ADMINISTRATIVE STRUCTURE OF MEDICAL AND HEALTH DEPARTMENT IN ANDHRA PRADESH
This chapter deals with the Administration of Medical Health in the State of Andhra Pradesh. It studies the State of Andhra Pradesh. It brings too the origin of the department of health, evolution of the department, the secretariat level organizational set up, organizational structure at Directorate level, staffing pattern, their roles and functions and so on.

The State of Andhra Pradesh has come into being on 1st November 1956, as a result of the States Reorganisation Act. It comprises 23 districts of erstwhile Andhra State and nine districts of Telangana which were part of the erstwhile Hyderabad State.

Andhra Pradesh has an area of 2,76,700 sq.km and a population of 762.10 millions spread over in 27,221 villages, 14 municipal corporations, and 120 municipalities. Andhra Pradesh ranks fifth both in respect of land area and population in the country. According to 2001 census, the density of population in the State is 277 per sq.km. The literacy rate is 234.45 per cent. Presently there are 23 districts in the State. The State has three natural geographical regions viz., Coastal Andhra, Rayalaseema and Telangana with varying levels of
socio-economic development, cultural patterns and demographic variations. It is shown in the table 2.1.

According to 2001 Census, the urban population in the State is 208.09 millions.

The Government of Andhra Pradesh has the constitutional responsibility to provide health care services to its population living in urban, semi-urban, rural and tribal areas since health is a State subject. In this chapter, the organisational structure and management aspects of health and family welfare in the Government of Andhra Pradesh are discussed.

Administrative Organisation of Medical and Health Services in Andhra Pradesh

Origin of the Department

The department of Public Health has got a long history with the origin in the year 1864. In that year the first Sanitary Commissioner was appointed in the former Madras Presidency, whose duties were chiefly for military requirements and the expenses of the department were met from military Budget. During the course of time, when the civil portion of the commission's duties increased, the Sanitary Commissioner was transferred to civil side, transferring the expenditure to civil budget.
The vaccination section of the Health Department, which had its origin in the year 1802, was under the control of Superintendent General of Vaccination with a few trained personnel. This branch of vaccination was gradually developed increasing the vaccination staff. The supervision and control of vaccination were under the control of Medical Department as 'Preventive Medicine' was not recognized as a distinct branch of profession till 1875. During the year 1875-76, the control of vaccination department was transferred from medical department to Sanitary Department.³

Registration of Deaths was first attempted in Madras Presidency in the year 1855 in Madras town only. In the year 1865, the first attempt was made to register the mortality of people in other parts of the presidency through the agency of Sanitary Department. From that time, the Registration of Births and Deaths was carried out with varying degrees of success. Finally, in the year 1899, Madras Registration of Births and Deaths Act of 1899, was passed for the entire state and implemented the same in the entire presidency of Madras in a phased manner.⁴

In order to have trained personnel for vaccination and public health work a certificate course in sanitary inspection was started in the year 1895, till which time, only people with no training in
practical or theoretical sanitation were employed as Sanitary Inspectors for vaccination work.

The spread of cholera and the frequent occurrence of cholera out breaks was a subject of anxiety and hence, the Government sanctioned the creation of a small groups with reserve of Sanitary Inspectors consisting of two batches with ten Sanitary Inspectors in each, for cholera preventive work in the year 1912. The number of groups increased to eight by the year 1922.

As a result of the recommendations of the Public Service Commission and of the introduction of the new Government of India Act 1919, Sanitary and Public Health became a transferred subject under the control of the Minister in-charge of the Local Self Government Department. The title of “Sanitary Commissioner” was changed as “Director of Public Health” (D.P.H) and the Sanitary Department was named as Public Health Department as per G.O.Ms.No.367 PH dated 8.3.1922.

Thus the Public Health Department was born in the year 1922 with Director of Public Health as head of the Department with the following objectives: 5

1. Systematic maintenance of Vital Statistics and Registration of Births and Deaths
2. Conduct systematic vaccination

3. Improve environmental sanitation

4. Control of local epidemics like Cholera, Small Pox, Plague, Enteric fevers etc., and reduce mortality rates.

5. Inspect and guide the local authorities to adopt health measure in Municipalities and Panchayats as contemplated in Municipalities Act, Panchayat and Zilla Parishad Acts.

6. Train sanitary inspectors to perform Public Health Work in state and local bodies services, and others.

A separate state of Andhra with 11 districts was carved out of the former Madras state (called originally as Madras presidency) in the year 1953. In Andhra state also the department of Public Health was functioning as a distinct department with DPH as head of the department with the above mentioned objectives. A separate department of Medical services with the Director of Medical Services as head of the department was functioning to render medical care facility through hospitals.

Consequent on the reorganization of states in India on linguistic basis in 1956, the Andhra Pradesh State was formed on 1st November 1956 with 11 Districts of Andhra and 9 Districts of former Hyderabad State. In former Hyderabad State, there existed a single
department of medical and health for preventive and curative aspects of medicine with single Director. After the formation of the A.P.State, the Department of Medical and Health as existing under the former Hyderabad State was bifurcated and the Public Health activities and schemes along with the personnel were merged with the public Health Department of the A.P.State under the Director of Public Health. The curative activities along within the staff were tagged on to Director of Medical Services.

When India attained independence in 1947, some remarkable recommendations for developing health services in the country was available under Health Survey and Development Committee known as Bhore Committee in 1946. This committee recommended a three tier system of health care delivery, through setting up of primary, secondary and tertiary health units in each district. Health services in the country have been broadly modeled on these recommendations ever since 1952, when Primary Health Centres are set up at Community Development blocks. Over the years efforts have been made to further strengthen health delivery system, with recommendations made by various health committees as follows:

1. Health Survey and Development Committee, headed by Joseph Bhore in 1946. This committee recommended,
(a) integration of preventive and curative services, at all administrative levels,
(b) short-term plans for establishment of primary health centres,
(c) long-term plan for primary health centres with 75 beds for every 20,000 population, secondary and district hospitals with 2500 beds.

2. Health survey and planning committee headed by Dr. A. L. Mudaliar in 1962. This committee recommended consolidation of progress made so far, establishment of Regional Directors for 2 or 3 districts, stop further expansion of PHCs until quality of services in the PHCs improve and development of All India Health Services on line with I.A.S.

3. Dr. Chadah Committee in 1963 recommended Malaria surveillance to be handed over to general health services and monthly operations to be done by Basic Health Worker (BHW) one for every 10,000 population with additional responsibility of Vital Statistics and Family Planning.  

4. Mukherjee Committee in 1966 recommended separate staff for Family Planning Programme stating that the basic health workers not to be utilized for programmes other than Malaria.
5. Kartar Singh Committee in 1973 recommended that the present ANMs should be replaced as Multi-purpose Health Workers and the present BHWs, Vaccinators, Family Planning Assistants, Malaria Surveillance Workers are all to be replaced as Multi-Purpose Health Workers (MPHW) Male.

6. Dr. Srivastava Committee in 1975 recommended the creation of a band of workers from the community itself at the village level to look after the basic health needs of the villagers, treat minor ailments, and refer cases to PHCs for further treatment and diagnosis purposes.

7. Working group on Health For All headed by Kripa Narain in 1981 identified and set out objectives to health planning, and evolved specific indices and targets for achieving Health For All by 2000 A.D.

Evolution of the Department

The department of Public Health which was dealing with vital statistics and control of epidemics, environmental sanitation, conduct of fairs and festivals and implementation of P.H. Act in local bodies was further entrusted with more Public Health Programmes like Malaria control, Filaria control, BCG Vaccination Anti-yaws, Family Planning, Maternity and Child Health, etc., in first and second five
year plan periods. During the same time, in the medical department also rapid changes took place extending medical care facilities to rural area with the establishment of Primary Health Centres under the control of Director of Medical Services. As per the recommendations of Bhore committee, the primary health centres were established with a view to cover the rural population for rendering both preventive and curative services involving Local bodies also in Rural Health Programme. During the third five year plan period, consequent on gearing up the Family Planning Programme which was under the control of Public Health and providing more men and materials, the role of primary health centres became more important.

As per the recommendations of Health Survey and Planning Committee and directions of Government of India, the departments of Public Health and Medical Services hitherto functioning separately, were merged in G.O.Ms.No.1285 H dated 29.6.67 at state as well as district level on administrative, technical, and financial grounds for integrated, efficient and expeditious services. The integrated department is called as 'Medical & Health Department' with the following staff at Directorate Level. A re-organised setup of the integrated department was ordered in G.O.Ms.No.1500 H dated 1.8.1967 with the following staff pattern\textsuperscript{12}
1. Director of Medical & Health Services

2. Additional Director of Medical & Health Services (former D.P.H.)

3. Deputy Directors of Medical & Health Services (6)
   1. Professional Education
   2. Medical care
   3. E.S.I.
   4. Family Planning & MCH
   5. Communicable Disease

4. Assistant Directors of Medical & Health Service
   1. School Health & Nutrition
   2. M.C.H.
   3. Family Planning
   4. Epidemiology
   5. Small Pox
   6. Malaria & Filaria
   7. Leprosy
   8. Health Education
   9. Planning & Evaluation
  10. Statistics
  11. T.B. Control

At the district level also, the two departments were merged to streamline the administration, where the impact of merger and reorganization was felt more. The former District Medical Officer was re-designated as District Medical & Health Officer and former
Asst. District Medical Officer was re-designated as Deputy District Medical and Health Officer giving them territorial jurisdiction in the district.

Thus, a complete merger of the Public Health department and Medical department took place at State, district and peripheral level from 1.7.1967 to render both curative and preventive service upto village level.

Health being a state subject, several measures for prevention and control of communicable diseases were taken up by the state of Andhra Pradesh Recruitment of doctors, nurses, paramedical technicians, and other medical manpower were taken up on a large scale. Other measures like establishment of hospitals, Primary Health centres, sub-centres and dispensaries were also simultaneously taken up by the Government with an objective of taking up health care delivery system to the doorsteps of the people.

The adverse effects of high population growth on development are well known. The provision of adequate social, economic, and health facilities to the growing population in terms of hospital, housing and education facilities create problems in the allocation of available and limited resources. Increased dependency burden along with the increased current consumption levels make a drain on
development resources and create difficulties in the provision of basic amenities like health and housing. Under such circumstances the Andhra Pradesh State Medical and Health Department branded off into 10 different directorates for effective and efficient functioning. Each office caters to some specific aspects of health services without infringing upon the functioning of other offices which are discussed elaborately in the following lines. They are:

1. Directorate of Health
2. Directorate of Medical Education
3. Directorate of Family Welfare
4. Directorate of AIDS control
5. Directorate of Institute of Preventive Medicine
6. Directorate of Insurance Medical Services
7. Directorate of Drug Control Authority
8. Commissionerate Andhra Pradesh Vaidya Vidhan Parishad (APVVP)
9. Directorate of Indian System of Medicine and Homeopathy and
10. Autonomous Institutions like A.P. University of Health Sciences and Nizam's Institute of Medical Sciences (NIMS), and Sri Venkateswara Institute of Medical Sciences (SVIMS).

Directorate of Health is headed by Director who is assisted by Additional Directors, Joint Directors, Deputy Directors and Regional Directors. This department looks after (a) implementation of national health programmes, (b) supervision of taluk hospitals with less than 30 beds, upgraded Primary health centres, community health centres,
PHCs dispensaries, and mobile medical units, and (c) prevention and control of local endemic and epidemic diseases.\textsuperscript{14}

The Directorate of Medical Education is headed by Director and assisted by Additional Director, Joint Director and Deputy Directors. This office is mainly concerned with imparting medical and paramedical education on the recognized standards and also supervision and strengthening of facilities at teaching hospitals and medical colleges.\textsuperscript{15}

The Directorate of Family Welfare is headed by a Commissioner. This department pursues execution of centrally sponsored schemes like Family Welfare, Child survival and safe motherhood programmes. This office also looks after the administration and supervision of the World Bank Project under Reproductive and Child Health.\textsuperscript{16}

Directorate of AIDS control was established in the year 1992-93. All the blood banks in Government institutions and S.T.D. clinics work under the supervision of this office. Information, education and communication programmes towards the prevention of the spread of AIDS are routed through this Directorate.\textsuperscript{17}

Directorate of Institute of Preventive Medicine has a Director who controls and supervises the central laboratory and also central
blood bank. This institute manufactures antigens and antisera for Rabies, Cholera, Typhoid, Tetanus Toxoid, Orosol etc.

Directorate of Insurance medical services is responsible for the supervision and administration of ESI hospitals and dispensaries. This office functions under the Ministry of Labour in the State with technical support from the department of health, medical and family welfare in the secretariat.18

The implementation of prevention of Food Adulteration Act (P.F.A. Act) 1954 which was a public health subject, was tagged on to Drug control branch. Later on, for effective implementation of P.F.A. Act and to strengthen the drug control administration, this branch was separated from the Drugs Controller and attached to the Director Institute of Preventive Medicine (D.I.P.M) in the year 1974, both at Directorate level and district level. The Director of I.P.M. has also been designated as State Food (Health) Authority for Andhra Pradesh to implement the prevention of food adulteration act of 1954 (central Act) and the rules there on. So, a separate department on Drugs Control Administration was born with a separate Director, Directorate of Drug Control is in-charge of issuing, checking and monitoring of drug licenses and maintenance of drug quality control in the state. This department is headed by a technically qualified and
experienced non-medical person and is assisted by Jt. Director, deputy director and senior scientific officers.19

Secretariat Level Organisational Set-Up

The State Health Administration is headed by a Minister usually of the Cabinet rank.20 He is the political head of the department. The Secretary to the Government, Department of Health, Medical and Family Welfare belongs to the cadre of Indian Administrative Service (I.A.S.). He is the administrative head for the State Department of Medical and Health Services and works under the Minister for Medical and Health Services. At the Secretariat level, the Secretary to Government is assisted by an Additional Secretary, two Joint Secretaries, two Deputy Secretaries and several Assistant Secretaries. The work and nature of subjects to be dealt with by these officers are approved by the Secretary. These officers are assisted by different sections headed by section officers with the necessary supporting staff. At present, 17 sections are functioning at the Government Secretariat level. Each section comprises of one Section Officer, two Assistant Section Officers, one typist and one attender.

The Health, Medical and Family Welfare Department is a technical department, headed by highly qualified personnel in the
Organisational setup of Medical and Health Services System in the Government of Andhra Pradesh - 1991 (including Broad Functional Areas)

Minister for Labour
Director, APM&MH Housing Infrastructure Devpt. Corpn.

Univ. of Health Sciences Vijayawada
Nizam Inst. Of Medical Ses. (NIMS)
Director Insurance Medical Services
Director Indian Systems of Medicine & Homeopathy
Director Drug Control Admn.
Director Drug Inspectors Drug Laboratories
Blood Bank PH Laboratories Food Analysis Food Adulteration
Drugs ESI Hospitals Unani Medical Colleges & Hospitals under ISM Dispensaries ESI Dispensary -panel
Director of Medical Education Addl. Directors, Dy. Directors, Regl. Directors of M&H Services, DMHOs, All Special Institutions, National Health Nursing Programmes, Epidemiology control statutory authority for Health SHTO, Para Medical Courses Primary Health Care Centres, sub-centres. urban health services
F.W.Prog. Immunisation services (UFP) MCH, ORT, ARI, Training Centres D.Hq. hospitals taluk hospitals, spl. hospitals

Source: Directorate of Medical and Health Services, A.P. 1991
field of medical sciences and public health. It is of significance to note that at the Secretariat level, all the issues are discussed and decisions taken by non-technical administrators and there is no technical officer with medical or public health qualifications to help the secretariat authorities in technical matters, in taking decisions on issues relating to medical and health care administration.

There is also a system of consultative machinery at the Secretariat level. Usually the consultative committee members are the people’s representatives nominated by the Government to express and share their views with the Minister for Medical and Health Services.

The service delivery point for curative services is the institutional setup, namely hospitals and dispensaries. These medical and health institutions are teaching hospitals and specialist hospitals attached to medical colleges, district headquarters hospitals, taluk hospitals, civil hospitals, dispensaries where services are provided both for out-patients and in-patients along with emergency care and referral systems. At the dispensary level only ‘out-patient’ care is provided as they are not equipped with ‘in-patient’ facilities usually. Integrated curative and preventive services are provided in rural areas through the structure of Primary Health Centres and their sub-centres.
These include institutional as well as community based health care services.

After the formation of Andhra Pradesh, in November, 1956, the department of medical services and the department of public health were amalgamated with effect from 1st July 1967, and the new combined department was termed as Department of Medical and Health Services and the head of the Department was designated as the Director of Medical and Health Services. At the Government level, the Secretariat, the Secretary to the Government and the Minister for Health and Medical Services are the only competent authorities to make and take any policy decisions, to accord administrative or financial sanctions and to approve of any schemes based on the proposals received from the Director, as the Head of the Department.

ORGANISATIONAL STRUCTURE AT DIRECTORATE LEVEL

In fact, the merger of two directories / departments i.e., the 'Medical Services' Department and 'Public Health' Department in 1967, is a major innovative step and it could be stated as a very bold step of integrating curative and preventive services which other States in the country could emulate. It was during 1973, again reorganization took place and the Directorate of Medical and health Services was bifurcated, paving the way for two directorates, one for
'Medical Education' and the other for 'Public Health'. This was not a vertical split but led to the creation of top level posts. Let us study the structure and composition of the department and functions:

DIRECTOR OF HEALTH

As a head of the department he has to manage various branches of the department with the assistance and cooperation of subordinate officers and staff at different levels viz., Regional level, District level and peripheral level. He is responsible for the implementation of various national and state health programmes (Chart 2.2).

The Director of Health is also ex-officio Chief Registrar of Births and Deaths in the state and ensure proper implementation of the Births and Deaths Registration Act (Central Act 18) 1969 and the A.P.State birth and death registration rules. He is also responsible for proper guidance in all technical, administrative and financial matters to the regional and district level officers. He shall be responsible for proper utilization of the budget voted for the department and proper administration in the department.21 Being the advisor to the Government in all technical matters he shall render expert advise to the Government in all technical matters. He shall also ensure proper discipline of the staff. The Director of Health is supported by 5
Additional Directors each under Communicable diseases, Malaria & Filaria, Leprosy, Planning and Administration. The Chief Accounts Officer also works under the control of Director of Health to provide necessary support in finance and Accounts.

**ADDITIONAL DIRECTOR (COMMUNICABLE DISEASES)**

He has to assist the Director of Health in matters relating to control of local epidemics in the state. He will personally supervise the conduct of major fairs and festivals in the state to avoid outbreak of any epidemics. He is also in-charge for the prevention and control of diseases like, Diarrhoeal diseases, environmental sanitation, Plague, Yaws, guinea worm eradication, goiter control, flurosis, industrial health, and school health. He is supported by Joint Directors each under Epidemics, Industrial Health, Health Education and one Deputy Director for Vital Statistics.

**Joint Director (Epidemics)**

**Control of Epidemics:** He has to assist the Additional Director (C.D) in planning and implementation for control of epidemics, major fairs and festivals and monitoring the reports on epidemics from the districts (Chart 2.3). He is an officer of civil surgeon cadre.
Guinea-worm Eradication Programme: The Guinea-worm Eradication Programme is a centrally sponsored scheme, launched in the year 1983-84. The objective of this programme is to eliminate guinea-worm cases in the state by constant monitoring of reports. This disease which was prevalent in 6 districts in the state, namely Kurnool, Mahaboobnagar, Kadapa, Anantapur, Prakasam, and West Godavari was brought down to zero incidence.

Joint Director (Health Education) / State Health Education Bureau: He is the programme officer for “Health education” in the cadre of Civil Surgeon. He will work under the administrative control of Additional Director (C.D). He has to plan, organize and guide health education activities relating to all Public Health programmes. The State Health Education Bureau came into existence in the year 1959 as per recommendations of Government of India.24

1. To help people to achieve health by their own actions and efforts.
2. To assist people to shoulder responsibility for their community health.
3. To obtain people’s active participation and support for Public Health programme.
This department is headed by Joint Director (Health Education) and works under the administrative control of the Director of Health. This Bureau has six sections under

1. Training, headed by a Training Officer
2. Media Unit, headed by a Technical Officer
3. Editorial wing, headed by Sub Editor
4. Health Museum, headed by Health Educator
5. Field Study Demonstration Centre, under a Health Education Officer
6. Student Health Education Unit headed by a Technical Officer.

**Deputy Director (Vital Statistics):** He is a non-medical person but a postgraduate in Statistics. He has to look after the subject Vital Statistics, Health Statistics and Medical Statistics. He has to collect compile the Statistical returns relating to Births and Deaths from the entire State and compile the same. He will also assist the Additional Director (C.D.) and the Director of Health in the implementation of Birth and Death Registration Act in the State.  

**Joint Director (Industrial Health):** In order to keep pace with the Industrial growth and prevent occupational injuries and sickness, the department has created one Industrial Health cell in the Directorate of Health (G.O.Ms.No.853/h1/dt 21.10.1974). He is responsible for
issue of approvals for industries, factories, and other establishments likely to harm the health of the community. He will work under the technical supervision of the Additional Director (C.D.) and administrative control of the Director, supported by a Health Supervisor. The main functions of this cell are:

1. Directions to industries in the matters of safety and health.
2. Complement and implement the health provisions of various acts and rules.
3. Implement Public Health Act, Air and Water Pollution Act, Cinematography Act, A.P.Gram Panchayat Act and Municipalities Act etc.
4. Give technical guidance to District Medical and Health Officers, and Municipal Health Officers on Dangerous and Offensive Trade Acts including Health safety measures in cinema halls and so on.

The Joint Director (Industrial health) is also the programme officer for the Iodine Deficiency Disorders control programme also known as Goitre Control programme.

The Iodine deficiency Disorders control programme was started in Andhra Pradesh in the year 1987-88 as a 100 per cent centrally sponsored scheme. The main objective of the programme is
to promote awareness about Goitre (Iodine deficiency disease) and its prevention among people living in the endemic areas through distribution of iodised salt at subsidized prices and others.

ADDITIONAL DIRECTOR (MALARIA & FILARIA)

National Malaria Eradication Programme: National Malaria Eradication Programme (NMEP) is a centrally sponsored scheme with 50 per cent assistance from the centre (Chart 2.4). The objectives of this programme are:28

1. Prevent mortality and morbidity due to Malaria and Filaria.
2. Maintain agricultural and industrial revolution achieved by reducing the incidence of Malaria.

The programme is implemented through out the state with the help of 22 District Malaria units, 6 zonal Malaria units, 275 sub-malaria units, and 10 urban Malaria units.

The National Malaria Eradication and Filaria Control programmes are supervised by the Additional Director for Malaria and Filaria, who is the State Programme Officer. He will monitor the programme as per the technical guidelines and the policy of the Director General of Health Services, Govt. of India. He will be under the administrative control of the Director Health and have technical
and administrative control over the officers and staff working under the programme at zonal, district and peripheral level. He is responsible for the proper and effective implementation and evaluation of the programme in the state. The Additional Director is assisted by 2 Deputy Directors, one for Central Malaria Laboratory and other for Entomology and one Deputy Director at State level and by the zonal officers at regional level and District Malaria officers at district level.

State Level

Deputy Director of Medical and Health Services (Entomology) – Central Malaria Laboratories: He has to assist the Additional Director (Malaria & Filaria) in planning and organizing training programmes for the field staff in laboratory techniques, collection, and compilation of technical data received from the districts and also assist the Additional Director in implementation of the Malaria eradication programme. There are Deputy Director Medical and Health Services (Entomology), Gazetted Assistant / Asst. Director (Admn) and others.

Zonal Level

Zonal Officer (Malaria): They are in the cadre of Civil Surgeons with head quarters at (a) Visakhapatnam, (b) Rajahmundry, (c)
Guntur, (d) Cuddapah, (e) Warangal and (f) Hyderabad. They are the technical supervisory officers at zonal level having 3 to 5 districts under their jurisdiction. They provide necessary guidance and supervision to the field staff of the District Malaria Organisation in respect of Malaria, Filaria, J.E. and other vector borne diseases.

**Assistant Director (Entomology):** He works under the administrative control of the zonal officer and provide support to the Malaria Eradication Programme by studying the Entomological component of Malaria programme and also responsible for research studies.

**District Level**

**District Malaria Officers:** He is an Entomologist and programme officer for Malaria at the district level. He is the chief executive of the programme at district to plan, organize and implement Malaria Eradication programme. He works under the administrative and technical control of the District Medical and Health Officer and also under technical control of the Zonal officer (Malaria) of the zone. There are Assistant Malaria Officers, Sub-Unit Officers (MPHEO) and others.
Urban Malaria Units

The Urban Malaria Control Programme is implemented in some Municipalities and Municipal Corporations mentioned below:


The Biologist is in-charge of the urban Malaria units. He is a qualified Entomologist, responsible for planning, organizing and initiating anti-larval measures in the urban localities. He is assisted by Health Inspector (Multipurpose Health Worker), Superior field worker, field worker, and insect collector in the field to carry out anti-larval work in the urban cities as per the NMEP guidelines.

National Filaria Control Programme (N.F.C.P)

Deputy Director Medical and Health Services (Entomology): He is in-charge of the Filaria Control programme. He is a senior and qualified Entomologist, and works under the technical and administrative control of the Additional Director (Malaria and Filaria). He will assist him in planning, execution and monitoring the activities under Filaria control through 28 Filaria Control Units in the state. Each Filaria Control unit is manned by (Biologist) Senior Entomologist, or Multi-purpose Health Supervisor. In total 9 senior Entomologists, 19 multi-purpose health supervisors, 786 and 331
superior field workers and field workers respectively are working under the Filaria Control programme.

In Andhra Pradesh, there are, 2 Survey Units, 4 Filaria Clinics, 1 Detection-cum-Treatment Centre and 1 Filaria Research-cum-Training Centre. Activities comprises of:

1. Early detection of Filaria cases through blood collection for suspected cases and;
2. Treatment for micro-cases detected.
3. Anti-larval operations in control units.

ADDITIONAL DIRECTOR (LEPROSY ERADICATION PROGRAMME)

National Leprosy Eradication Programme: As part of the overall objective of “Health For All by 2000” Leprosy control programme was converted into Leprosy Eradication and Multi-Drug Therapy was introduced in 2 districts of Srikakulam and Vijayanagaram in the year 1983. Since then the programme is extended and implemented in all the districts in the state (Chart 2.5). At the state level Additional Director is the programme officer assisted by one special officer in the cadre of Joint Director. He is also called state leprosy officer and responsible for the organization, management and supervision of the Leprosy Eradication. The overall objective of the programme is
CHART 2.5

LEPROSY ERADICATION PROGRAMME

Director of Health

Addl. Director (Lep)

Joint Director (Lep)

Senior Medical Officer
(SSCAU)

District Leprosy Officer
PMO, HEO, PT, DSO, LT, NMA

Senior Medical Officers
Lep. Trg. Centre, Hyderabad

Medical Officer
Temp. Hospitalisation ward
M.O., S/N, P.T, N.O.

Junior Medical Officers
Non-Medical Supervisor
Non-Medical Assistant
DSO
Lab. Technician
L.D. Computer

Medical Officer
LCU/MLC, ULC

Health Educator
Non-Medical Supervisor
Lab Technician

Physio-therapy Technician
Non-Medical Assistant
L.D. Computer

Junior Medical Officers
Physiotherapy Technician
Non-Medical Supervisor
Non-Medical Assistant
eradication of leprosy through early diagnosis and detection of leprosy cases, treatment and rehabilitation of treated cases with a specific goal of bringing down the prevalence rate to less than one per 10,000 population by 2003 A.D. and the programme is implemented through District Leprosy Officers in all the districts.

The National Leprosy Eradication Programme is sponsored by the Government of India with 100% central assistance to the State.

National Leprosy Eradication Programme (NLEP) is being run as a vertical programme in the sense that the staff sanctioned for the programme at different levels works exclusively for the Leprosy Eradication programme. The NLEP is supported by the following staff of Joint Director Leprosy, District Leprosy Officers and others.

ADDITIONAL DIRECTOR (PLANNING AND EVALUATION)

He will look after the planning of the department for strengthening the health services under state and central plan programmes. Development of the infrastructure, including upgradation of Primary Health Centres, establishment of new primary health centres, construction of buildings, for community health centres, primary health centres, sub-centres and staff quarters etc. He will also look after the plan schemes budget requirements, staff
requirements and drugs and equipments needed for the health care delivery system (Chart 2.6).

CHART 2.6
PLANNING BRANCH

Source: Dr. MCHRD Function Manual

JOINT DIRECTOR (T.B.)

He is in the cadre of Civil Surgeon. He is the programme officer for T.B. control under the administrative control of Director of Health. He is responsible for the proper and effective implementation of the T.B.control programme in the state as per the policies and guidelines of Government of India. This programme is implemented throughout the state through the District T.B.Centres headed by District T.B.Control officers (Civil Surgeon Specialist).

There is a State T.B.Training and Demonstration Centre (STDC) at Hyderabad functioning as a service unit for twin cities, besides training activities with the following staff (Chart 2.7):
1. Director (Civil Surgeon)
2. Bacteriologist (Civil Surgeon)
3. Epidemiologist (Civil Surgeon)
4. Radiographers
5. Lab. Technicians

The main objective of this programme is to reduce active T.B. cases in the community by early detection and diagnosis with effective treatment. This programme is implemented in all the districts of the state with the technical supervision by the Joint Director (T.B. Control) under the control of the Director of Health.

**District T.B. Centres:** The district level centres are managed by District T.B. Officers. He is of the Civil Surgeon cadre with specialization in T.B. and Chest diseases. He will run the centre at District Headquarters and supervise the activities of T.B. clinics attached to the area hospitals in the district and also monitor the cases referred to the clinics by the peripheral units for further examination and treatment. These district units are functioning with the following staff under the supervision of the District T.B. Officer.

1. Treatment Organiser (male)
2. Treatment Organiser (female)
3. Radiographer
4. Lab. Technician
5. Lab. Assistant
6. Statistician
The T.B.control programme is a centrally sponsored scheme with 50 per cent of the expenditure borne by the central government.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

Directorate Level

Joint Director (NPCB): Joint Director (NPCB) is the state level programme officer for National Programme for Control of Blindness (NPCB) and is the head of the state ophthalmological cell. The cell consists of one Deputy Director (MIS), Gazetted Assistant and other ministerial staff. He is responsible for the coordination of manpower deployment and non-plan allocation for the programme implementation and also for the smooth and effective operation of NPCB in the districts. The main operational objective of this programme is to bring down curable blindness from 1.5 per cent prevalence to 0.3 per cent by 2000 A.D. This is a centrally sponsored scheme with 100 per cent assistance.\textsuperscript{38}

He will look after the programmes and performances under the Ophthalmic cells, mobile ophthalmic units, district mobile units for eye camps etc. He works under the technical and administrative control of the Director of Health and also provides cooperation and coordination with other departments like Medical Education and A.P.Vaidya
Vidhan Parishad for mobilizing the department for organisation of eye operations and camps.

The organization and administrative set up for effective management of the programme at various levels are made through Deputy Director (MIS), Deputy Statistical Officer, Gazetted Assistant and others.

Regional Level

Regional Institute of Ophthalmology: Sarojini Devi Hospital, Hyderabad with a bed strength of 557 beds and 37 Faculty members has been designated as Regional Institute of Ophthalmology. It is one of the Institutes in India recognized by the Government of India for imparting Trainer’s Training in I.O.L. micro surgery.39

Central Mobile Ophthalmic Units: These are attached to and functioning at (a) Regional Eye Hospital, Kurnool, (b) Regional Eye Hospital, Warangal, (c) Regional Eye Hospital, Visakhapatnam, and (d) Government General Hospital, Guntur. These units are provided with equipment and staff for conducting cataract operations by arranging eye camps. The staff under these units are:

1. Civil Surgeon
2. Civil Asst. Surgeon
3. Optometrists
4. Health Educator
5. Rehabilitation Assistants
6. O.T. Nurses

District Level

District Headquarters Hospitals: One post of Ophthalmic Civil Surgeon has been created under NPCB in all the District Headquarters hospitals in the State. Thus there are 23 Ophthalmic Civil Surgeons in the district hospitals.

District Mobile Units: 23 Mobile units are established in all the districts.

District Programme Manager: District Programme Managers are appointed by the District Collectors who is the chairman of the District Blindness Control Society (DBCS). In each district a district blindness control society is formed with the District Collector as Chairman with 20 members both official and non-officials. To coordinate the activities of the programme, a district programme manager was appointed by the District Collector on a consolidated pay. They are mostly retired medical personnel with professional experience. The District Programme Managers are responsible for implementation of various components of the programme at district
level utilizing the grants released by the Government of India directly for this purpose.⁴⁰

Peripheral Level

Opthalmic Assistants: 350 PHCs were upgraded in the state by sanctioning one post of Ophthalmic Assistant to assist the Medical Officer in conducting refraction, other eye care tests, give advise for cataract operations whenever required and conduct screening for school children for correcting refractive errors and treat minor eye ailments. These PHCs are provided with the required equipment to provide all the above mentioned services under NPCB.

ADDITIONAL DIRECTOR (ADMINISTRATION)

He is an officer of the Deputy Secretary cadre and is deputed to the Department of Health by the Government to assist the Director in the matters related to Administration and Services. He is assisted in the Directorate by one Deputy Director (Administration) and one Assistant Personnel Officer⁴¹ and Chief Accounts Officer.

STATE HEALTH TRANSPORT OFFICER (SHTO)

He is in the cadre of Superintendent Engineer. He works under the administrative control of the Director of Health. He is in-charge of the State Health Transport Organisation (Chart 2.8). He will also
CHART 2.8

STATE HEALTH TRANSPORT ORGANISATION

S.H.T.O.

Dy. Transport Officer

A.T.O. Works

C.W.S.  Watch and Ward  Job Card

A.T.O. (VRS)

Veh. Rec  Trg.

A.T.O. Parts

Cen. St

A.A.O. Accts.

Proc. Sec

A.P.O. Personnel

Statistics

R.W.S.

M.W.S.-20
assist the other departments of Medical and Health as he is responsible for maintenance of all the vehicles under Medical and Health, belonging to Family Welfare, APVVP, Institute of Preventive Medicine, Indian Systems of Medicine and Homeopathy.42

The State Health Transport Organisation looks after the maintenance and repairs of 1638 vehicles belonging to the Director of Family Welfare, Director of Health, Director of Medical Education, Commissioner of Andhra Pradesh Vaidya Vidhan Parishad, Director of Insurance Medical Services, Director of Indian Medicine and Director of Institute of Preventive Medicine. There are 214 ambulances under different programmes in the fleet of State Health Transport Organisation.

His organization consists of (1) one central workshop at Hyderabad (2) 4 regional workshops at Visakhapatnam, Vijayawada, Cuddapah and Warangal and (3) 20 mobile workshops at district headquarters where there are no regional workshops. He is assisted by the following technical staff to attend the jobs like repairs, replacements and maintenance of vehicles.

1. Deputy Transport Officer
2. Assistant Transport Officers
3. Assistant Accounts Officer
4. Assistant Personal Officer
5. Cost Accountant
6. Deputy Statistical Officer
7. Service Engineers
8. Foremen
9. Chargemen
10. Skilled Artisans
11. Junior Technical Assistants
12. Artisans

**DISTRICT MEDICAL & HEALTH OFFICER**

He is in the cadre of civil surgeon. He is the head of the district health administration. He is under the administrative and technical control of the Director of Health as well as Regional Director concerned (Chart 2.9). He is responsible for the implementation of all National Programmes in the district with the assistance of the district programme officers like, district T.B. Officer, District Leprosy Officer, District Malaria Officer, Additional District Medical and Health Officer etc. \(^4\)

The posts are existing at (1) Utnoor of Adilabad, (2) Paderu of Visakhapatnam district, (3) Rampa Chodavaram of East Godavari district, and (4) Palavancha of Khammam district.

Files had to be circulated to both the Doctors for approval before orders are issued. Only in limited circumstances and situations,
the Directors could function independently. Some sections and units were under the control of both the Directors (dual control) not in conformity with the principles of organizational relationship. These were answerable to both the Directors, a paradoxical situation which hampers effective and smooth functioning. Thus the decade of 1970-80 registered integration, separation, again amalgamation of the department of medical and health services besides creating many posts at different levels of hierarchy giving an impression that it is 'top-heavy' administration with marginal utility value with regard to the up-keep and maintenance of people's health.

The Directorates / Heads of Institutions / Departments are as follows:

(i) Director of Health Services
(ii) Director of Medical Education
(iii) Commissioner / Director of Family Welfare
(iv) Commissioner, Andhra Pradesh Vaidya Vidhan Parishad
(v) Director of Preventive Medicine and Food Authority
(vi) Director of Drug Control Administration
(vii) Nizam Institute of Medical Sciences (NIMS), Hyderabad
(viii) University of Health Sciences, Vijayawada
(ix) Director, Department of Indian Systems of Medicine and Homeopathy
(x) Medical and Health Housing and Infrastructure Development Corporation
(xi) Director of Insurance Medical Services (Employees State Insurance Scheme).
TABLE 2.1

MEDICAL AND HEALTH INSTITUTIONS UNDER DHS, A.P. AS ON 31.03.2004

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Description</th>
<th>No. of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary Health Centres (PHCs)</td>
<td>1386</td>
</tr>
<tr>
<td>2</td>
<td>District Hospitals</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Area Hospitals</td>
<td>55</td>
</tr>
<tr>
<td>4</td>
<td>Community Health Centres</td>
<td>118</td>
</tr>
<tr>
<td>5</td>
<td>Speciality Hospitals</td>
<td>10</td>
</tr>
<tr>
<td>6</td>
<td>Dispensaries</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: Director of Health Services, A.P., Hyderabad (Planning Division).

Andhra Pradesh Vaidya Vidhan Parishad (APVVP)

CHART 2.10

APVVP - ORGANOGRAM

- COMMISSIONER
  - Commissioner (Medical)
  - Commissioner (General)
  - EE (Equip)
  - EE (Civil)
  - Asst. Commr.
  - Vigilance Officer
  - Int. Audit Officer
  - Finance Officer
  - DCHS (23)

  - Governing Council
  - Commissioner (Zonal)
  - Secretary
  - Jt. Secretary-1
  - Jt. Secretary-2

  - District Hospitals (20)
  - Area Hospitals (58)
  - Community Health Centres (117)
  - Speciality Hospitals (10)
  - Dispensaries (25)
Introduction: Established in the year 1986 under an Act of legislation, Andhra Pradesh Vaidya Vidhan Parishad (APVVP) deals exclusively with the middle level hospitals of bed strengths ranging from 30 to 350. 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 which, 20 are District Hospitals, 55 are Area Hospitals, 118 are Community Health Centres, 10 are called as Speciality Hospitals and 25 dispensaries (Table 2.1). It consists of staff working in the Andhra Pradesh Vaidya Vidhan Parishad (Chart 2.10).

Services: The district hospitals offer treatment in the speciality fields of General Medicine, General Surgery, Orthopaedics, Obstetrics & Gynaecology, Anaesthesiology, Paediatrics and Ophthalmology and have bed strength ranging between 200 to 350.

Area hospitals offer treatment in the fields of general medicine, general surgery, obstetrics and gynaecology and paediatrics and have bed strength of 100.

Community health centres have bed strength of either 30 or 50. Out-patient and in-patient services are provided in all the above departments apart from lab and diagnostic services. Services under national health programmes such as National Malaria Eradication Programme, National TB Control Programme, National Programme
for Control of Blindness, Reproductive Child Health and most importantly AIDS control services are also provided at these institutions. The position of key staff, Head Office and at the district level are seen in the table 2.2 and 2.3.

**Functions:** The main functions of APVVP hospitals in providing effective delivery of health services are,\(^45\)

- Major and minor operation theatres as per standards,
- Out-patient department with consultation rooms and diagnostic facilities with reception area
- Emergency medical services with theatre 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.

Upgraded clinical effectiveness and quality with

- Norms for clinical, technical and support services
- Quality assessment mechanisms
- Skill updating trainings
- Better equipment
- Expanded capacity

Improved functioning of hospitals by

- Effective linkages between different levels of health service
- Referral clinical management protocols
### Key Staff

#### TABLE 2.2

**POSITION OF KEY STAFF – HEAD OFFICE**

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Officers</td>
<td>8</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Middle level Officers</td>
<td>30</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td>Non-Gazetted Officers</td>
<td>84</td>
<td>62</td>
<td>22</td>
</tr>
<tr>
<td>Technical Staff</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Class IV Staff</td>
<td>36</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Drivers</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>168</td>
<td>126</td>
<td>42</td>
</tr>
</tbody>
</table>

#### TABLE 2.3

**POSITION OF STAFF AT THE DISTRICT UNITS**

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Sanctioned</th>
<th>Filled</th>
<th>Regular</th>
<th>Contract</th>
<th>Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civil Surgeon Specialists</td>
<td>561</td>
<td>376</td>
<td>-</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Civil Surgeon RMOs</td>
<td>69</td>
<td>56</td>
<td>-</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Civil &amp; Dental Surgeons</td>
<td>286</td>
<td>102</td>
<td>-</td>
<td>184</td>
<td></td>
</tr>
<tr>
<td>Civil Asst. Surgeons</td>
<td>1467</td>
<td>1002</td>
<td>295</td>
<td>170</td>
<td></td>
</tr>
<tr>
<td>Dental Asst. Surgeons</td>
<td>154</td>
<td>23</td>
<td>114</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Staff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superintendents-I/II</td>
<td>77</td>
<td>55</td>
<td>0</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Head Nurses</td>
<td>514</td>
<td>460</td>
<td>0</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Staff Nurses</td>
<td>3432</td>
<td>2548</td>
<td>534</td>
<td>350</td>
<td></td>
</tr>
<tr>
<td>ANM’s/Maternity Asst.</td>
<td>545</td>
<td>486</td>
<td>27</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td><strong>Para Medical</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>1097</td>
<td>658</td>
<td>-</td>
<td>439</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>11934</td>
<td>9151</td>
<td>579</td>
<td>2187</td>
<td></td>
</tr>
</tbody>
</table>
**Equipment:** Major Equipment like X-Rays, USG, ECG, Endoscope, Defibrillator, Boyles M/C, Autoclave, Theatre & Lab Equipment, Pulse Oximeter, Operating Microscope, Generators & Air Conditioners have been supplied to all the hospitals, as per the service norms developed to each category of hospital. The equipment maintenance and training centres (4) established in the State looks after maintenance of the equipment, while the primary responsibility of the upkeep of the equipment lie with the user. To maintain the material and equipment, the allocation of budget is necessary (Table 2.4)

### TABLE 2.4

**POSITION OF APVVP - Budget**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Plan</td>
<td>125.76</td>
<td>123.95</td>
<td>120.72</td>
<td>144.55</td>
</tr>
<tr>
<td>Plan</td>
<td>36.99</td>
<td>36.47</td>
<td>36.47</td>
<td>43.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>162.75</td>
<td>160.42</td>
<td>157.19</td>
<td>187.95</td>
</tr>
</tbody>
</table>

**Drugs & Consumables**

An approximate amount of Rs.12 crores, is spent towards drugs and consumables annually. APHMHIDC Hyderabad a State owned corporation procures them based on the hospitals’ indents and disburse through a central drug store located at each of the district headquarters.
Thus there are 228 medical institutions under the administrative and technical control of the APVVP having a bed strength of 16224.46 (Table 2.5)

TABLE 2.5
HOSPITALS AND DISPENSARIES UNDER APVVP

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Category</th>
<th>Total No. of institutions</th>
<th>No. of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>District Headquarters Hospitals</td>
<td>20</td>
<td>5250</td>
</tr>
<tr>
<td>2</td>
<td>Area Hospitals</td>
<td>55</td>
<td>5500</td>
</tr>
<tr>
<td>3</td>
<td>Community Health Centres</td>
<td>118</td>
<td>5414</td>
</tr>
<tr>
<td>4</td>
<td>Government Dispensaries</td>
<td>25</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Speciality Hospitals</td>
<td>10</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>228</td>
<td>16224</td>
</tr>
</tbody>
</table>


A Commissionerate was constituted under the Act and it functions as a corporate body.

An Overview

The Government of Andhra Pradesh has the constitutional responsibility to provide health care services to its population living in urban, semi-urban, rural and tribal areas since health is a State subject. The history tells that the department of Public Health was
established in 1864 in Madras Presidency whose duties were chiefly for military requirements and the expenses of the department were met from military budget. Later on it was transferred to civil side. Several developments were made. A certificate course in sanitary inspection was started. The Public Health Department was established in 1922 with Director of Public Health with the objectives of conduct systematic vaccination, improve environmental sanitation, control of local epidemics and so on.

After the formation of the Andhra Pradesh State, the Department of Medical and Health was bifurcated. The curative activities along within staff were tagged on to Director of Medical Services. Several committees – Bhore Committee (1946), Mudaliar Committee (1962), Chadah Committee (1963), Mukherjee Committee (1966), Kartar Singh (1973), Srivastava Committee (1975), Kripa Narain (1981), and so on were constituted to develop the medical services.

The Department of Public Health was constituted to control Malaria, Filaria, BCG Vaccination, Anti-yaws and others. Later on, a complete merger of the Public Health Department and Medical Department took place at state, district and peripheral level from 1967 to render both curative and preventive services upto village levels.
The Andhra Pradesh State Medical and Health Department branded off into 10 different directorates for effective and efficient functioning. Each office caters to some specific aspects of health services without infringing upon the functioning of other offices.

The Medical and Health Organisations are constituted to develop the medical services at the Secretariat level, directorate level, district level and so on. Several functions are also allocated to each levels. Directors are also appointed to these levels with the motive of increasing the services. The Acts, norms, and others are too passed to streamline the role of the directors of the departments. The APVVP was also constituted. At the district level, the structure and composition and also role of the district Government Hospital, Anantapur is discussed elaborately in the following chapter.
References


4. Ibid.

5. Ibid., p.4.


13. Ibid., p.6.


17. Ibid., p.9.
19. Ibid., p.120.
20. Ibid.
22. Ibid., p.90.
24. Ibid., p.16.
26. Ibid., p.31.
30. Ibid., p.36.
31. Ibid., p.31.
32. Ibid., p.37.
35. Ibid., p.15.
37. Ibid., p.46.
38. Ibid., pp.46-47.
39. Ibid., p.48.

42. Ibid., p.52.

43. Ibid., p.53.


45. Ibid.

46. Ibid.