establishment matters as entrusted to him.

3. He will ensure general cleanliness inside and outside the premises of the department.

4. He will maintain inventory and stock register of all stores and equipment supplied to the department and responsible for its accounts.

5. He is responsible for proper maintenance of the vehicles allotted to the department for the use of state level officers.

6. He will ensure proper maintenance of service records and registers for the staff working in the headquarters.

7. He will ensure timely preparation of indents for drugs, instruments, equipments, vaccines and contraceptives in advance as required for the service units in the districts.

8. He will ensure timely and uninterrupted distribution of stocks, equipment, and other materials to the districts.

9. He will discharge day to day administrative functions of the department.
10. He will provide necessary support to the organization in conducting meetings, work shops, and training programmes at the state head quarters.

11. He will ensure discipline among the ministerial staff working in the directorate.

12. He will provide support and guide the Commissioner Family Welfare in implementing Government orders related to administration and establishment matters.

13. He will attend to such other duties as entrusted by the Commissioner and Additional Director for the smooth and effective functioning of the department.

ACCOUNTS

One Accounts Officer who is supported by Assistant Accounts Officer and other staff heads the Accounts division. This section mainly deals with grants from the Government funds allocation to various districts under different programmes, preparation of pay bills for head quarters staff, expenditure statements against budget allocation etc. Funds are received from the Government for implementation programmes which are disbursed to the districts to the concerned programme officers. Budget allotment and expenditure under various heads of accounts are maintained by this section.
FUNCTIONS OF ACCOUNTS OFFICER

1. He will work under the administrative control and guidance of the Commissioner family welfare.

2. He is responsible for the maintenance of the details of grants from the Government under various schemes under Family Welfare, CSSM and RCH Programmes.

3. He will ensure allocation of funds as per budget to various districts separately under each head of account and as directed by the Commissioner.

4. He will maintain detailed information on the staff working in the head quarters and draw their salaries and other allowances as per eligibility and attendance and as per the instructions issued by the Commissioner.

5. He will prepare consolidated expenditure statement against budget allotment from the districts and the state every month.

6. He will maintain proper accounts for the A.C and D.C. bills drawn at the state and the districts.

7. He will ensure submission of Last Pay Certificates for the staff on transfer with full details covering deductions if any

8. He will ensure proper scrutiny of the bills and claims as per rules before payments.
9. He will maintain all records and reports of accounts as per the prescribed forms and guidelines received from the Department of treasuries and Accounts.

10. He will ensure the information on budget allotment, expenditure, and balance available under each head and sub head of account at any time as required by the Commissioner.

11. He will arrange for proper auditing of the expenditure made at the district and the state and maintain audit reports for various heads of accounts and programmes.

12. He will arrange for timely receipt of budget allotments from the Government and arrange for proper and timely distribution to the districts as per the orders of the Commissioner.

**MASS MEDIA**

The Mass Media Division is headed by Deputy Director (mass education and media) who is assisted by one Health Education Officer and other staff. This section deals with group education and mass media activities, monitoring and development of information, education and communication activities under Family Welfare and CSSM programmes.
FUNCTIONS OF DEPUTY DIRECTOR

He will work under the administrative control of the Commissioner Family Welfare and under technical guidance and supervision of the Additional Director (FW & MCH).

1. He will keep all information relevant to educational and mass media activities in the state, specifically concerning Family Welfare, CSSM, and central and state policies on population and health.

2. He will develop work plan in consultation with Commissioner and other state Family Welfare programme officers on education and communication aspects.

3. He will maintain records of educational and mass media activities and ensure preparation and display of relevant information charts, maps, at state level.

4. Guide assist and supervise the educational programmes undertaken by the districts with reference to Family Welfare, CSSM programmes.

5. He will organize and guide to conduct mass education programmes like film shows exhibitions, lectures folklore's etc, with the help of District Education and Media Officers at the district.
6. He is responsible for all educational motivational and communication programmes related to the Family Welfare and CSSM and also for RCH programmes.

7. He will plan and develop area specific age specific and Community specific IEC activities.

8. He will maintain list of prominent and opinion leaders for the state and involve them for the promotion of women and child health and welfare activities.

9. He will tour the districts to review the I.E.C. activities and supervise the work of District Education and Media Officers.

10. He will prepare monthly report of educational activities in the district and submit consolidated report to the higher authorities.

11. He will ensure the districts to maintain complete kit of educational aids for their use and also for training purposes.

12. He will help and guide the districts in identification of hard core and resistant groups. Drops outs etc and arrange for specific counseling programmes.

13. He will help the state and district officers in organizing training programmes for extension Educators and other related staff on I.E.C.
14. He will attend to such other duties and functions as entrusted by the Commissioner and Additional Director Family Welfare for promotion of Family Welfare, CSSM and also for RCH programmes.

All these officers and sections work under the administrative control of the Commissioner and technical supervision of the Additional Director Family Welfare and MCH.11

FUNCTIONS OF ADDITIONAL DIRECTOR (FW AND MCH)

1. He will function under the administrative and technical guidance of the Commissioner Family Welfare or Director Family Welfare.

2. He will provide support and guidance to the Commissioner, Family Welfare or Director Family Welfare in implementation of all Family Welfare and Child Survival and Safe Motherhood programmes.

3. He will keep all relevant information for development activities of the programme and help the department in the preparation of action planning.

4. He will collect, analyze and interpret the data with reference to the programme performance at state level.

5. He will guide and assist the department in the preparation and organization of training programmes for all categories for skills development.
6. He will ensure proper maintenance or records, reports and submission of returns to higher agencies and scrutinize their maintenance.

7. He will help the department in determining the priorities in programme implementation.

8. He will supervise the work of District Family Welfare Bureau (DFWO), PHCS, UFWCs and PP Units in providing the quality of services and supplies to the beneficiaries.

9. He will tour the districts and check for the staff, stock and materials their availability and status at all the service centres.

10. He will help to diagnose the community issues that hamper the progress of the programme performance and suggest solutions within the given resources.

11. He will ensure all the mass media and educational materials required by the service units are provided.

12. Monitor the preparation and updating of various beneficiaries, like eligible couples, infants, children and mothers and guide the service centres in the preparation of their annual action plans.

13. He will take the assistance of all the officers and staff working in the state under family welfare in performing his duties.
14. He will guide and supervise the organization of mass communication and other educational programmes at state and district level.

15. He will coordinate family welfare and CSSM programmes with other related departments under Governmental and non governmental organizations.

16. He will attend to periodical review and staff meetings at state level.

17. He will ensure that similar staff and review meetings are held at district and service centre level regularly.

18. He will discharge any such other duties and responsibilities as entrusted by the Secretary to Government Health and Family Welfare or by the Commissioner and Director Family Welfare for the promotion of Family Welfare and CSSM programmes.

**STATE CABINET COMMITTEE**

Like the National Cabinet Committee, there is a State Cabinet Committee with the Chief Minister as the Chairman and Ministers of Health, Finance and Social Welfare as members for formulation of broad policies and for reviewing their progress from time to time.

**STATE FAMILY WELFARE COUNCIL/BOARD**

There is a State Welfare Council or Board which is an advisory body for policy-making. The State Cabinet Committee and the State Family Welfare Council or Board perform functions roughly similar to
those of their union counterparts. The latter plays a somewhat
dominant role in the programme. The job of the State Family Welfare
Council is to lay down the principles regarding family welfare and to
review family welfare programme from time to time. It is also to advise
the Government on all matters regarding family welfare.

ACTION IMPLEMENTATION COMMITTEE

For the purpose of reviewing the progress of work in family
welfare and generating meaningful bases for policy formulation and
possible improvements in administration operations an Action
Implementation Committee is constituted. This Committee and the
Development Commissioner, Health Secretary, Director of Medical and
Health Family Welfare services, Regional Directors and other
important state officers as its members. The Additional Director for
family welfare is its Secretary. The Committees composition is
intended to bring together the views and experiences of people from a
broad spectrum of development fields.

PERSONNEL ADMINISTRATION

The State Government is involved only in appointments of
gazetted staff and medical personnel, while the Director of Medical
and Health Services appoints the Extension Educators and clerical
staff. The appointing authority for ANMS at the District level. But in
the state with a fairly vocal democracy, interference at the instance of
representatives of the people, even in regard to the non-gazetted staff
is not uncommon. Recruitment of family planning personnel for peripheral is done through the District Selection Committee.

FINANCIAL ADMINISTRATION

The Commission-cum-Secretary, Medical Health and Family Welfare have been empowered to sanction the funds for continuing schemes within the item-wise sanctions given by the Government of India. The budgetary sanctions are operated by the Additional Director-cum-State Family Welfare Officers of Health and Family Welfare at the district level, by civil surgeons for the urban set up and the Medical Officer in charge, primary health centre for staff at PHC level.

REGIONAL LEVEL SET-UP

At the regional level the family welfare and CSSM programmes are monitored by the Regional Director of Medical and Health Services along with other health programmes under implementation in the region. Further, there are regional training centres functioning in the regions to provide management and skills training for the health functionaries working under the family welfare and MCH programmes headed by Principal and supported by faculty of various disciplines.

Consequent on the implementation of six point formula in Andhra Pradesh all non-gazetted posts in the department were classified as Zonal and District Cadres. In order to deal with service
and establishment matters of the zonal cadre posts. Regional Directors were established in the year 1976. They are located at

1. Visakhapatnam
2. Rajahmundry
3. Guntur
4. Kadapa
5. Warangal and
6. Hyderabad.

Even though the Department of Medical and Health is having different Directors under Health, Medical Education, A.P.V.V.P. Aids control, and family welfare, the non-gazetted staff at district and peripheral level are not bifurcated departmental wise. As such the Regional Director will work under the Administrative and technical control of the above Directors. Apart from during with the service matters of the Zonal Cadre posts the RDMHS will also look after the monitoring and review of all the National Health programmes including family welfare in his region.

The functions of the Regional Director are

1. He will deal with all service matters of all the categories coming under the localization schemes, which includes all appointments, transfers, posting, disciplinary cases, relating to the staff working in the zone, excluding specified gazetted category.
2. Administrative and supervisory control over the staff other than those mentioned above.

3. All financial and technical powers vested in various Government Orders, codes, and Acts of the medical and health department including municipalities, whether to exercise by the Additional Directors of Medical and health Service in the directorate is extended to him.

4. Responsible for implementation of all plan, non plan and national schemes coming under the medical and health department.

5. He will collect and compile all statistical data relating to the medical and health programmes in vogue within the region.

6. He will attend to such other duties as felt necessary by the Secretary to Government Health, and Director of Health, Commissioner Family Welfare and other officers of Director Cadre.12

REPRODUCTIVE & CHILD HEALTH PROJECT –II IN ANDHRA PRADESH

Consequent to the paradigm shift in the focus of family planning programmes world wide from population control to reproductive and child health after the International Conference on Population and Development at Cairo in 1994, the family welfare programme in India also received a new direction towards improving the reproductive and
child health status in the country. As a part of this countrywide programme, Andhra Pradesh state too had commended implementing interventions under the Reproductive and Child Health was implemented in two parts: National Component under which interventions were taken up on a limited scale throughout the state; and the Sub-Project under which numerous programme interventions were implemented in Mahabubnagar district and in the urban municipal areas surrounding the city of Hyderabad, the state capital.

It is felt that the RCH-I project has made only marginal contribution in the State’s efforts to improve the maternal and child health indicators for the state’s population. The State is considerably behind in its efforts to achieve the internationally accepted Millennium Development Goals (MDGs) set for India. The State is also considerably behind in achieving the proportionate goals in health and demographic indicators set by itself under State’s Population Policy as well as the Andhra Pradesh Vision - 2020 document. It is proposed to take advantage of the RCH-II project to the maximum extent in reaching the reproductive and child health services to the people of the state, particularly those in the rural and interior underserved areas. By designing appropriate interventions in the areas of maternal health, child health, adolescent health, family planning, tribal health, and urban health, and by implementing them in a scientific and systematic manner, it is aimed to achieve substantial improvement in
the health and demographic indicators, particularly amongst women and children in the state.

The Reproductive and Child Health-II Project in Andhra Pradesh is proposed to be implemented at a total cost Rs.795.19 crores over the years 2005-2010. The RCH-II project seeks to Reduce Infant Mortality Rate from the current estimate of 59 per 1000 live-births per year, to less than 25 by 2010; Reduce Neonatal Mortality Rate from the last estimate of 43.7 per 1000 live births per year to less than 20 by 2010; Reduce Maternal Mortality Ratio from the current estimate of 341 per 100,000 live births per year, to less than 80 by 2010 and also to improve tribal health, urban health and adolescent health with special focus to underserved SC/ST population groups. The project also seeks to achieve substantial increase in the male participation in family planning programmes, and make intensive efforts to improve the acceptance of temporary and spacing methods by the people. In the area of adolescent health, the project seeks to achieve quantum improvements in the awareness levels among adolescent girls and boys particularly in the rural areas, on topics such as personal and social hygiene, sexual hygiene, menstrual hygiene amongst girls, awareness about the importance of the male participation in reproductive health matters and family planning, and RTIs/STIs including HIV/AIDS.
Under Urban Health, the project seeks to substantially add to the health care facilities for the urban population particularly in respect of preventive health care services. Under Tribal Health the project seeks to carry out innovative interventions to substantially improve the tribals' access to modern health care services. The project provides for major investments in the areas of training of personnel, institutional strengthening, behavioral change communications, improved systems for financial management, and monitoring and evaluation.

Keeping these overall goals in view, numerous interventions have been designed to make health services more accessible and accountable to the public, improve the health infrastructure facilities and health services in the public institutions in the state.

Important interventions successfully implementing in Andhra Pradesh state during the financial years 2005-06 and 2006-07.

- Women Health Volunteers Scheme (55400 rural women health volunteers at the rate of one per 1000 rural population; 8500 Tribal Community Health Workers; 1400 Village Health Workers set-up under RCH-I projects; and 5400 Urban WHVs; Total: 70,7000).

- Rural Emergency Health Transportation Scheme (to run 432 ambulances in the rural areas of the state to provide emergency health transportation services particularly for
pregnant women and infants and other health emergency cases).

- Comprehensive Emergency Obstetric and Neonatal Care (CEMONC) Centers in 148 sub-district level hospitals.

- 800 Round the Clock Mother and Child Health Centers in 800 PHCs (out the total 1570 PHCs in the state).

- 8.0 lakh Free Bus Passes Scheme to rural BPL pregnant women to enable travel to the nearest hospital for antenatal care and delivery care.

- 168 Neonatal Intensive Care Units in selected government hospital in the state.

- 145 Blood Banks and Blood Storage Centers in all the CEMONC center Hospitals.

- Janani Suraksha Yojana (Rs.1000/- incentives for institutional delivery to all BPL women) for about 6.5 lakh pregnant women.

- Training of doctors and nurses in Emergency Obstetric Care and Emergency Neonatal Care and Emergency Anesthetic Care.

- Home-based Management of Neonatal and Childhood Illnesses (HMNCI) Training for 4500 Civil Assistant Surgeons, 6500 Staff Nurses, and 12522 ANMs in the state.
• Young Infant Health Assurances Scheme to prevent neonatal mortality in rural BPL low-birth weight infants below 2 months of age; Out-Patient Voucher scheme and In-Patient hospitalization assistance scheme under Public Private Partnership scheme.

• New-born Care Kits distribution to about 3.0 lakh SC/ST and BPL family infants who are of low birth weight.

• Village Health and Nutrition Days in every village in the state at least once in a Fortnight.

• Family Planning Compensation for Wages lost, including additional compensation sanctioned by the State Government for BPL people.

• Rural RCH Health Camps at the rate of one per Block approximately, per week for the entire year, with attendance of Obstetrician and Pediatrician specialists.

• Mobile Medical Units (92 in the entire state).

• Sub-Centre United Funds (Rs.10, 000) per Sub-Center to improve the sub-center facilities.

• Civil Works and Repairs to sub-centers, PHC buildings, CHC buildings and maternity wards of all other hospitals in the state.

• Hospital Development Societies and release of Rs.1.0 to 1.9 lakhs lakh to every PHC/CHC and Area Hospitals;
and Rs.5.0 lakhs for every District Headquarters Hospital Development Society.

- Village Health and Sanitation Committees (one per 1250 to 1500 rural population, and release of Rs. 10,000 per village for health and sanitation activities).
- Second ANMs at all Sub-Centers.
- Health Information Help Line (through Public Private Participation).
- Tribal area Birth Waiting Homes.
- School Health Campaign.
- Adolescent Health Counselors in High Schools and Villages.
- Syndromic management of STI's and RTI's at CHC, and PHCs.
- Urban Health Centers (149 in the above 1.0 lakh and below 1.0 lakh towns in the state)\(^\text{13}^\)

The above 5.3 table indicates that during the year 1990-91 target fixed for the sterilization is 6, 50,000 and achievement was 4, 56,983. The percentage to total achievement was 70.31. During the year 1993-94 the percentage of total achievement was enormously increased above 100 per cent (i.e., 100.65 per cent). Subsequently, the percentage of total achievement has been gradually decreasing during the year 1997-98 and it was 83.87 per cent. Since 1999-2000
## TABLE 5.3

TARGETS AND ACHIEVEMENT IN THE STATE FROM 1980-91 TO 2006-07

| Sl. No | Year | Sterilization | | | IUD | | | CC Users | | | Oral Pills | | |
|--------|------|---------------|:---:|:---:|:---:|:---:|:---:|:---:|:---:|:---:|:---:|:---:|
|        |      | Target | % of Achievement | Target | % of Achievement | Target | % of Achievement | Target | % of Achievement | Target | % of Achievement |
| 1      | 1990-91 | 650000 | 70.31 | 458000 | 56.21 | 1078300 | 74.81 | 225128 | 85.87 |
| 2      | 1991-92 | 600000 | 80.59 | 450000 | 55.87 | 1050000 | 82.62 | 200000 | 98.06 |
| 3      | 1992-93 | 600000 | 87.40 | 460000 | 55.87 | 1085000 | 76.86 | 279000 | 86.07 |
| 4      | 1993-94 | 600000 | 100.65 | 500000 | 66.44 | 1382000 | 71.91 | 300000 | 81.88 |
| 5      | 1994-95 | 600000 | 95.95 | 500000 | 67.66 | 1500000 | 74.42 | 300000 | 80.57 |
| 6      | 1995-96 | 550000 | 94.65 | 295189 | 99.86 | - | - | 372331 | 65.07 |
| 7      | 1996-97 | 525005 | 98.32 | 34475 | 86.48 | 686203 | 61.01 | - | - |
| 8      | 1997-98 | 750000 | 83.87 | 350000 | 82.89 | 900000 | 575724 | 63.97 | 359564 | 67.58 |
| 9      | 1998-99 | 750000 | 97.79 | 350000 | 95.31 | 900000 | 564309 | 62.70 | 300000 | 81.84 |
| 10     | 1999-00 | 773314 | 102.17 | 350000 | 84.83 | 900000 | 567457 | 62.75 | 300000 | 85.21 |
| 11     | 2000-01 | 800000 | 101.79 | 350000 | 82.83 | 900000 | 564306 | 64.92 | 300000 | 85.30 |
| 12     | 2001-02 | 800000 | 101.05 | 350000 | 82.85 | 700000 | 549691 | 76.51 | 300000 | 83.58 |
| 13     | 2002-03 | 800000 | 104.32 | 350000 | 91.68 | 700000 | 567679 | 91.90 | 300000 | 98.94 |
| 14     | 2003-04 | 800000 | 103.85 | 350000 | 95.35 | 700000 | 688982 | 98.01 | 300000 | 102.49 |
| 15     | 2004-05 | 800000 | 92.05 | 472500 | 79.27 | 945000 | 823780 | 87.17 | 405000 | 81.85 |
| 16     | 2005-06 | 800000 | 93.03 | 472500 | 82.98 | 945000 | 826662 | 87.48 | 405000 | 81.13 |
| 17     | 2006-07 | 800000 | 76.87 | 472500 | 78.32 | 945000 | 844118 | 89.32 | 405000 | 89.80 |

Source: Office of the DM & HO, Kadapa
the total achievement has been gradually increasing and the highest achievement was 104.32 per cent in 2002-03. Further, it was come down during the year 2005-06 and 2006-07 to 93.03 and 76.87 respectively.

During the year target fixed for Uterine Devices was 4, 58,000 and achievement was 2, 57,450. The percentage to total was 56.21. Subsequently, it was gradually increased to 95.86 per cent in 1995-96. Again it was slowly decreased to 91.68 in 2002-03. In the year 2003-04 the percentage was increased to 95.35 and later goes to 76.32 during the year 2006-07.

Regarding Contraceptive Users fixed target in 1990-91 was 10,78,3000 out of which users goes to 806691 and the percentage is 74.81. There are certain fluctuations which lead to the highest achievement of percentage 98.01 during year 2003-04. In 2006-07 the percentage is mitigated to 89.32.

There is no exception to Oral Pill targeted to 2, 25,128 out of these fulfillment is 193326 i.e., 85.74 per cent. Again it has enhanced to 98.06 per cent in the following year and gradually down graded to 65.07 per cent in 1995-06. Then onwards it has increased to cent percent (i.e., 102.49) 2003-04. There is a dereliction of percentage of 89.80 in the year 2006-07.
REFERENCE


