

# Knowledge Portal on Andhra Pradesh Health and Population



## **MISSION:**

To bridge the gaps between the health policy makers, program managers and health researchers by supplying qualitative and quantitative information as it happens or happened in the field to facilitate immediate feedback and become a one stop knowledge portal on Andhra Pradesh health.



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## Contents of the report

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2	Internet and information technology boom in India.
3	Emerging technologies and public health
4	Knowledge gaps – between international researchers and Indian health
5	Model depicting the present knowledge gaps in health research
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7	Administrative staff college of India - health management group
8	Partners to the venture and Andhra Pradesh government role
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10	Web site content (Sections within the portal, Issues addressed and functionality)

## INTRODUCTION



India has been undergoing health transition in the last decade: Increased investments are being made into health and family welfare sector; newer forms of health care delivery through NGOs are being encouraged; business management practices are being increasingly applied; private public partnerships are emerging and community based approaches to health care delivery are taking the frontline.

In 1997 India launched a major program on Reproductive and Child Health of woman ushering in an era of target free approach. Many of the Indian states borrowed large sums from the World Bank to revitalize their secondary health systems – the till now neglected sector. These new projects have many innovative components, community initiatives and a slightly different scheme of things. The community of researchers (national and international) needs to know the implementation – issues- outcomes as quickly as they take place to give their feedback and valuable advice. On the economic front India is opening up and emerging in a big way into the net world.

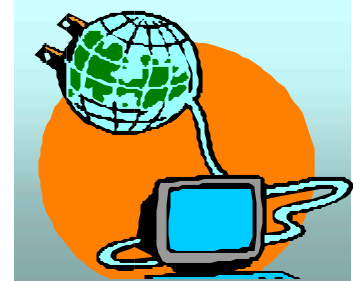
*"The optimal use of resources require **clear and accurate information** on resource flows and the impact that resources have on the quality and performance of the health services."*

**Hiroshi Nakajuma,  
WHO 1994**

## INTERNET AND INFORMATION TECHNOLOGY BOOM IN INDIA

Of late, Information Technology has been taking a fast track in India. Internet service provision has been thrown open to the private industry. The rush for Indian portals and search engines for Indian content and websites has begun in a big way. Every week at least 10 sites providing Indian content and links are coming up in the internet.

**According to one estimate nearly 70 million Indians will have access to email in the next 5 years**



Every sector either social or commercial, from steel to education is rushing to present it self through the net media. Education sector is led by the private sector with knowledge portals offering online training programs examinations and degrees.

Private health care, which is making fast strides in India, in terms of coverage and accessibility also took to the net media to present their facts figures, packages – telemedicine etc.

## **EMERGING TECHNOLOGIES AND PUBLIC HEALTH**

The technologies of computing like databases, Internet, geographical information systems have been well applied to public health in the developed countries.

1. Facilities, performance, personnel and indicators information is available in databases since they are collected straight into databases in the regular management process.
2. GIS maps are available for every possible public health phenomenon.
3. Internet, of late is being increasingly used to disseminate the available knowledge to the researchers, health care workers and general public.

It would be very helpful and meaningful if the developing counties also adopt these technologies quickly to help solve their public health and population problems.

Developing countries like India lag behind in this area. These technologies are still to be adopted by the researchers and governments. Some visible lapses in the health management are:

1. There is hardly any queryable database on health expenditures or facilities either offline or online.
2. Where as India has disease control programs for the last 4 decades, there are hardly any GIS mappings of the diseases or facilities, not even preliminary information is available in the Internet.



3. Indian public health, family welfare and population control issues are not yet presented in the Internet media the way they should have been.

There is some demographic information available from the census web site of India. Government of India and department of health and family welfare has a web site, and information that is available is not dynamic to cover the events as they happen.

## **KNOWLEDGE GAPS – BETWEEN INTERNATIONAL RESEARCHERS AND INDIAN HEALTH**

Unfortunately there is not an iota of information on Indian public health, family welfare and population control issues available in the net



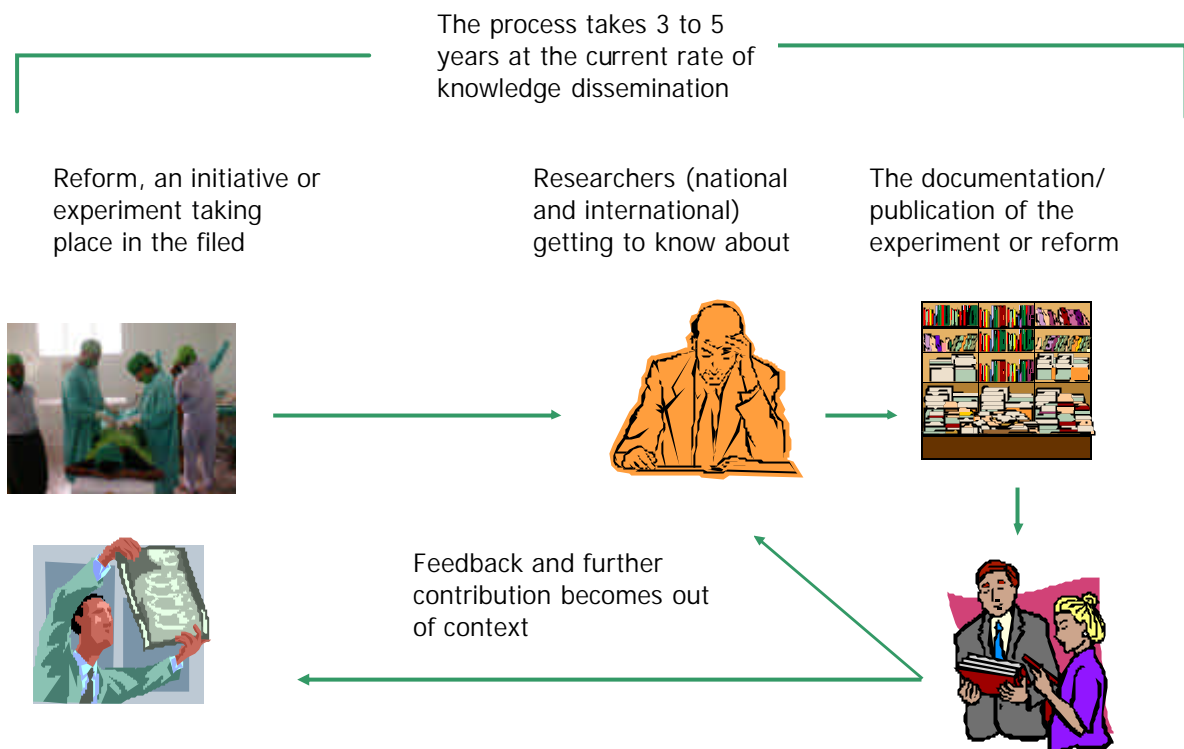
Of late Indian health scenario is attracting increased International attention on immunization, HIV and reproductive health. The international community of public health specialists and management experts are willing to lend the helping hand. Indeed the crucial transition of Indian health sector needs international help and advice in terms of technical and managerial inputs into diseases – profiles – projects and mostly reforms. But the support and material (knowledge) available to international and national health researchers in the print media is very less. It needs dedicated libraries to maintain the existing available documents and books. Unfortunately, most of the information is not even converted to the print media. Data

again is available only in the form of text. Crucial information on health investments, expenditures, facilities, performance is rarely available in any database. At present, even the office addresses of many of the State governments and program officers are not available on the net. The researchers have to invest lot of time and resources before they can do even preliminary analysis of the investments, performances and accessibility issues. This deters them from undertaking any serious study, unless they are funded and motivated to work through the hurdles. Even the process of consulting in the funded projects is a bit complex and tedious. Base information on the situation takes a lot of time to collect involving

expenditures. It has been the sad observation of some of the researchers that enormous duplication of effort and wastage of time occurs with every donor assisted consulting/ study generating its own data on the same topic and study area.

The current and latest information again, remains in the shelves of the directorates and secretariats and may be with couple of local research and consulting institutions. The result is a wide time gap between an event (reform, initiative, experiment) happenings and getting converted to an international publication/study – say as much as 3 years in the minimum. By the time it gets disseminated in the print form it would turn out to be a postmortem by the original author and more so by any one who would like to react on the publication. The feed back becomes completely out of context to the reform, initiative and event as the person who initiated the project would have been moved out or the project would have been complete, or would be changed/ modified. The net result is the existence of an unfortunate scenario wherein the wealth of international and national expertise becomes unavailable to the better management of health care delivery in countries like India.

## PRESENT MODEL OF INFORMATION DISSEMINATION



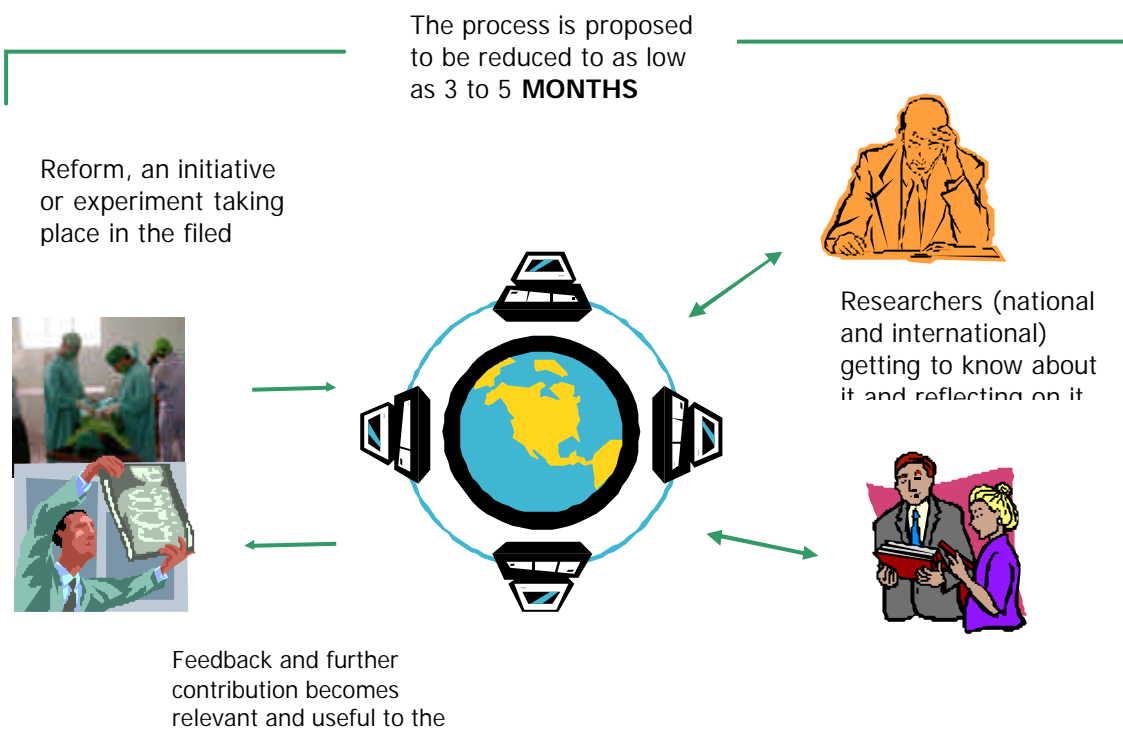
To facilitate the dialogue between researchers, policy makers and program implementers, we need a fast, cheap and easily accessible media. Internet is best suited to deliver the above service and bridge the vital gap between the researcher, policy maker and the program implementer. It is the cheapest, fastest and most widely accessible media and promotes transparency in the process of policy formulation and program management.

We need a fast, cheap and easily accessible media to facilitate the dialogue between researchers, policy makers and program implementers

A project, in the form of a web site/ knowledge portal on Indian Health and Family Welfare information is developed by Administrative staff College of India, Hyderabad with the active collaborating of governments, donors, NGOs and institutions.

Since the India level portal is a huge effort and it involves time and cost implications, Initially a model portal for the state of Andhra Pradesh has been developed [www.aphealth.info](http://www.aphealth.info) with all the components that are generally applicable to the states in India. Based on the feedback and further specific requirements and the data collection and updation feasibility, a larger model at india level will be advocated with the involved parties.

#### MODEL OF INFORMATION DISSEMINATION IN THE HEALTH SECTOR THROUGH THE WEB PORTAL



## **ADMINISTRATIVE STAFF COLLEGE OF INDIA - HEALTH MANAGEMENT GROUP**

**Administrative Staff College of India (ASCI)** (<http://www.asci.org.in/>) is a pioneer in post-experience management education, research and consulting in the country. The College was set up in 1956 at the initiative of the Indian Industry and government. The college has both sectoral and functional areas like Agriculture and Rural development, Water, Energy and Environment, Health Management, Finance, Marketing etc.,



Health Management group in the college has been active in the health reform in the country through consulting and research. It worked with nearly every state government in India and most of the major international agencies like World Bank, WHO, UNICEF, ADB, DFID, DANIDA, NORIDA and

others.

Health Management group is uniquely placed as a strong research and training institute with close day to day links with the governments. It has undertaken nearly 50 consulting and research assignments in the last 5 years to different state governments and government of India. The group has collected a wealth of information already in the electronic format on investments, process, structure and indicators of Indian health care system. It has a ten member strong faculty in the group supported by research officers.

ASCI has an ongoing collaboration with Johns Hopkins University for the Masters in Hospital Administration course.

## **PARTNERS TO THE VENTURE**

The state of Andhra Pradesh has developed extensive research institutions working in the field of health and family welfare. Most of them are founded and funded by the government of India and state government. These institutions provide most of the research/survey inputs to the national programs on various diseases. Notable among them are:

- Indian Institute of Health and Family Welfare, Hyderabad
- National Institute of Nutrition, Hyderabad

## **ROLE AND KEY SUPPORT OF THE GOVERNMENT**

Government of India and various state governments are encouraging every effort to internetising information relating to India. States like Andhra Pradesh has taken a lead by hosting huge web sites on various government departments. ASCI, has close consulting links with the Andhra Pradesh government and it has participated in various health care infrastructure projects in AP. Governments are the storehouses of innumerable reports, data, and detailed information. But, the information is heavily distributed in various sections, departments and finally non-traceable after a period of time. By partnering the government, it is proposed to develop an inventory of them and convert them to digital format and finally host it in the net.

## **MISSION**

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happened in the field; to facilitate immediate feedback and to become a one stop knowledge portal on Andhra Pradesh health and population issues.

## **OBJECTIVES**

1. To disseminate health and population information (on the structure, process, outcomes and feedback) to the community of international and national researchers, policy makers and program managers.
2. To benefit the Andhra Pradesh health care system with the expert advice from the community of scholars and health care researchers.
3. To ensure transparency in the policy process, program implementation and management by the above process.
4. To become a trendsetter to other states and developing countries.

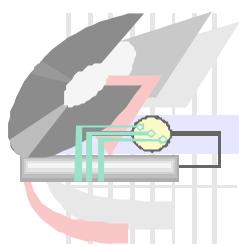
## CLIENTS AND THEIR NEEDS MATRIX

Client		Need	Notes
Policy makers and program managers	Central	Links to other country activities	The practice of policy makers seeking info in the net is growing
	State		
	District		
Researchers/ institutions	Foreign	Data, articles, references etc	Heavy users of internet resources
	Indian		
	Students		
NGOs	Foreign	Programs, data, other NGO activities	They regularly seek info on the net
	Indian		
Legislatures	Central	Particular data related to their area	Future
	State		
Donors		Indicators, innovations,	Regularly seek info on the net
General community		General information	Very less



## **TECHNOLOGIES EMPLOYED IN THE KNOWLEDGE PORTAL**

### **DATABASES:**



The information on facilities, expenditures, and incidents available in the manual black and white format has been converted to queryable databases. This facilitates any kind of query or cross tab or structured and unstructured analysis of either health expenditures on a particular component, incidence of a disease or demographic variable. The site hosts major databases on health expenditures, facilities, demographic trends, etc.,

### **GEOGRAPHICAL INFORMATION SYSTEM:**



Many of the regular tabular information on diseases or demographic indicators or facilities when presented as a GIS map will give new insights and facilitate quicker analysis and generate interest. GIS format has been extensively employed in the web site to interact with knowledge users and general administrators.

### **SCHEMATIC DIAGRAMS AND VISUAL FLOW CHARTS:**



The complexity of the Indian health system has been converted into easily understood diagrams, models and charts, which will simplify and facilitate quicker understanding of the interrelationships between various constituents of the system.

### **PHOTOS AND VIDEOS:**



Visuals are the best when it comes to giving a captivating account of the community. A collection of general and program specific photos and videos has been employed.

# APHEALTH . INFO

Comprehensive Health & Population Information Base For Andhra Pradesh

# COMPLETE WEB PAGE

Features-

- » Population Scenario
- » Health Infrastructure
- » Disease Control Statistics
- » District-Wise Statistics
- » State Health Department
- » Reproductive Child Health Programme
- » Health Schemes

Search

Enter Keywords

Search

- » State Medical Education
- » Health Links
- » GIS-
- » AP, District Level
- » Andhra Pradesh
- » India

Resources for Researchers

- » Indian Medical Acts & Legislations
- » Organization Of Health Services
- » Chronology of Health and Population through plans
- » Survey forms and Instruments
- » Jobs In Healthcare Sector
- » Fellowships In Health & Population
- » Download Quick Reports
- » List Servers/Discussion Groups
- » Norms of health systems
- » Health Glossary & Definitions Of Indicators

## Bridging gaps in Health Planning & Policy Making...



Latest News-

**Pulse polio mop-up being conducted in 7 Districts...**

**New FW Commissioner CBS Venkata Ramana takes over from 8th June... RCH 2 Plan implementation programme under preparation...**

**PHC Computerization project being implemented throughout the state... Name-based services will be provided to pregnant women and eligible couples under Family welfare programme...**



**Action Plan For Women, AP 2000**

Department of women's development and Child Welfare, Government of Andhra Pradesh...



**The State Programme of Action for the Child for 1990s**

Department of women's development and Child Welfare, Government of Andhra Pradesh...



**Reproductive and Child Health Needs; Prioritization of Districts in India**

National Institute of Health & Family Welfare...



**Strategy Paper on Health and Family Welfare in Andhra Pradesh**

Department of Health, Medical and Family Welfare (HM&FW)

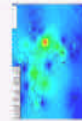
**Woman and Child Health - Vision 2020...**



Andhra Pradesh's people will have access to responsive basic health care services. The poor and vulnerable groups will enjoy free healthcare, both basic and specialized. Other sections of the population will have access to these services through health insurance. Today's major health burdens will have disappeared.

Pregnancies will be safe and infants will no longer die of easily curable ailments like diarrhoea or acute respiratory infection, even in remote villages.....[More](#)

Census 2001 GIS



State Population Policy



State Health Department



State Health Institutions

- APVVP
- AP State AIDS Control Society
- Directorate of Medical Education
- Employee State Insurance (ESI)
- NTCP / RNTCP
- NPCB
- Malaria

PHC Performance Data

Listing of Staff Vacancies

- Directorate of Medical Education
- Cader Strength of Civil Asst. Surgeons as on Aug 2003
- APVVP - Staff Position in Districts and Hospitals as on 20-07-2004

District wise Births and Deaths Reporting Status 2003 (Provisional)

District wise Births and Deaths Reporting Status 2002

## SECTIONS WITHIN THE PORTAL, ISSUES ADDRESSED AND FUNCTIONALITY

*The website contains many sections which throw light on the health scenario of Andhra Pradesh and summarize the various health schemes (both central and state) which are ongoing in the state. Available statistics pertaining to health schemes and activities are also portrayed in these sections where ever applicable. The portal is rich in graphics and pictorial representations and graphs to make it lively and meaningful.*

# LEFT SIDE HYPER LINKS

## Features →

- Population Scenario
- Health Infrastructure
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## Search

- State Medical Education
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- GIS →
  - AP, District Level
  - Andhra Pradesh
  - India

## Resources for Researchers

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**The following are the various sections contained within the website (Left Side):**

**Population Scenario**

State population statistics as per census 2001. Also contains a link to a query interface, which provides district - wise census figures. Sample pages are shown in PAGE- 1, PAGE- 2.

**Health Infrastructure**

Health infrastructural facilities within the state, tables and latest statistics released by the Department of health, listing the various health institutions in the state. Sample page is shown in PAGE- 3, PAGE- 4.

**Disease Control Statistics**

Review on Communicable Diseases As On 17.09.2002, By Hon'ble Chief Minister of Andhra Pradesh. Sample page is shown in PAGE- 5, PAGE- 6.

**District -Wise Statistics**

Query interface, which displays the required population statistics for a selected district and also for a selected mandal of a selected district. Sample Page is shown in PAGE- 7, PAGE- 8.

**State Health Department**

Organizational / Departmental manual, consisting of a brief write-up of the history of the department and sub links providing more information about the structure of the department. Given below are the various sub-categories. Sample page is shown in PAGE- 9.

**Origin of the Department**

Brief write-up of the history of the department

**Evolution**

The various phases of transition, which the department went through before coming to the current stage.

**Present role and status**

Present status of the department, its presence and penetration into the population, its effectiveness in implementation of various health schemes.

**Organizational Structure**

Hierarchical listing of various posts for functionaries of the health department and responsibilities associated with that post.

**Major enactments**

Rules and regulations that govern each of the above functionaries under the director of health.



## **Public interface**

Note on services being provided by the department and various areas of interaction with the general public.

## **Reproductive Child Health Programme**

Brief List of Child Health Programmes. Sample page is shown in PAGE- 10.

## **Health Schemes**

Health and family welfare schemes that are operational in the state. Sample Pages are shown in PAGE- 11,PAGE- 12.

## **Search**

Search use keywords entered by user to find the information which contain in the website. For example if we type **Andhra Pradesh** in the textbox, it will list all the pages which contains the word **Andhra Pradesh**, Sample page is shown in the PAGE- 13.

## **State Medical Education**

Medical Colleges in the state (i.e. Andhra Pradesh). Sub links providing more information about the colleges that offers courses in a particular category. Sample pages are shown in PAGE- 14, PAGE- 15.

## **Health Links**

Various resources on health and population of the state of Andhra Pradesh. Some are links to downloadable files. Sample page is shown in the PAGE- 16.

## **Geographical Information System (GIS)**

The portal features a unique web-based GIS application interface, which enables viewing of various health and population statistics using colour coded mapping. Various analytical queries can be constructed using the provided tools to obtain required graphical representations of the maps. Block level mapping is available with drill down up to district level and up to mandal level for certain districts. Sample Pages are shown in PAGE- 17.

## **Resources for Researchers**

Sub links provide more information for researchers. Given below are the various sub- categories.

### **Indian Medical Acts & Legislations**

Brief write-up on Indian Medical Acts and Aids case definitions. Sample page is shown in the PAGE-18.

### **Organization Of Health Services**

Brief write-up on organization of health services in India. Sample pages are shown in the PAGE- 19, PAGE- 20.

### **Chronology of Health and Population through Plans**

Brief write-up on chronology of events in Indian Health Sector.

Sample pages are shown in the PAGE- 21, PAGE- 22.

### **Survey Forms and Instruments**

Quick resources for researchers with downloadable software, discussion forum links, mailing lists, funding agencies details, fellowships and other important information in health and population sector. Sample page is shown in the PAGE- 23.

### **Jobs in Healthcare Sector**

List of jobs in Health & Demographic Sector. Sample pages are shown in the PAGE- 24, PAGE- 25.

### **Fellowships in Health & Population**

Detail information about Fellowships in Health & Demographic Sector. Sample pages are shown in the PAGE- 26, PAGE- 27.

### **Download Quick Reports**

Brief selection of useful Public Health documents and reports. Sample page is shown in PAGE- 28.

### **List Servers/Discussion Groups**

Brief list of Servers and Discussion groups. Sample page is shown in PAGE- 29.

### **Norms of Health System**

Brief write-up on norms of equipment, staffing, civil works, etc., for different types of hospitals. Sample pages are shown in the PAGE- 30, PAGE- 31.

### **Health Glossary & Definitions of Indicators**

Brief write-up on Health Glossary Definitions. Health Glossary Definitions starts from A-Z. Sample page is shown in PAGE- 32.

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**Population Statistics at a glance...**  
*Andhra Pradesh - Population Statistics At A Glance*

Total Population	75,727,541
Males	38,286,811
Females	37,440,730
Decadal Growth Rate 1981-91	24.20
Decadal Growth Rate 1991-2001	13.86
Sex Ratio 1991	972
Sex Ratio 2001	978
Density 91	242
Density 01	275
Child Population	9,673,274
Male Child	4,926,200
Female Child	4,747,074
Literates	40,364,765
Male Literate	23,636,077
Female Literates	16,728,688
Literacy Rate 1991	44.08
Male Literacy Rate 1991	55.12
Female Literacy Rate 1991	32.72
Literacy Rate 2001	61.11
Male Literacy Rate 2001	70.85
Female Literacy Rate 2001	51.17

**Related Links**

[District Wise Census 2001](#)  
[Query-able Database -](#)  
[District wise Census 2001](#)

**Features**

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Search  
Enter Keywords  
Search

**Resources for Researchers**

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State Medical Education  
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## District wise Census...

District: **Hyderabad**

Census Item	Rural	Urban	Total
Total Population	0	3686460	3686460
Males Population	0	1894990	1894990
Female Population	0	1791470	1791470
Sex Ratio	--	945	945
Child Sex Ratio	--	950	950
Child Population	0	441977	441977
Male Child Population	0	226614	226614
Female Child Population	0	215363	215363
Total Literates	0	2564526	2564526
Males Literates	0	1403346	1403346
Female Literates	0	1161180	1161180

[Previous](#)  
[Back to District Census](#)

Click below for mandal wise census of **Hyderabad** districts...  
 Click below for Census of other Districts..

Select Mandal:-  
 Choose A Mandal

Select Other Districts:-  
 Choose Another District

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## Health Infrastructure Facilities...

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The medical facilities in the state, under various heads are as given below:-

Click on links on the right for specific statistics on various other heads and related information...

**Medical Institutions Under Directorate Of Health**

Primary Health Centers	1387 (Incl. 53 Upgraded PHC's)
Community Health Centers	47
Government Hospitals	67
Government Dispensaries	104
Mobile Medical Units	45
Project Hospitals, Dispensaries & LC Units	12
<b>Total</b>	<b>1662</b>

**Related Info.**

[District-wise listing of Specialized Hospitals in the state...](#)

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[District-wise listing of number of Hospitals and Dispensaries...](#)

---

[No. Of Primary Health Facilities in AP \(District wise\)](#)

---

[Count of total No. of health personnel in each category...](#)

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[Year wise list of Govt. Medical Facilities, 1955 - 1995](#)

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[Public health and Vital Statistics, Govt. Medical Facilities...](#)

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[List of Hospitals Working Under Directorate of](#)

Done



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Home > Health Infrastructure > Specialized Hospitals >

### District wise list of Specialized Hospitals in the State

District	Cancer Hospitals	Beds in Cancer Hospitals	Mental Hospitals	Beds in Mental Hospitals	Infectious Diseases, (TB) Hospitals	Beds in TB Hospitals	Gynaec Hospitals	Beds in Gynaec Hospitals	Others	Beds in Other Hospitals	Total Specialized Hospitals	Beds in Total Specialized Hospitals
Srikakulam	0	0	0	0	0	0	0	0	1	50	1	50
Vishakapatnam	0	0	1	300	1	280	1	147	3	1197	6	1924
Vizianagaram	0	0	0	0	0	0	0	0	1	50	1	50
East Godavari	0	0	0	0	0	0	0	0	2	1115	2	1115
West Godavari	0	0	0	0	0	0	0	0	0	0	0	0
Krishna	0	0	0	0	0	0	0	0	2	530	2	530
Guntur	0	0	0	0	1	100	0	0	1	1038	2	1138
Prakasam	0	0	0	0	0	0	0	0	1	30	1	30
Nellore	0	0	0	0	1	264	1	90	2	54	4	408
Cuddapah	0	0	0	0	0	0	0	0	0	0	0	0
Kurnool	0	0	0	0	0	0	0	0	4	1231	4	1231
Anatapur	0	0	0	0	0	0	0	0	0	0	0	0
Chittoor	0	0	0	0	1	119	1	142	2	1471	4	1732
Khammam	0	0	0	0	0	0	0	0	0	0	0	0
Karimnagar	0	0	0	0	1	40	0	0	0	0	1	40
Adilabad	0	0	0	0	0	0	0	0	0	0	0	0
Warangal	0	0	0	0	1	100	2	200	2	700	5	1000
Mahabubnagar	0	0	0	0	0	0	0	0	0	0	0	0
Medak	0	0	0	0	0	0	0	0	0	0	0	0
Nalgonda	0	0	0	0	0	0	0	0	0	0	0	0
Nizamabad	0	0	0	0	0	0	0	0	0	0	0	0
Rangareddy	0	0	0	0	1	417	0	0	0	0	1	417
Hyderabad	1	250	1	600	1	670	2	672	7	4015	12	6207

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**Review On Communicable Diseases (Sept 02)...**

**Review on Communicable Diseases As On 17.09.2002, By Hon'ble Chief Minister of Andhra Pradesh**

The following items were considered for the review on various health programmes in the state:-

**Related Links**

- [Review Items](#)
- [Brief Note on Fever Cases](#)
- [Measures for fever outbreak](#)

**Search**

Enter Keywords

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Features

- Population Scenario
- Health Infrastructure
- Disease Control Statistics
- District-Wise Statistics
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State Medical Education

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- Norms of health systems
- Health Glossary & Definitions Of Indicators

Sl	Name of Scheme
A	<a href="#">Gastro Enteritis</a>
B	<a href="#">Diarrhea</a>
C	<a href="#">Malaria</a>
D	<a href="#">Japanese Encephalitis</a>
E	<a href="#">Dengue</a>
F	<a href="#">T.B Control</a>
G	<a href="#">Blindness Control</a>

**Brief Note on reported fever cases**

- Sporadic fever cases are being reported from different districts in the State in the past 3 months.
- There were 75 fever cases among children in Warangal district during June/July. The District administration was prompt in taking action. Tests revealed that cases were of Measles Encephalitis. The following action was taken:

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Click on the list to view other Health Schemes:  
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## Gastro Enteritis

### BRIEF POINTS ON GASTRO ENTERITIS

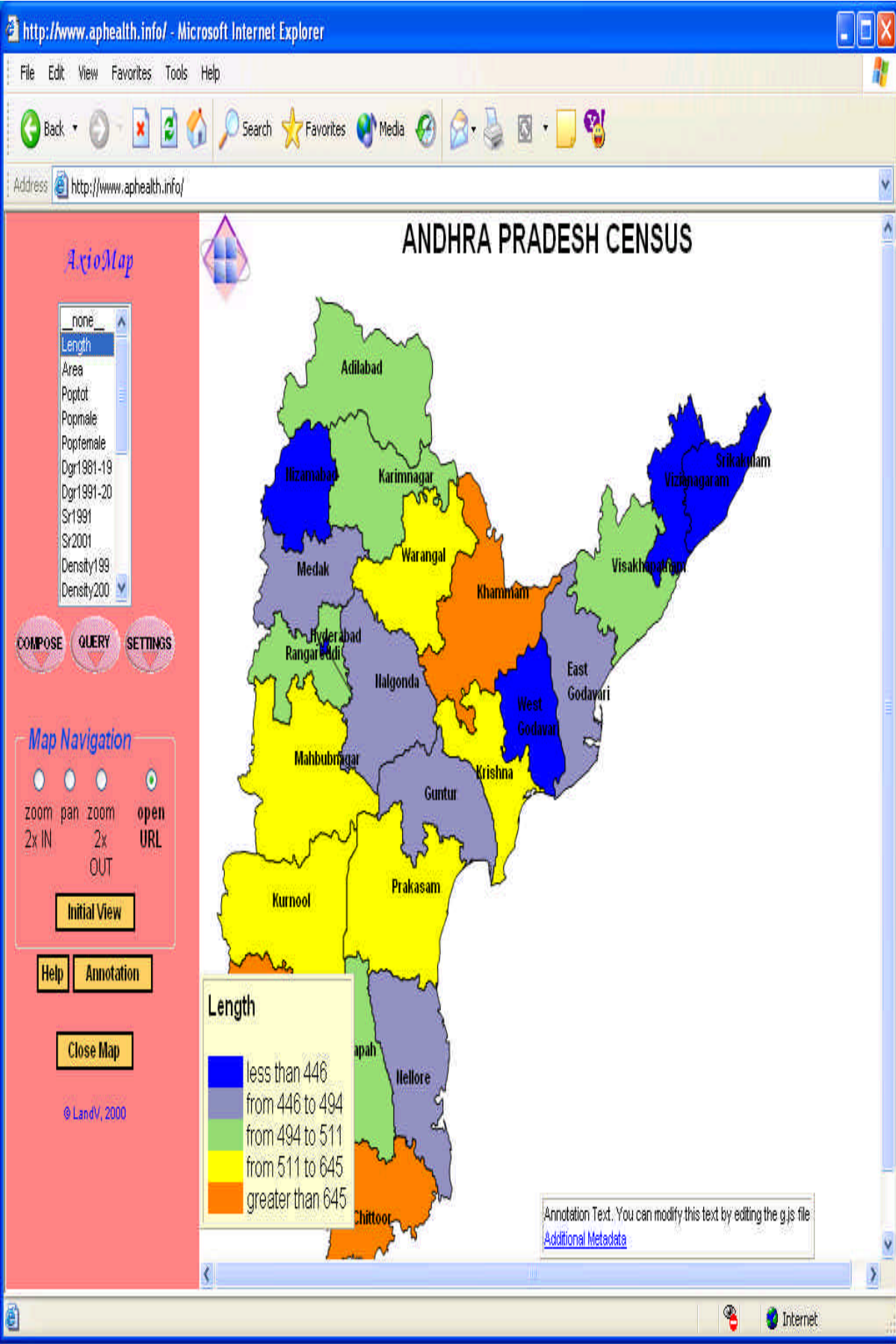
- The incidence of Gastro Enteritis (GE) in Andhra Pradesh since 1995 as follows:

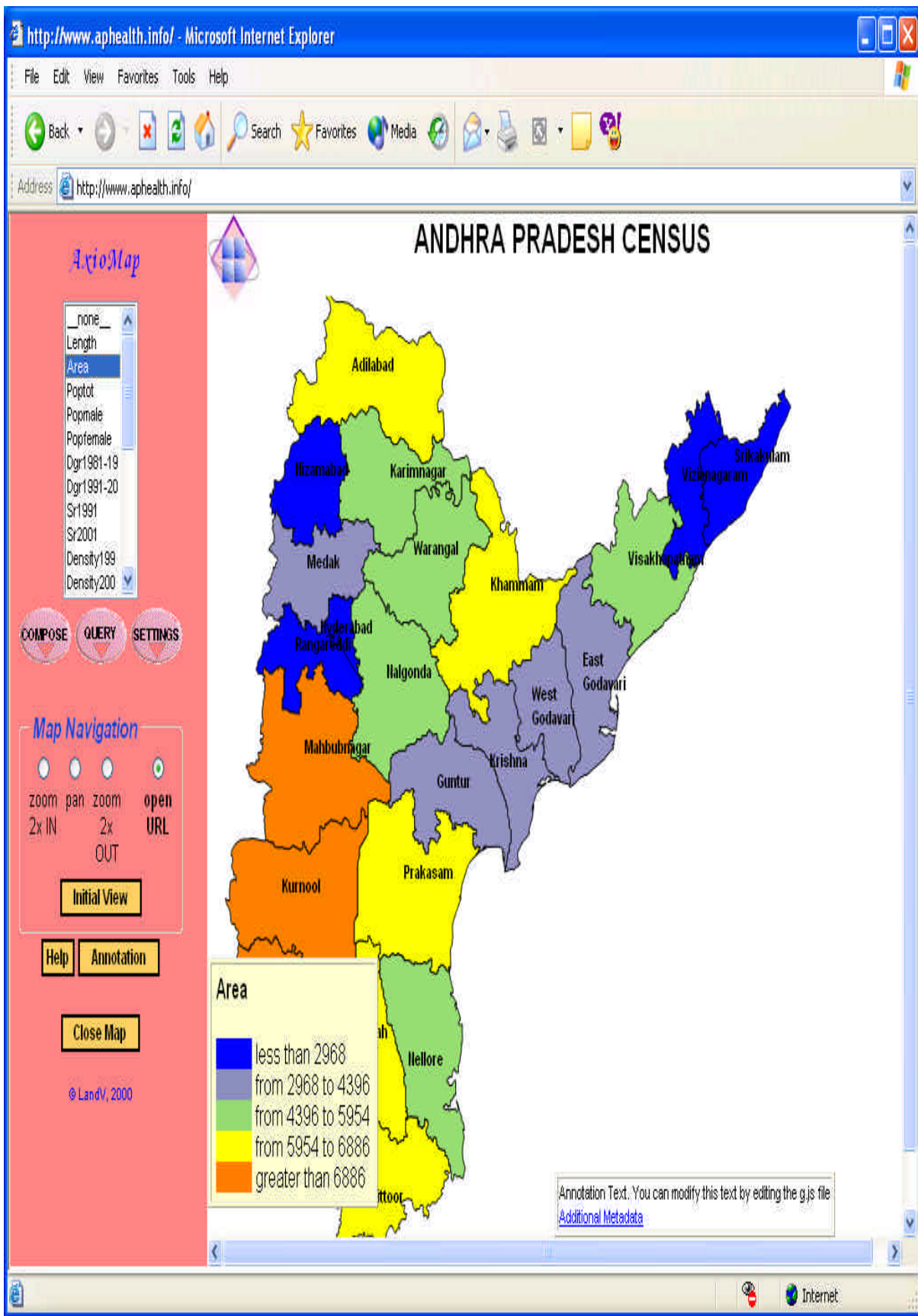
Year	Cases	Deaths
1995	25308	528
1996	28774	591
1997	26054	327
1998	34909	922
1999	12530	72
2000	7614	73
2001	1416	6
2002 (up to 16th Sept)	156	4

- Districts identified as high risk are
  - Mahbubnagar
  - Ananthapur
  - Adilabad
  - Ranga Reddy
  - Kumool
  - MCH, Hyderabad
- Epidemic drugs are available in adequate quantity
- During 2002, cases are reported only from Hyderabad, Rangareddy, Prakasam, East Godavari, Ananthapur, Mahbubnagar, and Nizamabad.

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**Health Department -**

- » Origin
- » Evolution
- » Present Role / Status
- » Organizational Structure
- » Major Enactments
- » Public Interface
- » Future Prospects - Vision

## State Health Department - Organization / Department Manual

Search



**Related Links**

- » [Origin Of The Department](#)
- » [Vaccination Section...](#)
- » [Registration Of Deaths...](#)
- » [Public Health Department](#)
- » [Formation Of Separate State of AP](#)
- » [Recommendations](#)

### 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 was 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.

**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

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**Reproductive Child Health Programme**

- Reproductive Child Health Programme
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- Downloadable Reports
- Contacts
- Stake Holders
- Latest Happenings
- Download CNA Manual
- Quick Links**
- Project Alternatives and Reasons for Rejection
- Sector issues RCH
- Major Related Projects
- Summary Project Assessments
- Project Design Summary
- Old & New RCH Approach
- Essential RCH Services
- Community Needs Assessment Manuals

**Contents**

Introduction

Policy Initiative (1995-96 Onwards)

- Community Need Assessment Approach (Target Free Approach)
- Decentralizing Participation Planning
- Integrated Training Package
- Improved Management

Essential Components Of Rich Programme Strategy

Major Elements Of Rich Programme

National Level

- Policy Commitments
- Interventions

Local Level

- Sub-District Projects Of Rch

Monitoring And Evaluation

Economic Assessment:

Financial Assessment:

Technical Assessment:

Institutional Assessment:

Non-Governmental Organization (Ngo)/ Private Sector Involvement

Comments

RCH Programme - Old And New Approach

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**State, Health And Family Welfare Schemes...**

*Related Links*

The following health schemes are currently operational in the state:-



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- Health Glossary & Definitions Of Indicators

Sl#	Name of Scheme
1	<a href="#">Sukhibhava</a>
2	<a href="#">Moped Scheme</a>
3	<a href="#">National Maternity Benefit Scheme</a>
4	<a href="#">Immunization</a>
5	<a href="#">Aarogya Raksha</a>
6	<a href="#">IUD</a>
7	<a href="#">Maternal Deaths</a>
8	<a href="#">Infant Deaths</a>
9	<a href="#">Age At Marriage</a>
10	<a href="#">ANC Visits</a>
11	<a href="#">Births Recorded</a>
12	<a href="#">Family planning Operations</a>
13	<a href="#">Hospital Rating</a>
14	<a href="#">IFA Tablets</a>
15	<a href="#">Inst Deliveries (DME)</a>
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17	<a href="#">Institutional Deliveries PHCs</a>
18	<a href="#">Institutional Deliveries (Private Nursing Homes)</a>
19	<a href="#">Institutional Deliveries</a>
20	<a href="#">Performance Indicators</a>
21	<a href="#">PHC Rating</a>
22	<a href="#">Round The Clock PHCs</a>
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Home > Health Schemes > Sukhibhava >

Click on the list to view other Health Schemes:  
Select Scheme

## Sukhibhava

1. Proportionate ELA for 2002-2003 1.11 lakhs
2. Achievement up to July 2002 0.36 lakhs (32.50%)
3. District wise achievements are as below:

Sl. No.	District	Cases for which money is allotted for Sukhibhava	Prop. ELA	No. of cases actually disbursed	% of Achievement.	Grade
1	Cuddapah	11486	3829	2867	74.88	D
2	East Godavari	23070	7690	4489	58.37	D
3	Rangareddy	8978	2993	1602	53.53	D
4	Chittoor	17436	5812	3045	52.39	D
5	Guntur	19468	6489	3093	47.66	D
6	Nizamabad	10832	3611	1715	47.50	D
7	Krishna	15826	5275	2481	47.03	D
8	Srikakulam	13540	4513	1579	34.99	D
9	Karimnagar	16088	5363	1799	33.55	D
10	Warangal	15148	5049	1676	33.19	D
11	Vizianagaram	11650	3883	1273	32.78	D
12	West Godavari	18594	6198	2003	32.32	D
13	Medak	12942	4314	1178	27.31	D
14	Adilabad	10672	3557	938	26.37	D
15	Hyderabad	9194	3065	795	25.94	D
16	Ananthapur	16238	5413	1397	25.81	D
17	Mahbubnagar	18232	6077	1171	19.27	D
18	Prakasam	15368	5123	956	18.66	D
19	Kurnool	14700	4900	887	18.10	D
20	Nellore	12154	4051	561	13.85	D
21	Khammam	11784	3928	191	4.86	D
22	Vishakapatnam	13176	4392	204	4.64	D
23	Nalgonda	16758	5586	211	3.78	D
<b>Total...</b>		<b>333334</b>	<b>111111</b>	<b>36111</b>	<b>32.50</b>	

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<http://india-health.info/sitemap.htm> 59k 10/Jul/2002
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<http://india-health.info/SearchForms/FamilyWelfare/FWSTATES.ASP?CatName=Impact+Of+The+Family+Welfare+Programme&SheetName=ImpactoftheFW.htm> 20k
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**Medical Colleges In The State...**

The medical colleges in the state, with or without hospitals attached, under various heads are as given below:-  
(Pls. Click on the category to view details...)

Course	Number Of Colleges
<a href="#">Medical</a>	13
<a href="#">Dental</a>	1
<a href="#">Pharmacy</a>	2
<a href="#">Paramedical</a>	2
<a href="#">Nursing</a>	7
<a href="#">Homeopathy</a>	4

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## MEDICAL + (All Faculties)

College Name	Courses Offered	No. Of Seats	University
1. Osmania Medical College, Koti, Hyderabad 500195	BHMS, BDS, B. Pharm, BUMS, MBBS, BAM		
2. Gandhi Medical College, Basheerbagh, Hyderabad 500001	MBBS, DS, MS, MD		
3. Kakatiya medical College, Warangal 506007	MBBS, MS, MD		
4. Deccan College Of Medical Science, Kanchanbagh, Hyderabad 500258.	MBBS		
5. Mamta Medical College, Khammam	MBBS		
6. Kamineni Institute Of Medical Sciences, Narketpally	MBBS		
7. Andhra Medical College, Vishakapatnam 530002	MBBS, MS, MD		
8. Guntur Medical College, Guntur 522004	MBBS, MS, MD		
9. Rangaraya Medical College, Kakinada 533003	BHMS, BDS, B. Pharm, BUMS, MBBS, BAM		
10. Kumool Medical College, Kumool 518002	BHMS, BDS, B. Pharm, BUMS, MBBS, BAM		
11. Siddhartha Medical College, Vijayawada 520005	BHMS, BDS, B. Pharm, BUMS, MBBS		
12. Hyderabad Medical Training Center, 2nd Floor, Lohia Building, Deevan Devdi, Hyderabad 500002	MBBS		

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## Links to resources on health and population of AP...

Please click on the links below for various resources on health and population of the state of Andhra Pradesh. Each links open in a separate window.  
Some are links to downloadable files. To download any file, Rt. Click on the link and select 'save target as' option.

You need Adobe Acrobat Reader  to open and view PDF files.  
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### World Bank Projects

- [Andhra Pradesh Community Forest Management Project](#)
- [Andhra Pradesh Economic Reform Program Project](#)

### Web Links

- [Government Medical Facilities in AP](#)
- [Family Welfare Performance](#)
- [Development Data for Andhra Pradesh, May 2000 from World Bank](#) [pdf]
- [FAMILY PLANNING](#) [pdf]
- [Andhra Pradesh Population, Population in the age group 0-6 and ...](#)
- [Andhra Pradesh Eye Disease Study \(APEDS\)](#)

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 » East Godavari  
 » West Godavari  
 » Krishna  
 » Guntur  
 » Prakasam  
 » Vishakhapatnam  
 » Vizianagaram  
 » Srikakulam

## G.I.S Maps Census 2001



The total population of Andhra Pradesh as at 0:00 hours of 1st March 2001 stood at 75,727,541 as per the provisional results of the Census of India 2001. Andhra Pradesh has been relegated to fifth most populous State in the country as against fourth returned at the previous census. This has achieved substantial reduction in its decadal growth of population during the decade 1991-2001. While country's decadal growth rate of population is 21.34%, Andhra Pradesh has registered an increase of only 13.86% between 1991-2001. The State has also shown downward trend in its growth of population over the previous decade. Decade 1981-1991 witnessed an increase of 24.20% in population, which slowed down to 13.86 % during 1991-2001.

Click here for [Andhra Pradesh Census G.I.S Map](#)  
 Click here for [India Census G.I.S Map](#)

Population:	Decadal Growth 1991 - 2001:
Persons : 75,727,541	Persons : (+) 13.86 %
Males : 38,286,811	Males : (+) 13.53 %
Females : 37,440,730	Females : (+) 14.21 %
Sex Ratio: 978	

Percentage of Literates to Total population:	Percentage of Population (0-6) to Total Population:
Persons : 61.11 %	Persons : 12.77 %
Males : 70.85 %	Males : 12.87 %
Females : 51.17 %	Females : 12.68 %

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**Related Info.**

- District-wise listing of Specialized Hospitals in the state...
- District-wise listing of number of Hospitals and Dispensaries...
- No. Of Primary Health Facilities in AP (District wise)
- Count of total No. of health personnel in each category...
- Year wise list of Govt. Medical Facilities, 1955 - 1995
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Indian Medical Acts  
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## Indian Medical Acts

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- The Dentists Act 1948
- The Pharmacy Act 1948
- The Rehabilitation Council Of India Act 1992
- The Epidemic Diseases Act, 1897
- The Red Cross Society (Allocation Of Property) Act, 1936
- The Medical Termination Of Pregnancy Act 1971(The Mtp Rules, 1975)
- The Maternity Benefit Act, 1961
- The Transplantation Of Human Organs Act, 1994
- The Prenatal Diagnostic Techniques (Regulation And Prevention Of Misuse) Act, 1994
- The Persons With Disabilities (Equal Opportunity, Protection Of Rights And Full Participation) Act, 1995
- The Registration Of Births And Deaths Act, 1969
- The Children Act, 1960
- The Juvenile Justice Act, 1986
- The Child Labour (Prohibition And Regulation) Act
- Environmental Legislation
  - The Environment (Protection) Act, 1986
  - The Biomedical Waste Management And Handling Rules 1998 Act
  - The National Environment Tribunal Act, 1995
  - The Air (Prevention And Control Of Pollution) Act, 1981
  - The Water (Prevention & Control Of Pollution) Act, 1974
  - The Atomic Energy Act 1962
- The Consumer Protection Act (Cpa), 1986
- The Minimum Wages Act, 1948
- The Dangerous Machine (Regulation) Act, 1983
- The Plantation Labour Act, 1951
- The Factories Act 1947

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- Investments in Health and FW
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<p><b>Organization Of Services</b></p> <ul style="list-style-type: none"> <li>Three-Tier Structure Of Health Services</li> <li>Ministry Of Health &amp; Family Welfare (GOI)</li> <li>Ministry Of Health &amp; Family Welfare (State Govt.)</li> <li>Ministry Of Health &amp; Family Welfare (District Level)</li> <li>Size &amp; Profiles Of Rural Health Institutes</li> <li>Organization Of PHC's &amp; CHC's</li> </ul> <p><b>Quick Links</b></p> <ul style="list-style-type: none"> <li>Investments in Health and FW</li> <li>Chronology of Health and Population through plans</li> <li>Size &amp; Magnitude Of Health Services</li> <li>Norms of health systems</li> <li>Resources For Researches</li> </ul>	<p><b>Organization of Health Services in India</b></p> <p>Ministry of health and Family Welfare, Government of India, is the apex executive organization dealing with the issues of Health and Family Welfare in the country as per the guidelines enshrined in the constitution of India and depicted in the national health policy and in accordance with the policy decisions of the cabinet, Health is the state subject in India and the Ministry of Health and Family welfare acts as a Coordinator between the state Health departments, Planning commission, central council of Health etc. besides implementing various national programs and items under unions list and concurrent list.</p> <p>In the process the Directorate General of Health Services aids it. Health administration at the apex level of the Government of India consists of a Secretary for health and Secretary for Family Welfare supported by Additional, Joint secretaries who are drawn from the Indian Civil Service. The rest of the organization is mostly program/project based. Ad-hoc project structures such as TB project or Malaria project etc., are created as and when necessary. Since state governments implement the projects and deliver the regular health services they have a fairly well demarcated systems. Separate directorates or head offices usually exist at the state capital for primary, secondary and tertiary health care, which includes medical colleges and medical education.</p> <p>Many states have separate structure for family welfare operations since population control through family planning is given great importance. An average Indian State will have 10 to 25 districts where from most of the revenue and civil administration is governed. District health administration consists of number of officers and doctors who on average handle 10 to 15 hospitals, 30 to 60 primary health centers and 300 to 400 sub centers.</p>
---	--



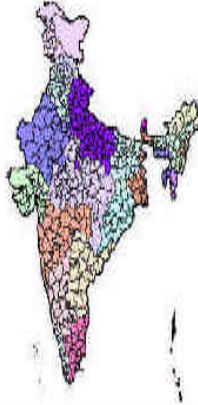
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## INDIAN THREE-TIER SYSTEM OF HEALTH AND FAMILY WELFARE

<b>INDIA LEVEL</b>	<p>Political head- minister of state          Divided into Health, Family welfare, Indian systems of Medicine each headed by a career bureaucrat          Helped by specialized national level institutions and hospitals          Mostly play advisory and supportive role in health          Total support for family welfare – RCH          Total support for national programs          Runs central government health scheme (CGHS) for Central government employees</p>	
<b>STATE LEVEL</b>	<p>Political head- minister of cabinet rank          Divided into Health and Family welfare and headed by a career bureaucrat.          Organised into Directorates of Health, Family welfare, primary health, secondary health and medical education, training etc., headed by promoted doctors          Responsible for hospital care and implementer of national programs and family welfare          Concentration of financial and personal powers</p>	
<b>DISTRICT LEVEL</b>	<p>Last administrative unit --- 1.0 to 2.5 million population          Head by a civil surgeon. District medical officer- doctor/physician          Coordinates and controls nearly 10-15 hospitals, 40-70 PHCs          Maintains the logistics of drugs and supplies, collects the statistics          Does not have much financial and personal powers</p>	

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**Chronological Reports ->**


- [Chronological Progress Of Health & Population In India](#)
- [Chronology Of Family Welfare Programme](#)
- [Chronological highlights](#)

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- [Chronology of Health and Population through plans](#)
- [Size & Magnitude Of Health Services](#)
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## Chronology Of Events in Indian Health Sector



**Chronological Progress of Health & Population In India**

This Report contains the Chronological Progress Report of Health & Population in India From the Year 1951 to 1997.

**Chronology of Family Welfare Program**

This Page contains the Goals & Achievements of Family welfare program in India since 1951 to 1980.

**Chronological Highlights**

This Page Contains Major Health Events in Indian Health Sector from 1951 to 1999 , Year wise Disease Control Programmes & Various Health Policies in Indian Health Sector and Major changes in Health Development Programmes.

http://india-health.info/chronology/mainchronology.htm

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## CHRONOLOGICAL PROGRESS OF HEALTH AND POPULATION IN INDIA

1947	Bhore committee appointed	Development of Primary Health Centers as the nodal centers for providing health services.
		Integrated approach with referral system.
1947		Health as a state subject
		Launching of national programs on malaria, small pox, Filaria, TB etc.
	India became independent country	
1948	Establishment of Ministries Of Health And Director General Of Health Services	
	Became the member of WHO	
	Establishment of dental council of India	Committee suggested preventive approach to Primary health care
1948	Health subcommittee of the National Planning Committee	Preservation and maintenance of the health of the people should be the responsibility of the state
1949	Establishment of Pharmacy council of India,	
1952	Family Planning Association of India	
	Appointed population policy committee	
1951-56	Creation of Family Planning Cell in the Director General of Health Services	Still low priority to health sector
	First five year plan launched	
	6.5 million rupees allocated to family planning and only 1 million was spend. Voluntary effort.	
	Launching of Malaria Eradication Program in 1953, Leprosy control program in 1954, Filaria control program in 1955, National TB sample survey 1955	Only 725 PHC are opened with limited staff.

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## Resources For Researchers



This section provides quick resources for researchers with downloadable software, discussion forum links, mailing lists, funding agencies details, fellowships and other important information in health and population sector. By clicking the particular link the user is taken to the respective agencies website and it is possible to know more details at the respective website.

We have only keep very comprehensive description in the link pages. We plan to develop this section in to a very meaningful and highly useful section and kindly give us feedback on further information required, broken links and other issues:

[Download Survey Forms & Instruments \(these forms have been used and tested in several studies\)](#)  
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- [Social Assessment of Health Care Form](#)
- [Questionnaire on health facilities](#)
- [Equipment listing questionnaire](#)
- [FRU ACTION PLAN FORM](#)
- [Hospital Assessment](#)
- [Questionnaire in Hindi and English](#)
- [District Health Team Interview](#)
- [Lok sampark Abhiyan Questionnaire](#)

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## Jobs In Health & Demographic Sector

Use Check Boxes to select Organization and Click "View" to see details.

### List Of Jobs in Health & Demographic Sector

S.No.	<input type="checkbox"/>	Select/Deselect All	<a href="#">View</a>
1	<input type="checkbox"/>	State Coordinator , MART	
2	<input type="checkbox"/>	Project Officers , HPS Social Welfare Foundation	
3	<input type="checkbox"/>	Head (Market Research) , MART	
4	<input type="checkbox"/>	IEC Specialist , MART	
5	<input type="checkbox"/>	South Asia Centre Director , One World	
6	<input type="checkbox"/>	Project Officer , UNITED NATIONS DEVELOPMENT PROGRAMME	
7	<input type="checkbox"/>	State Programme Coordinator ( Female ) , Pristine Foundation	
8	<input type="checkbox"/>	Assistant Program Officer (APO), Woman & Child , Rajiv Gandhi Foundation	
9	<input type="checkbox"/>	Assistant Project Officer (Sector Reforms) (new!) , UNICEF	
10	<input type="checkbox"/>	Regional Manager (new!) , Care India	
11	<input type="checkbox"/>	Capacity Building Officer (new!) , Care India	
12	<input type="checkbox"/>	Senior Manager/ Director (Media Centre) (new!) , IUATLD	
13	<input type="checkbox"/>	Area Development Manager , Care India	
14	<input type="checkbox"/>	Administrative Secretary , UNIFEM South Asia Regional Office	
15	<input type="checkbox"/>	Project Associate , UNODC (formerly UNDCP)	
16	<input type="checkbox"/>	Technical Specialist (Monitoring & Evaluation) , CARE India	
17	<input type="checkbox"/>	Programme Officer (Ahmedabad), Programme Officer (Ahmedabad), , Oxfam GB international	
18	<input type="checkbox"/>	Two Project Officers , Oxfam GB International	
19	<input type="checkbox"/>	External Relations Officer (post of limited duration - two years) , WHO	
-	<input type="checkbox"/>	Select/Deselect All	<a href="#">View</a>

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## Jobs in Health & Demographic Sector

<b>Title</b>	State Coordinator
<b>Organisation</b>	MART
<b>Location</b>	UP & Gujarat
<b>Email</b>	mart@bol.net.in
<b>URL</b>	<a href="http://www.martural.com/">http://www.martural.com/</a>
<b>Last Date of Application</b>	3/15/2003
<b>Description</b>	You should be an MBA with minimum 5 years experience in sales/marketing, with at least 2 years in the capacity of a Sales Manager. You should be a team player with high level of commitment and integrity. Salary package is attractive and compares with the best in the industry. Perks include House rent and Conveyance. TA/DA while on travel is also reasonable.

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### Fellowships in Health & Demographic Sector

1	<a href="#">David E. Bell Fellowship at Harvard</a>
2	<a href="#">The Jhamandas Watumull Fellowship at East West center</a>
3	<a href="#">Health and Child Survival Fellows Program at Johns Hopkins University</a>
4	<a href="#">Population Fellows Program at University of Michigan</a>
5	<a href="#">Navrongo Health Research Fellowship at Population Council</a>
6	<a href="#">POSCO Visiting Fellowship at East west Center</a>
7	<a href="#">Reproductive Biomedicine Fellowship at Population Council</a>
8	<a href="#">Robert S. McNamara Fellowships Program at World Bank</a>
9	<a href="#">Takemi Program in International Health at Harvard</a>

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## Fellowships in Health Sector : David E. Bell

<b>Name of the Fellowship</b>	David E. Bell
<b>Organisation</b>	Harvard center for Population and Development Studies
<b>Duration</b>	10 months
<b>Last Date of Application</b>	April 30,2002
<b>Telephone</b>	(617) 495-2021
<b>Email</b>	<a href="mailto:cpds@hsph.harvard.edu">cpds@hsph.harvard.edu</a>
<b>Facsimile</b>	(617) 495-5418
<b>URL</b>	<a href="http://www.hsph.harvard.edu/hcpds/bell.html">http://www.hsph.harvard.edu/hcpds/bell.html</a>

**Address**

The Harvard Program in Population and Development  
Harvard Center for Population and Development Studies  
9 Bow Street  
Cambridge, MA 02138  
USA

**Eligibility**

Applicants for the David E. Bell Fellowships are highly qualified young professionals and scholars from around the world with a strong academic background and practical field experience. We seek persons who are creative, innovative and self-starters, and who would benefit from adding broader development skills to a population background or from adding population skills to a development background. Fellows are chosen from a large group of applicants on the basis of demonstrated excellence in academic or policy/action settings, future leadership potential, and commitment to the field of population and development. Fellows can be nominated by senior persons active in population and development policy in developing and industrialized countries. The David E. Bell Fellowships were created to help prepare scholars, managers and policymakers in academic, public and non-governmental institutions for leadership roles in confronting these challenges. The fellowships offer a small number of men and women the opportunity to study at Harvard University's Center for Population and Development Studies each year in a flexible yet intensive fellowship program. Candidates selected possess strong academic training and practical experience, a demonstrated commitment to population and development problem-solving, and promise for scholarly or operational leadership.

**Description**

The Harvard Program in Population and Development  
Harvard Center for Population and Development Studies  
9 Bow Street  
Cambridge, MA 02138  
USA

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Address <http://india-health.info/For%20Researchers%20%20Resources/discussion%20forums.htm>

## LIST SERVERS/DISCUSSION GROUPS

**PHNFLASH (World Bank)** A weekly journal from the department of Population, Health and Nutrition.  
 To subscribe, send a message to [listserv@worldbank.org](mailto:listserv@worldbank.org)  
 Type "subscribe PHNFLASH (your first name) (your last name)" in the body of the message, leave the subject line blank.  
[hddflash@tome.worldbank.org](mailto:hddflash@tome.worldbank.org)

**USAID Reproductive Health** listserv: [REPRO-HLTH-L@INFO.USAID.GOV](mailto:REPRO-HLTH-L@INFO.USAID.GOV)

**Epi Info Listserv** [EPI-INFO@LISTSERV.CDC.GOV](mailto:EPI-INFO@LISTSERV.CDC.GOV)

**HMATRIX-L (Health Matrix listserv from Lee Hancock)**  
 Sign up and be notified about new health resources on the Internet.  
 To subscribe, send a message to [listproc@kumchtp.mc.ukans.edu](mailto:listproc@kumchtp.mc.ukans.edu)  
 Type "subscribe hmatrix-l (your first name) (your last name)" in the body of the message, leave the subject line blank.

[mailbase@mailbase.ac.uk](mailto:mailbase@mailbase.ac.uk)  
 To subscribe, send a message to [mailbase@mailbase.ac.uk](mailto:mailbase@mailbase.ac.uk)  
 Type "join public-health first name(s) lastname (substituting appropriately)" as the only text in the body of a message.

**Information Bank on African Development Studies (IBADS)**  
 Subscribe: [listserv@tome.worldbank.org](mailto:listserv@tome.worldbank.org)  
 Message: subscribe IBADS first name last name

**Reproductive Health listserv, USAID** [repro-hlth-l@info.usaid.gov](mailto:repro-hlth-l@info.usaid.gov)

**Community Health Management, Management Sciences for Health** [comm-manage@www.msh.org](mailto:comm-manage@www.msh.org)

**SUSTAIN:** An Electronic Mailing List on Institutional Development and Sustainability <http://www.msh.org/fpmd/erc/conf.htm>

## GOPHERS

**Population Studies Center Gopher, U. Pennsylvania**  
 Population data for the continent of your choice. US data includes NCHS data sets, census data, and the Current Population Census Data Survey. Tabular data for Mexico and numerous African countries are also included.  
<gopher://lexis.pop.upenn.edu/>

## LIBRARY PH COLLECTIONS

**WWW Virtual Library: Epidemiology Page** Part of the Virtual Library created by the World Wide Web Consortium at MIT, and is a non-commercial listing of Web resources in epidemiology. Widely indexed, it provides a comprehensive up-to-date resource listing. It is maintained as a public service by the Dept. of Epidemiology and Biostatistics, University of California San Francisco.  
<http://http://www.epibiostat.ucsf.edu/epidem/epidem.html>

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## Norms of Various Services and Facilities



Health organizations are structured on the basis of the user requirements and the logistics of service. In the process evolved the concept of norms for staffing, building, furniture and equipment and norms of services to be delivered.

The norms of organization structure has been considered very essential to deliver the concept of minimum service. But most of the norms are followed in violation. As a matter of fact they are not available and taken note of by the program implementers and health administrators. Health facilities come up with out any consideration to minimum staffing, equipment and delivery mechanism. Services are rendered based on the available talent of the staff and equipment. Equipment is procured centrally and rationed to the institutions.

In a sense adhocism rules the administration. Well established logical structure, flows, and mechanisms are a taboo in the health administration.

This component covers the various norms of equipment, staffing, civil works, etc., for different types of hospitals.

**Norms Of Health Systems**

- Norms of services for PHC.
- Norms of Equipment and furniture in PHC, CHC
- Norms of staffing in PHC
- Norms of Equipment and furniture in secondary hospitals
- Staffing Norms of Secondary Hospitals
- Rural health norms and achievement
- Job Descriptions in Health Offices

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## Norms Of Services For PHC

No	Conditions	Primary Level	
		Regular PHCs	Upgraded/special PHCs
<b>GROUP I : INFECTIOUS , PARASITIC DISEASES AND PERINATAL CONDITIONS</b>			
1	Diarrhoeal Diseases	Treatment , Refer cases not responding to routine line of treatment to nearby institution.	All cases Support to PHC for epidemic control.
2	Simple Pyrexia	Preliminary treatment as PUO, Refer non responding cases (5 days) to nearest institution.	Treatment of uncomplicated Pyrexia, Basic relevant investigations support to PHC for epidemic investigations
3	Tuberculosis	Sputum exam , of suspect cases , treatment and follow-up of confirmed cases , refer sputum negative cases for x-ray and cases with complications for treatment.	Sputum exam , treatment of cases, refer cases with complications and extrapulmonary cases to Dt. Hospital
4	Leprosy	Diagnosis of suspect , MDT	Diagnosis of suspect , MDT , for Treatment of reactions Refer to CHC
5	Vaccine preventable diseases	Immunisational services in institution and in out reach, diagnosis of VPD, treatment of measles and whooping cough, referral for polio, diphtheria, NPT, and adult tetanus	Immunisation services in institution and in outreach ,diagnosis of VPD, treatment of measles and whooping cough. Refer to SUB-DIVISIONAL HOSPITAL for treatment of measles and pertussis complications, treatment of

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## Health Glossary

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[Click here to query definitions of Health Indicators](#)

### A

**Abortion Rate:** The No. Of Abortions per 1000 women ages 15-44 or 15-49 in a Given Year

**Abortion Ratio :** The No. Of Abortions per 1000 live births in a Given Year

**Absolute Poverty Line:** Income level below which a minimum nutritionally adequate diet plus essential non-food requirements in not affordable.

**Absolute Risk:** The observed or calculated probability of an event in a population under study, as contrasted with the relative risk.

**ACT:** Means a statute or law adopted (enacted) by a national or state legislative or other governing body Acts are distinguished form resolutions, which are usually used to express legislative opinion or to regulate affairs of the governing body itself, and form ordinance or by laws of municipal corporation and rules and regulations of administration.

**ADB :** Asian Development Bank

**Adult Literacy Rate:** The percentage of persons age 15 and over who can read and write (Source: UNICEF)

**Age Dependency Ratio :** The ratio of persons in the ages defined as dependent (under 15 years and over 64 years) to persons in the ages defined as economically productive (15-64 years) in a population.

**Age-Sex Structure:** The composition of a population as determined by the number or pro-portion of males and females in each age category. The age-sex structure of a population is the cumulative result of past trends in fertility, mortality , and migration. Information on age-sex composition is essential for the description and analysis of many other types of demographic data . See also **population pyramid**.

**Age-Specific Fertility Rate:** The number of births occurring during a specified period to women of a specified age group, divided by the number of person-years lived during that period by women of that age group. When an age-specific fertility rate is calculated for a calendar year, the midyear population of women of that age usually divides the number of births to women of the specified age.

**Age-Specific Rate:** Rate obtained for specific age groups (for example, age-specific fertility rate, death rate, marriage rate, illiteracy rate, or school enrollment rate).

**Aging of Population:** A process in which the proportions of adults and elderly increase in a population, while the proportions of children and adolescents decrease .This process results in a rise in the median age of the population. Aging occurs when fertility rates decline while life expectancy remains constant or improves at the older ages.

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# MIDDLE HYPER LINKS

## Bridging gaps in Health Planning & Policy Making...



### Latest News—

**Pulse polio mop-up being conducted in 7 Districts...**

**New FW Commissioner CBS Venkata Ramana takes over from 8th June...**

**RCH 2 Plan implementation programme under preparation...**

**PHC Computerization project being implemented throughout the state...**

**Name-based services will be provided to pregnant women and eligible couples under Family welfare programme...**



### **Action Plan For Women, AP 2000**

Department of women's development and Child Welfare; Government of Andhra Pradesh...



### **The State Programme of Action for the Child for 1990s**

Department of women's development and Child Welfare; Government of Andhra Pradesh...



### **Reproductive and Child Health Needs: Prioritization of Districts in India**

National Institute of Health & Family Welfare...



### **Strategy Paper on Health and Family Welfare in Andhra Pradesh**

Department of Health, Medical and Family Welfare (HM&FW)

## **Woman and Child Health - Vision 2020...**



Andhra Pradesh's people will have access to responsive basic health care services. The poor and vulnerable groups will enjoy free healthcare, both basic and specialized. Other sections of the population will have access to these services through health insurance. Today's major health burdens will have disappeared. Pregnancies will be safe and infants will no longer die of easily

curable ailments like diarrhoea or acute respiratory infection, even in remote villages.....[More](#)

## **Reports**

The site hosts several reports published by eminent researchers and authorities on the subject of Health and population. The reports are protected and can be viewed and downloaded for no cost, by supplying user name and password, which is provided on request. Sample Pages are shown in



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- » District-Wise Statistics
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- » Health Schemes

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Please allow **24hrs** for processing request.  
email: [info@aphealth.info](mailto:info@aphealth.info)

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[Right click the links and choose "save target as" option to download any file]

**STATE POPULATION POLICY INTERVENTIONS / GUIDELINES**

One of the most crucial problems facing the State and nation is high population growth rate. Four decades of effort in the State backed by extensive infrastructure and a fair outlay of resources from the Govt. of India, have not succeeded in lowering the fertility to a desired extent. Population growth remains a formidable challenge even today demanding innovative, urgent, intensive, concerted and sustained action to address it and achieve the goal of population stabilization.

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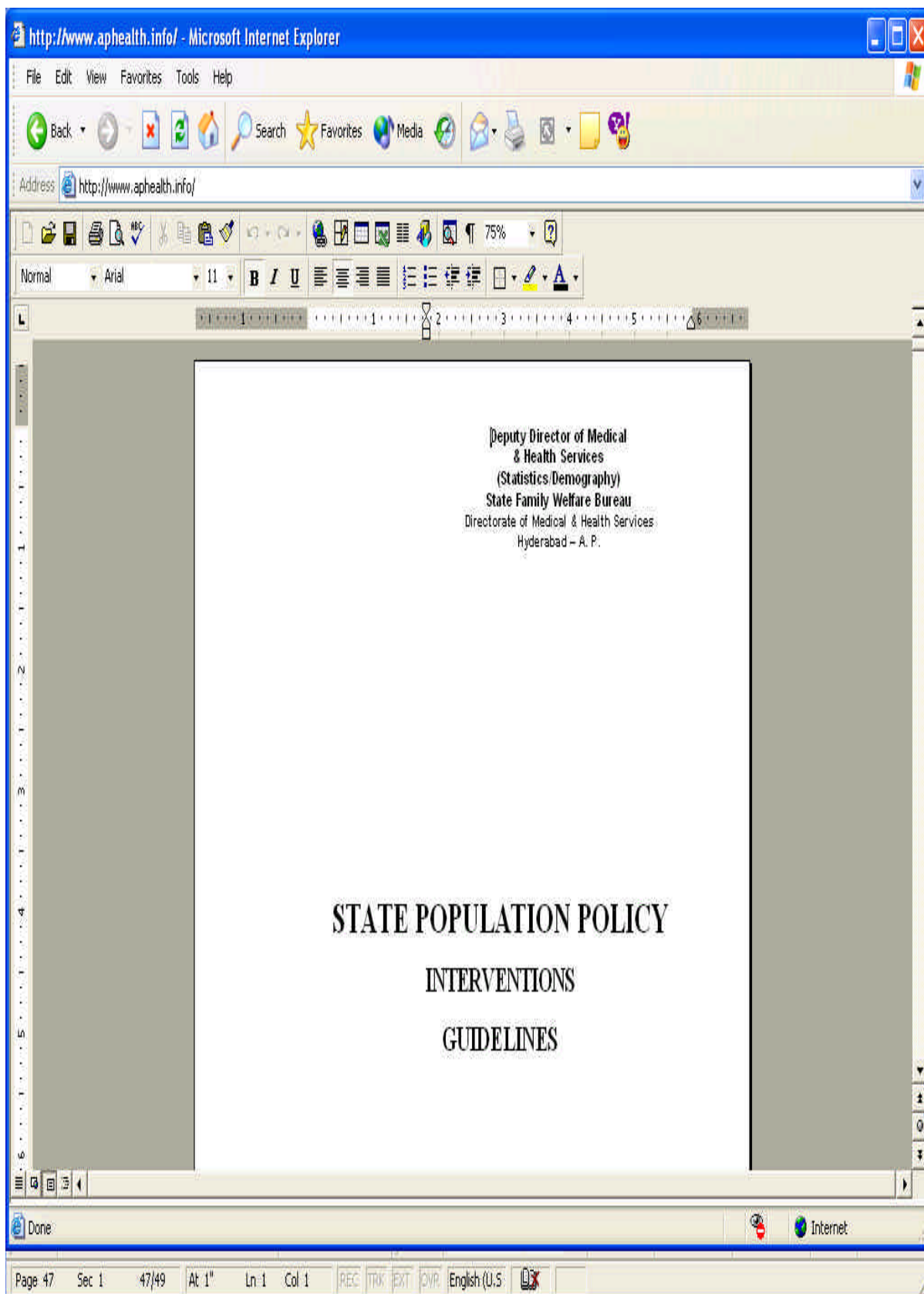
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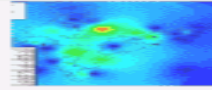
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# RIGHT SIDE HYPER LINKS

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### State Health Institutions

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- Directorate of Medical Education
- Employee State Insurance (ESI)
- NTCP / RNTCP
- NPCB
- Malaria

- [PHC Performance Data](#)
- [Listing of Staff Vacancies](#)
  - Directorate of Medical Education
  - Cader Strength of Civil Asst. Surgeons as on Aug 2003
  - APVVP - Staff Position in Districts and Hospitals as on 20-07-2004
- [District wise Births and Deaths Reporting Status 2003 \(Provisional\)](#)
- [District wise Births and Deaths Reporting Status 2002](#)

**The following are the various sections contained within the website (Left Side):**

**Feedback**

User can send Feedback, with comments, suggestions and complaints about the website. Sample page is shown in the II- .

**Contacts**

Contains Name, Designation and Mobile Number. Sample page is shown in the II- .

**SiteMap**

List of Links which are in the website. Sample page is shown in the II- .

**Budget**

Budget allocations on health and family welfare as per state health budget for 2002- 2003. Mainly featuring structure of the health budget, and allocations on minor and major heads with a queryable interface. Sample Pages are shown in II- , II- , II- and II- .

**State Health Institutions**

Individual pages for each state health institution, providing information about the institution, its role and activities and contact information of various important functionaries of that department. Contains sub links providing more information about the Health Institutions. Given below are the various sub-categories.

**Andhra Pradesh Vaidya Vidhana Parishad (APVVP)**

Contains general information, Infrastructure facilities, services offered, schemes & projects, Plans & budget and statistics. Sample page is shown in II- .

**AP State AIDS Control Society**

Brief write-up on objectives and strategies of the AIDS control programme in Andhra Pradesh, performance of ASACS during the year 2003- 2004. Sample page is shown in II- .

**NTCP / RNTCP**

Brief write-up on Revised National TB Control Programme (RNTCP). RNTCP performance in Andhra Pradesh during 1<sup>st</sup> quarter 2002, 2<sup>nd</sup> quarter 2003, 3<sup>rd</sup> quarter 2003, 4<sup>th</sup> quarter 2003 and 1<sup>st</sup> quarter 2003. Sample pages are shown in II- , II- , II- , and II- .



## **Public Health Center Performance Data**

### **Listing of Staff Vacancies**

Staff vacancies in various health departments. Sub links provide more information on vacancies in various departments. Given below are the various sub- categories. Sample page is shown in II- .

#### **Directorate of Medical Education**

Listing of staff vacancies in directorate of medical education. Sample page is shown in II- .

#### **Cader Strength of Civil Asst. Surgeons as on Aug 2003**

Listing of staff vacancies in Cader strength of Civil Assistant Surgeons as on August 2003. Sample page is shown in II- .

#### **APVVP - Staff Position in District and Hospitals as on 20-07-2004**

Listing of staff vacancies , vacancies filled on regular and contract basic in Andhra Pradesh Vaidya Vidhana Parishad (APVVP) as on 20-07- 2004. Sample page is show in II- .

### **District wise Births and Deaths Reporting Status 2003 (Provisional)**

District wise births and deaths reported during the year 2003. Sample page is shown in II- .

### **District wise Births and Deaths Reporting Status 2002**

District wise births and deaths reported during the year 2002. Sample page is shown in II- .

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Sl. No.	Designation	Name	Mobile
1	Commissioner of Family Welfare	CBS Venkata Ramana	9849902221
2	Addl. Director (Family Welfare)	Smt. Uma Devi	9849902222
3	Special Officer (BMGF)	Sri. K Lakshmi Narayana	9849902223
4	Special Officer	Sri Raghunandam	9849902224
5	Joint Director (O/o CFW)	Dr. K Pattabhi Ramiah	9849902225
6	Joint Director (O/o CFW)	Dr. G V Rangappa	9849902226
7	Joint Director (O/o CFW)	Dr Gopala Krishna	9849902227
8	Joint Director (O/o CFW)	Dr K B Rajendra Prasad	9849902228
9	Joint Director (O/o CFW)	Dr A Dwarkanadh	9849902229
10	Deputy Director (DEMO) (O/o CFW)	Sri. B Brahmanandam	9849902230
11	Deputy Director (MEM) (O/o CFW)	Sri. A R Murthy	9849902231
12	Accounts Officer (O/o CFW)	Sri. V Babu Rao	9849902232
13	Assistant Director (O/o CFW)	Sri. N V N Sharma	9849902233
14	Statistical Officer (O/o CFW)	Sri. Satyanarayana	9849902234
15	Director Health	Dr. Mastan Rao	9849902200
16	Addl. Director (Plg.)	Dr. P Lakshmi Rajyam	9849902201
17	Addl. Director (M & F)	Sri. Chandra Sekhar	9849902202
18	Addl. Director (Lep.)	Dr. T Venkatesvarulu	9849902203
19	Addl. Director (Admn.)	Sri. Srinivasa Sastry	9849902204
20	Joint Director (IH)	Dr. Pandaiah	9849902205
22	Joint Director (EPLB)	Dr. Gopal Reddy	9849902206
23	Joint Director (Lep.)	Sri. Purushottam Reddy	9849902207
24	Joint Director (SHEB)	Sri. Venkatesvar Rao	9849902208
25	Joint Director (TB)	Sri. Sai Baba	9849902209
26	Joint Director (NPCB)	Smt. Hymavathi	9849902210
27	Dy. Director (Admn III)	Smt. Sashi Sri	9849902211
28	Dy. Director (CML)	Dr K S C Bose	9849902212
29	Dy. Director (Entomo.)	Sri. Jagan Mohan Rao	9849902213

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**Budget for Medical, Public Health and Family Welfare**

Search  
Enter Keywords  
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Related Links

[Query Budget Allocations on Health](#)

**AP Health BUDGET 2002 - 2003**

An amount of Rs.1,165.16 crores was spent during 1999-2000 in Health Sector and an expenditure of Rs.1,295.26 crores is likely to be incurred during this year. A total budget provision of Rs.1,471.62 crores is made for the year 2001-2002.

The increasing incidence of HIV in the State is a matter of great concern. A massive prevention and control initiative is being implemented through the second phase of the AIDS Control Project at a total cost of Rs.187 crores. State Govt is also making serious efforts to bring down communicable diseases by mobilizing field level health functionaries, NGOs, self-help groups and community. Government has also decided to appoint two high level committees to suggest measures to control communicable diseases. Detailed operational manuals on Malaria, Japanese Encephalitis and Gastroenteritis are under preparation for the benefits of field level functionaries. State and District level action plans are also being drawn up to tackle diseases like Tuberculosis, Blindness, Leprosy and Filariasis. Necessary training programmes are also being planned for all levels for prevention and control of communicable diseases.

**Annual Plan (2002 - 2003)**

(10 items remaining) Downloading picture http://india-health.info/aphealth/budgetAp/plus131.gif...

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## Budget Allocations on Medical & Public Health and Family Welfare

[Select items for Display by Clicking in the Fields below. To Select Multiple Items Hold Down 'Ctrl' Key As You Select the Items. Please wait as data is retrieved & displayed.]

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Report Fields

- Medical & PublicHealth Plan
- Medical & Public Health Non Plan
- Medical & Public Health Total
- Family Welfare Plan
- Family Welfare Non Plan

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- 1998
- 1999
- 2000
- 2001
- 2002

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## Andhra Pradesh Vaidya Vidhana Parishad (APVVP)...



**Andhra Pradesh Vaidya Vidhana Parishad (APVVP)** was established under act 29 of 1986, with a view to restructure the existing Government health organizations by separating curative and preventive aspects of health so that greater emphasis could be given for extensive development of both the areas and also to evolve development policies to make medical and health services more responsive to the people's needs. The main objective to bring about over all improvement in the standards of maintenance of buildings, equipment, and drugs. This office is headed by a commissioner who looks after the administration, supervision and development of non teaching hospitals, area hospitals and community hospitals with more than 30 beds. This office is supported by Jt. Commissioners, vigilance officer and secretary and has its own finance and audit wing.

The number of working units under each category are as follows:

Related Info.

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Home » Health Infrastructure » Primary Health Facilities »

### No. Of Primary Health Facilities in AP (District wise)

Sl.No	District	Mandals	PHCs	Sub centres
1	Srikakulam	37	61	435
2	Visakhapatnam	43	63	550
3	Vizianagaram	34	52	445
4	East Godavari	59	72	752
5	West Godavari	46	63	549
6	Krishna	50	64	483
7	Guntur	57	66	574
8	Prakasam	56	72	467
9	Nellore	46	62	472
10	Cuddapah	50	62	371
11	Kurnool	54	72	459
12	Anantapur	63	71	489
13	Chittoor	66	86	549
14	Khammam	46	53	534
15	Karimnagar	56	65	491
16	Adilabad	52	64	415
17	Warangal	50	61	513
18	Mahabubnagar	64	75	539
19	Medak	45	61	348
20	Nalgonda	59	67	513
21	Nizamabad	36	40	336
22	Ranga Reddy	37	35	283
23	Hyderabad(U)	6	0	0
	<b>Total</b>	<b>1112</b>	<b>1387</b>	<b>1568</b>

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[Performance of APSACS during the year: 2003-2004](#)

**Introduction**

AP State AIDS Control Programme is in consonance with the National AIDS Control Programme and strives to fulfil the objectives and set goals, as enumerated in the National AIDS Control Programme Phase II. Objectives and Strategies of the AIDS Control Programme in Andhra Pradesh are:

**Objectives of NCAP - II**

The two key objectives of the AIDS Control programme are:-

1. To reduce the spread of HIV Infection in the country
2. To strengthen A.P's capacity to respond to HIV/AIDS on a long term basis.

Operationally the programme seeks to achieve the following by the end of the project:

- a. To keep HIV prevalence rate below 3% in Andhra Pradesh
- b. To reduce blood borne HIV transmission to less than 1%
- c. To attain awareness level of not less than 90% among high risk commercial sex workers.

The growth of the epidemic in AP is primarily determined by the Heterosexual behavior. Sexual route of transmission accounts for nearly 90% of the infections. As per the latest Sentinel Surveillance data, 2003, 1.25% (Median) of the pregnant women in the State are found to be HIV positive. HIV Infection rate among the STD Clinic attendees in the state is 19.6% (Median).

**STRATEGY**

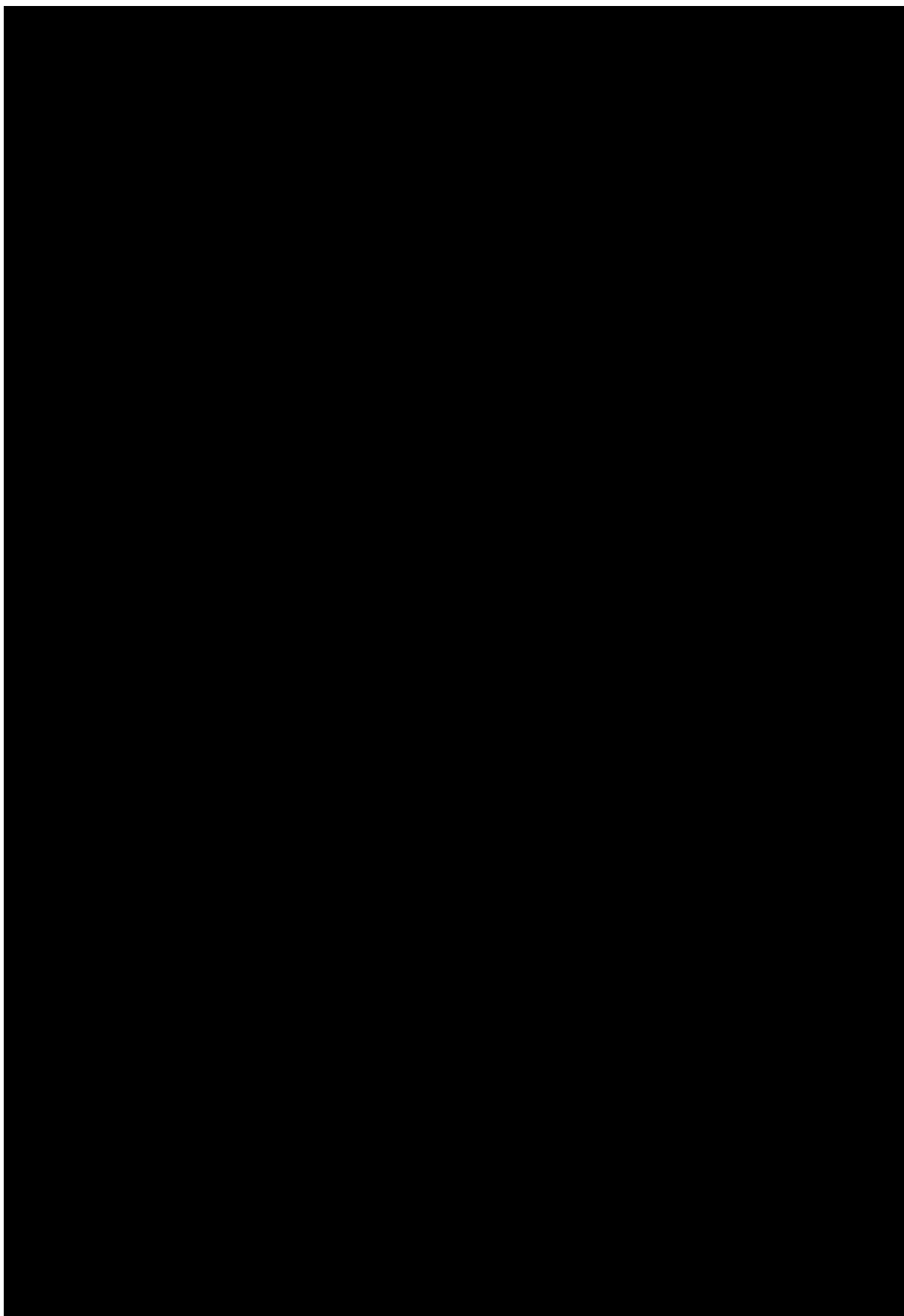
A Clear and multi-pronged effort for prevention and control of HIV/AIDS has been worked out and is implemented in Andhra Pradesh. The focus is on raising awareness levels to promote responsible behaviors.

Prevention of HIV Infection in High-Risk Population

As prevention of HIV infection in High risk population is most critical to contain its spread, 108 targeted interventions have been taken up through NGOs for bringing about change in the behavior of High risk population, such as Commercial Sex Workers, Truckers, Prison inmates, Street Children, Men having sex with men (Homosexuals), Transgender (Hijras), Migrant populations etc. The focus of the

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**Revised National TB Control Programme (RNTCP)...**

**Revised National TB Control Programme (RNTCP)**



National Tuberculosis Control Programme (NTP) in India was implemented in 1962 by establishing District TB Centers, TB clinics and TB hospitals. From its inception, the programme was integrated with the general health services and the service delivery was through the primary health care infrastructure. The results of the NTP were not very encouraging. The strategy of the NTP was reviewed in 1992. This led to the launching of the Revised National TB Control Programme (RNTCP) starting in the year 1995 with DFID aid.

It is estimated that in a year, nearly 135 cases of tuberculosis will be diagnosed and treated under the programme per 100,000 populations. Hence 1.06 lakh people are suffering from tuberculosis in our state, of which about 0.4 lakh are sputum +ve cases. 0.3 lakh people are dying due to tuberculosis in AP every year i.e, 1 patient with TB dies every 15 minutes. Examination of sputum as a rule is the only way by which diagnosis of pulmonary TB can be confirmed. One sputum +ve cases case infects 10-15 individuals in one year.

**Related Info.**

- Contact Information...
- Objectives of RNTCP...
- Directly Observed Treatment, Short Course
- Status of Implementation of RNTCP in the State

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Performance in AP, Q1 2002

### 1<sup>st</sup> qrt 2002 RNTCP Performance in Andhra Pradesh

Name of the district	Population Cover (Lakh)	Total Cases Treated	Total Detection 135/1 Lac Annualized	New Smear positive cases Treated	New Smear Case Detected 50/1 Lac Annualized	Ratio New S To- S + Patients (1:1)	3 Month Conversion Rate New S+ 85%	Cure Rate New S + 85%
Hyderabad	36.87	1178	128	401	44		89	85
Medak	26.6	739	111	277	42		93	78
Rangareddy	35.06	809	92	382	44		89	85
Mahabubnagar	37.05	1056	114	519	56		73	-
Anantapur	36.39	1416	156	543	60		78	69
Chittoor	37.36	1135	122	541	58		69	-
Vijayanagaram	22.27	1342	241	590	106		96	94
Srikakulam	25.28	1121	177	438	69		89	-
	256.88	8796	137	3691	57		85	82

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Performance in AP, Q1 2002

### 1<sup>st</sup> qrt 2003 RNTCP Performance in Andhra Pradesh

Sl. No	Name of the district	Population Cover (Lakh)	Total Cases Put on Treatment	Annualized Case Detection 135/1 Lac	New Smear Sp+ve Cases Treated	Annualized New Smear Sp + ve Case Detection 50/1 Lac	Ratio New S To- S + Patients (1)	3 Month Conversion Rate New S+ 85%	Cure Rate New S + 85%
1	Hyderabad	36.87	1323	144	524	57	1:0.7	92	87
2	Medak	26.62	725	109	273	41	1:1	91	87
3	Rangareddy	35.06	1003	114	386	44	1:1	93	89
4	Mahabubnagar	37.05	1066	114	388	42	1:1.4	78	80
5	Anantapur	36.39	1327	140	659	72	1:0.6	90	83
6	Chittoor	37.36	1127	121	514	55	1:0.7	86	72
7	Vijayanagaram	22.27	1074	193	453	81	1:1	93	89
8	Srikakulam	25.28	1038	164	459	73	1:1.05	93	86
9	Prakasham	30.5	1394	183	510	67	1:1.2	88	NA
10	Guntur	44.05	1713	155	658	60	1:1.2	83	NA
11	Cuddapah	25.73	1330	207	595	93	1:1.1	89	NA
12	Nellore	26.6	405	61	184	28	1:0.4	Started on 2-10-2002	
13	Warangal	-	-	-	-	-	-	Started on 6-3-2003	
14	Adilabad	-	-	-	-	-	-	Started on 22-02-2003	
15	East Godavari	-	-	-	-	-	-	Started on 23-03-2003	
16	West Godavari	-	-	-	-	-	-	Started on 16-03-2003	
17	Khammam	-	-	-	-	-	-	Started on 24-03-2003	
18	Kurmool	-	-	-	-	-	-	Started on 24-03-2003	
19	Krishna	-	-	-	-	-	-	Started on 15-03-2003	
20	Nizamabad	-	-	-	-	-	-	Started on 07-02-2003	
21	Visakhapatnam	-	-	-	-	-	-	Started on 7-4-2003	
<b>Total</b>		<b>383.78</b>	<b>13525</b>	<b>141</b>	<b>5603</b>	<b>58</b>	<b>1:1</b>	<b>88.7</b>	<b>84</b>

Note:- DTCO Mahabubnagar 1st Quarter Report of 2003 is submitted on 16-4-2003.

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Performance Indicators:  
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**PERFORMANCE TRACKING SYSTEM**

**DISTRICT-WISE MONTH ACHIEVEMENT BY PERFORMANCE INDICATOR**

Name of the Month : MARCH, 2004  
Name of the HOD : Commissioner of Family Welfare  
Name of the performance indicators : **TT Full dose**  
Unit of Measurement : Number

Sl. No.	Name of the District	Annual target	Monthly target	Monthly achmt.	Month grade	Cumulative target	Cumulative achmt.	Cumulative grade
1	Srikakulam	61034	5086	6065		61034	60966	
2	Vizianagaram	54193	4516	10942		54193	57452	
3	Visakhapatnam	91480	7623	7820		91480	93312	
4	East Godavari	117617	9801	16110		117617	119723	
5	West Godavari	91633	7636	8423		91633	93808	
6	Krishna	101826	8485	9353		101826	109593	
7	Guntur	106342	8862	9086		106342	104925	
8	Prakasam	73741	6145	5812		73741	73670	
9	Nellore	64200	5350	6955		64200	64382	
10	Chittoor	90162	7513	8959		90162	91107	
11	Cuddapah	62120	5177	5257		62120	63032	
12	Ananthapur	87847	7321	7751		87847	80392	

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## Listing of Staff Vacancies and Positions - Directorate of Medical Education

Sl.NO.	Category	Sanctioned	Working	Vacant
1	Associate Prof.	266	172	94
2	CAS / Asst.Prof./Tutor	54	52	2
3	CAS / Asst.Prof./Tutor	327	293	34
4	CS	20	16	4
5	CS (Admin.)	1	1	0
6	CS (Specialist)	9	5	4
7	CS / Prof. TB&CD	2	2	0
8	CS/LRMO	1	1	0
9	CS/RMO	14	13	1
10	CS/Supdts	2	2	0
11	Dental Asst. Surgeon	2	2	0
12	Dy.Civil Surgeon / RMO	4	4	0
13	Dy.CS / RMO (Gr-II)	1	1	0
14	DCS	230	211	19
15	Professors	464	357	107
16	Prof. /cs	1	1	0
17	Prof. / supdt.	1	1	0
18	Senior Medical Officers	1	0	1
19	Medical Demonstrater	12	1	11
20	Medical Officers	5	0	5
<b>Total</b>		<b>1417</b>	<b>1135</b>	<b>282</b>

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Comprehensive Health & Population Information Base For Andhra Pradesh

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## Listing of Staff Vacancies and Positions - Cader Strength of Civil Asst. Surgeons as on August 2003

SL.NO.	Name of the District	Cadre strength of CAS	Regular M.Os	Contract Doctors	Vacant
1	SRIKAKULAM	117	54	51	12
2	VIZIANAGARAM	142	79	28	13
3	VISHKHAPATNAM	114	96	12	6
4	EAST GODAVARI	185	118	62	5
5	WEST GODAVARI	125	82	37	6
6	KRISHNA	143	79	45	19
7	GUNTUR	131	83	24	24
8	PRAKASAM	153	84	60	9
9	NELLORE	138	99	34	5
10	CHITTOOT	156	137	12	7
11	CUDDAPAH	147	87	40	20
12	KURNAOOL	174	90	30	54
13	ANATHAPUR	163	105	20	38
14	ADILABAD	138	80	24	34
15	KARIMNAGAR	137	74	29	34
16	WARANGAL	107	89	14	4
17	KHAMMAM	120	100	16	4
18	NIZAMABAD	86	54	17	15
19	MEDAK	109	70	29	10
20	MAHABOONNAGAR	163	139	12	12
21	NALGONDA	127	69	31	27
22	ORR. & HYDERABAD	67	54	12	1
	<b>TOTAL</b>	<b>2942</b>	<b>1922</b>	<b>639</b>	<b>381</b>

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## Listing of Staff Vacancies and Positions - APVVP, Staff Position in Districts and Hospitals as on 20-07-2004

Staff Category	Sanctioned	Filled		Vacant
		Regular	On contract	
Doctors				
Civil Surgeon Specialists	477	338	-	139
Civil Surgeon RMOs	86	48	-	38
Dy.Civil & Dy.Dental Surgeons	260	126	-	134
Civil Asst. Surgeons	1525	1064	277	184
Dental Asst.Surgeons	145	28	92	25
Nursing Staff				
Superintendents - I/II	81	51	-	30
Head Nurses	530	450	-	80
Staff Nurses	3470	2692	537	231
ANM'S/ Maternity Asst.	553	502	13	34
Para Medical	3476	2573	227	676
Administrative staff	1361	1098	-	263
<b>Grand total</b>	<b>11964</b>	<b>8970</b>	<b>1146</b>	<b>1834</b>

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## District Wise, Sex Wise Births And Deaths Reporting Position During The Year 2003 (Provisional)

Sl.No.	Name of the District (Rural + Urban)	% of Returns received	Expected Births	Reported Births	% of Births reported	Expected Deaths	Expected Deaths	% of Deaths Reported
1	ADILABAD	26.5	44628	12341	27.7	18717	3904	20.9
2	NIZAMABAD	66.2	42170	25192	59.7	17771	9683	54.5
3	KARIMNAGAR	64.4	62587	31919	51.0	26327	15282	58.0
4	MEDAK	36.4	47921	11659	24.3	20746	5310	25.6
5	HYDERABAD	100.0	66356	77304	116.5	21013	20830	99.1
6	RANGAREDDY	4.2	63104	8538	13.5	24065	2160	9.0
7	MAHABOOBNAGAR	22.8	63124	8062	12.8	27434	5616	20.5
8	NALGONDA	28.6	58292	7539	12.9	25118	4593	18.0
9	WARANGAL	45.0	58161	34411	59.2	24533	13853	56.5
10	KHAMMAM	59.2	46177	16990	36.8	19721	9253	46.9
11	SRIKAKULAM	60.2	45513	20476	45.0	19699	10894	55.3
12	VIAIANAGARAM	69.9	39532	20948	53.0	16828	12401	73.7
13	VISAKHAPATNAM	33.4	68217	37003	54.2	27197	14801	54.4
14	EAST GODAVARI	14.9	87707	41557	47.4	36815	12945	35.2
15	WEST GODAVARI	82.6	68331	46723	68.4	28772	18523	64.4
16	KRISHNA	34.4	75931	38515	50.7	30789	14758	47.9
17	GUNTUR	64.1	79299	50968	64.3	32541	24476	75.2
18	PRAKASHAM	49.3	54989	28003	50.9	23649	11283	47.7
19	NELLORE	15.9	47874	20489	42.8	20066	6143	30.6
20	CUDDAPAH	39.2	46323	20174	43.6	19919	7524	37.8
21	KURNOOL	14.5	63221	29375	46.5	26599	9884	37.2
22	ANANTHAPUR	25.3	65507	23124	35.3	27312	8597	31.3
23	CHITTOR	9.1	67234	30586	45.3	28516	8416	29.5
	STATE TOTAL	38.7	1362200	641896	47.1	564146	251009	44.5

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## District Wise, Sex Wise Births And Deaths Reporting Position During The Year 2002

Sl.No.	STATE / DISTRICT (Rural +Urban)	Percentage of Returns received	Expected Births*	Reported Births			Percentage of Births (Total) Reported	Exp'td Deaths*	Reported Deaths			Percentage of Deaths Reported.
				Male	Female	Total			Male	Female	Total	
1	ADILABAD	72.9	44629	11525	10750	22275	49.9	18717	5443	3922	9365	50.0
2	NIZAMABAD	76.2	42171	14193	13347	27540	65.3	17771	5925	4303	10228	57.6
3	KARIMNAGAR	94.0	62587	20443	21113	41556	66.4	26327	10279	7483	17762	67.5
4	MEDAK	75.3	47921	11557	10781	22338	46.6	20746	6825	5049	11874	57.2
5	HYDERABAD	100.0	66356	60891	53990	114881	173.1	21013	16678	11356	28034	133.4
6	RANGAREDDY	82.2	63104	15032	14143	29175	46.2	24065	7339	5268	12607	52.4
7	MAHABOONNAGAR	68.2	63124	12009	11215	23224	36.8	27434	8270	5992	14262	52.0
8	NALGONDA	85.7	58292	11839	11117	22956	39.4	25118	8156	5881	14037	55.9
9	WARANGAL	80.0	58161	19633	18400	38033	65.4	24533	9327	6744	16071	65.5
10	KHAMMAM	99.8	46177	16701	15599	32300	69.9	19721	8921	6420	15341	77.8
11	SRIKAKULAM	79.1	45513	16635	15514	32149	70.6	19699	8304	6034	14338	72.8
12	VIAIANAGARAM	97.4	39531	13914	12972	26886	68.0	16828	7633	5536	13169	78.3
13	VISAKHAPATNAM	70.6	68217	30625	30584	61209	89.7	27197	12327	8864	21191	77.9
14	EAST GODAVARI	70.2	87708	31792	29694	61486	70.1	36815	10640	7615	18255	49.6
15	WEST GODAVARI	100.0	68331	26268	24543	50811	74.4	28772	11646	8382	20028	69.6
16	KRISHNA	78.5	75931	27585	26755	54340	71.6	30789	10589	7574	18163	59.0
17	GUNTUR	93.9	79300	29870	31774	61644	77.7	32541	16039	11713	27752	85.3
18	PRAKASHAM	77.7	54988	24567	20984	45551	82.8	23649	9124	6596	15720	66.5
19	NELLORE	72.5	47874	20047	16834	36881	77.0	20066	7053	5082	12135	60.5
20	CUDDAPAH	70.6	46323	19665	17341	37006	79.9	19919	6548	4755	11303	56.7
21	KURNOOL	83.6	63220	27283	25456	52739	83.4	26599	10631	7612	18243	68.6
22	ANANTHAPUR	71.2	65507	21761	20387	42148	64.3	27312	8134	5902	14036	51.4
23	CHITTOR	72.1	67234	25509	23780	49289	73.3	28516	8903	6442	15365	5309.0
	STATE TOTAL	80.1	1362200	509344	477073	986417	72.4	564146	214734	154545	369279	65.5

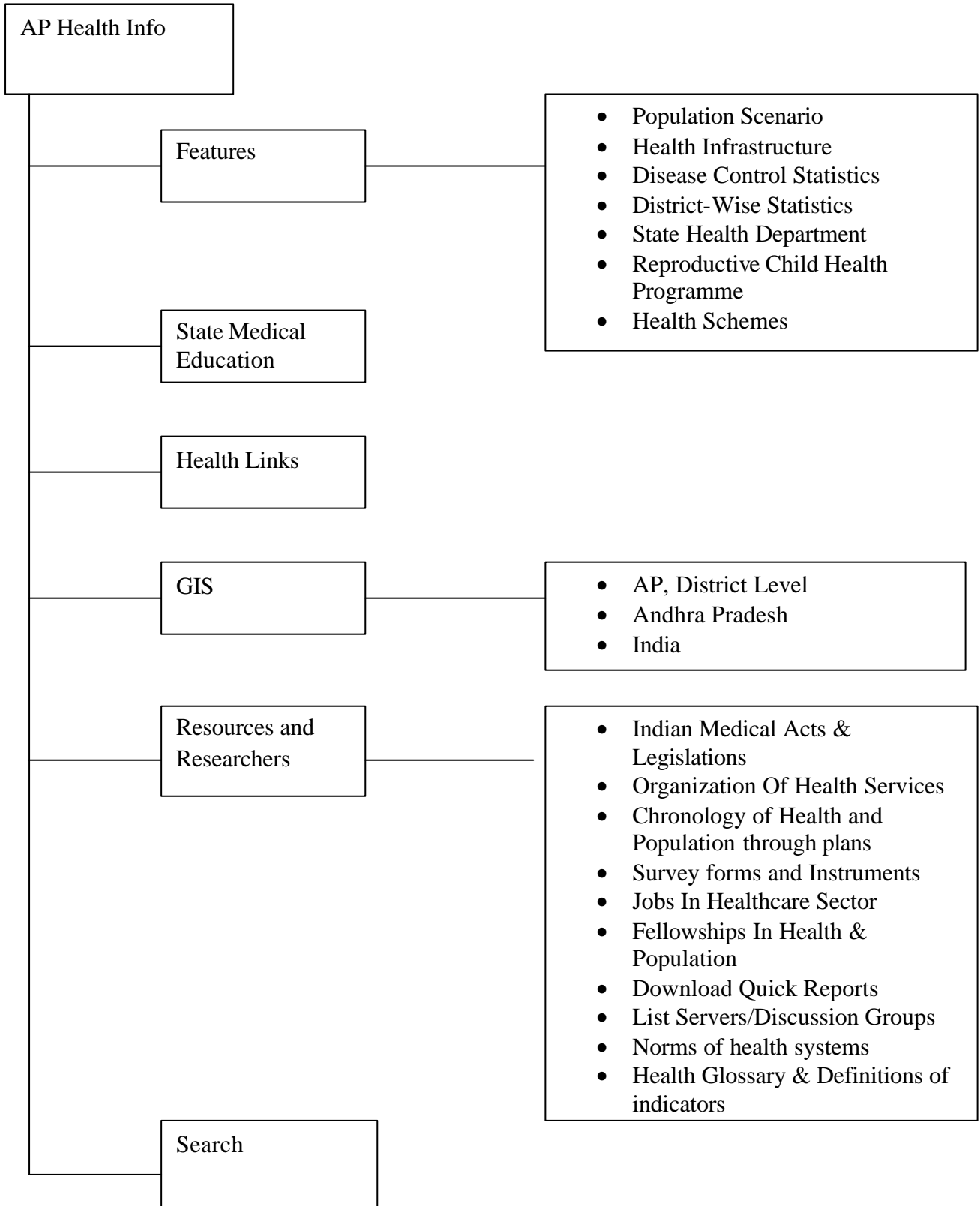
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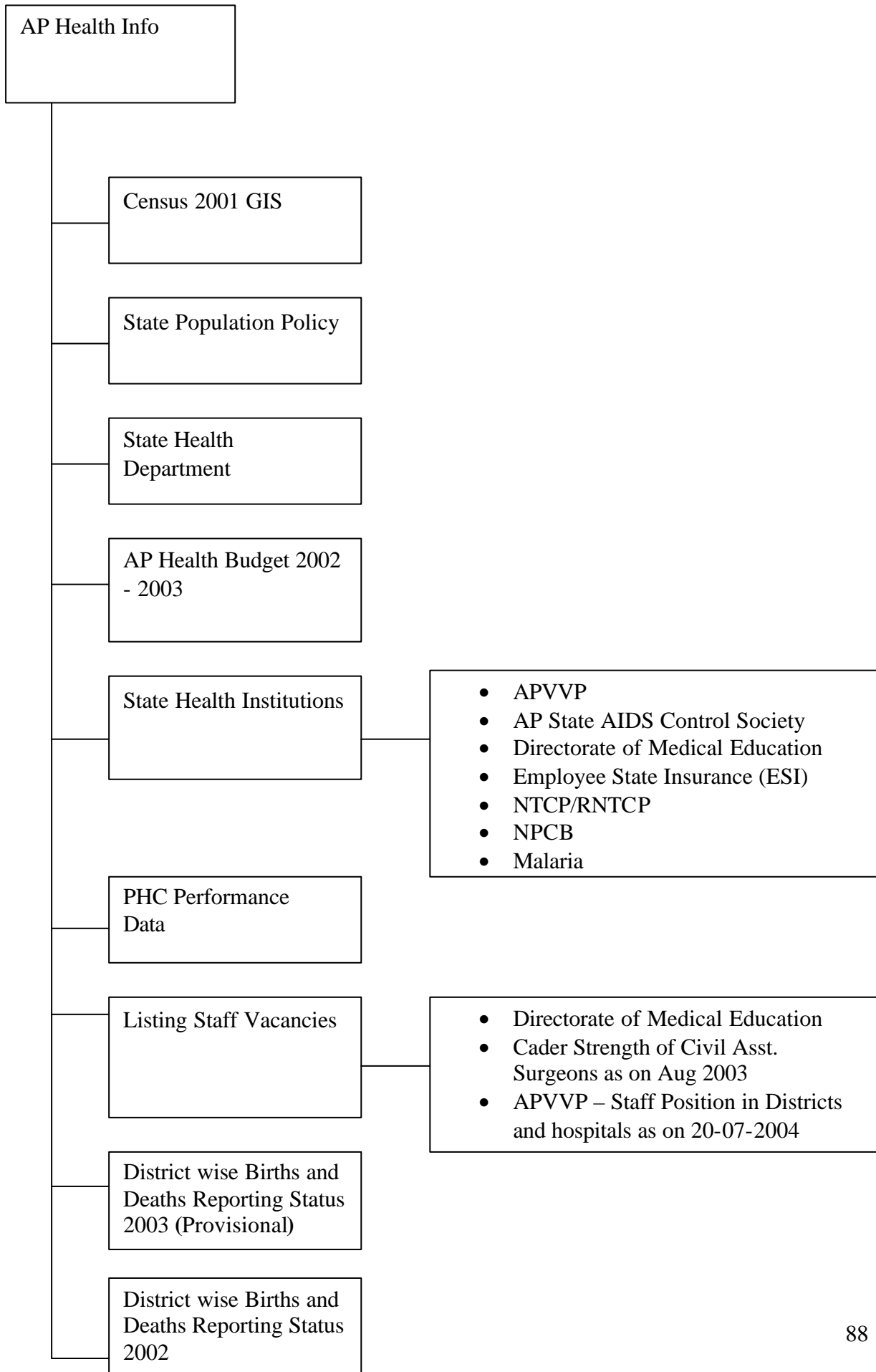
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