

**ANDHRA
PRADESH**

STATE REPORT

Andhra Pradesh

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Andhra Pradesh

Summary of Approvals

Financial Management under NRHM (Rs. in crore)					
Years	Allocation	Release	Expenditure	% Release against Allocation	% Expenditure against Release
2005-06	277.60	365.39	286.91	131.62	78.52
2006-07	420.06	423.28	335.22	100.77	79.19
2007-08	597.84	631.24	506.87	105.59	80.30
2008-09	597.43	676.42	784.51	113.22	115.98
2009-10	604.41			0.00	
Total	2497.34	2096.34	1913.51	83.94	91.28

S. No.	Timeline Activities	Achievement	%
1	ASHA	Selection	70700
		Training	68500
2	VHSC	21916	78
3	24X7 PHCs	800	51
4	Mobile Medical Unit	17	74
5	Rogi Kalyan Samiti	1823	101

Budget Allocations (2005-09) (Amount in Crores)			
Financial Years	Allocation	Releases	Expenditure
RCH Flexipool			
2005-06	93.24	58.85	31.10
2006-07	122.66	134.39	107.37
2007-08	115.84	141.34	148.75
2008-09	150.08	176.53	146.74
2009-10	153.42		
Total (A)	635.24	511.11	433.96
NRHM Flexipool			
2005-06		46.20	4.83
2006-07	102.90	119.19	59.39
2007-08	179.89	179.89	76.20
2008-09	130.74	151.74	321.26
2009-10	135.37		
Total (B)	548.90	497.02	461.68
National Disease Control Programme			
2005-06	31.88	26.93	33.85
2006-07	41.18	36.95	38.19
2007-08	52.13	37.83	20.15
2008-09	62.38	42.72	20.25
2009-10	60.37	5.37	0.00
Total (C)	247.95	149.80	112.44
Grand Total (A + B + C)	1432.09	1157.93	1008.08

Record of Proceedings (2005-2009) for Mission Flexible Pool

Approval for Infrastructure Facilities (Rs. in Crore)						
S. No	Health Facilities	2005-06	2006-07	2007-08	2008-09	2009-10
1	Sub C	12.52		0.00	18.00	36.00
2	PHC			23.55	11.35	23.80
3	CHC	13.80	19.00	18.12	9.20	9.20
4	DH			0.00	6.00	0.00
5	Equipment			0.00	0.00	0.00
6	Transport			0.00		80.00
7	Others		2.66	15.70	238.27	10.75
	Total	26.32	21.66	57.37	282.82	159.75

Approval for Human Resource Support (Rs. in Crore)						
S. No	Personnel	2005-06	2006-07	2007-08	2008-09	2009-10
1	Doctors			0.00	0.00	0.00
2	Specialists			0.00	0.00	0.00
3	Staff Nurses			0.00	0.00	0.00
4	ANM		4.5	34.06	57.93	50.00
5	Others			0.00	0.00	0.05
	Total	0.00	4.50	34.06	57.93	50.05

Approval of other activities (2005-2009) in Rs. Lakh							
S. No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA					850	
	TOTAL					850	
Untied Funds, Annual Maintenance Grants and RKS funds related matters							
2	Rogi Kalyan Samiti		953				
3	Rogi Kalyan Samiti-DH			115	115	95	
4	Rogi Kalyan Samiti-Rural/Area Hospital				145	147.5	
5	Rogi Kalyan Samiti-Civil Hospital				79	79	
6	Rogi Kalyan Samiti-CHC			167	167	168	
7	Rogi Kalyan Samiti-PHC			1570	1570	1570	
8	Untied Fund for CHC		82.5	83.50	83.50	83.50	

9	Untied Fund for PHC		392.5	392.5	412.25	412.25	
10	Untied Fund for SC	1252	1252	1252.2	1252.2	1252.2	
11	Untied Fund for VHSC		773	2191.6	2191.6	2812.3	
12	PHCs & Civil Hospitals Annual Maintenance Grant						
13	Annual Maintenance Grant -PHC		785	785.00	2873.18	1229.6	
	TOTAL	1252	4238	6556.8	8888.73	7849.35	
Infrastructure related matters							
14	MMU		966	920	1220.84	550	
15	Emergency & Referral Services		1000		10000	6500	
	TOTAL		1966	920	11220.8	7050	

Status of Infrastructure 2005-2010

Health Facilities	As per RHS 2008	New Construction	Upgradation / Renovation
Number of Sub Centre	12522	400	0
Number of PHC	1570	38	0
Number of CHC	167	120	0
Number of DH	16 As per State Data Sheet, NRHM	0	0

Status of NRHM as on 15.05.2009

1	ASHA	Selection	70700
		Training	68500
2	VHSC		21916
3	Joint A/C @ Sub Centre and VHSC		21916
4	24X7 Facility		1026
5	FRU		194
6	Contractual Manpower	Doctors & Specialist	0
		AYUSH Doctors	0
		Staff Nurse	121
		Paramedics	118
		ANM	9505
7	JSY Beneficiaries (in Lakhs)		8.85

National Disease Control Programme

NLEP

The state has achieved the goal of elimination of leprosy. The state is advised to carry out in-depth situational analysis in districts/blocks reporting large number of new cases and take suitable actions

IDSP

It is a Phase I state. The recruitment of human resources needs to be fast tracked. The data reporting should start from all the districts.

NBCP

UCs for GIA released to State Blindness Control Society not being received timely. SOE for Cash Grant are also not being received timely. Performance of School Eye Screening Programme needs to be improved.

NVBDCP

Japanese Encephalitis is endemic in Andhra Pradesh. The state should gear up malaria surveillance and other anti malarial activities. Sentinel surveillance system for Dengue and JE needs to be strengthened in endemic districts.

RNTCP

Overall performance is good. Overall performance of the State is satisfactory except that cure rate of 66% in retreatment sputum positive patients is very low due to high default rate of 11%. Total Case Detection and cure rate need to be improved. This appears to be due to gaps in key HR weak supply chain management and supervision.

Demographic, Socio-economic and Health profile

HEALTH INDICATORS OF ANDHRA PRADESH

The Total Fertility Rate of the State is 1.9. The Infant Mortality Rate is 54 and Maternal Mortality Ratio is 154 (SRS 2004 - 06) which are lower than the National average. The Sex Ratio in the State is 978 (as compared to 933 for the country). Comparative figures of major health and demographic indicators are as follows:

Table I: Demographic, Socio-economic and Health profile of Assam State as compared to India figures

S. No.	Item	Andhra Pradesh	India
1	Total population (Census 2001) (in million)	76.21	1028.61
2	Decadal Growth (Census 2001) (%)	14.59	21.54
3	Crude Birth Rate (SRS 2007)	18.7	23.1
4	Crude Death Rate (SRS 2007)	7.4	7.4
5	Total Fertility Rate (SRS 2007)	1.9	2.7
6	Infant Mortality Rate (SRS 2007)	54	55
7	Maternal Mortality Ratio (SRS 2004 - 2006)	154	254
8	Sex Ratio (Census 2001)	978	933
9	Population below Poverty line (%)	15.77	26.10
10	Schedule Caste population (in million)	12.34	166.64
11	Schedule Tribe population (in million)	5.02	84.33
12	Female Literacy Rate (Census 2001) (%)	50.4	53.7

Table II: Health Infrastructure of Andhra Pradesh

Particulars	Required	In position	shortfall
Sub-centre	11699	12522	-
Primary Health Centre	1924	1570	354
Community Health Centre	481	167	314
Multipurpose worker (Female)/ANM at Sub Centres & PHCs	14092	12541	1551
Health Worker (Male) MPW(M) at Sub Centres	12522	6127	6395
Health Assistants (Female)/LHV at PHCs	1570	1564	6
Health Assistants (Male) at PHCs	1570	1920	-
Doctor at PHCs	1570	2214	-
Obstetricians & Gynaecologists at CHCs	167	95	72
Physicians at CHCs	167	20	147
Paediatricians at CHCs	167	90	77
Total specialists at CHCs	668	235	433
Radiographers	167	65	102
Pharmacist	1737	1614	123
Laboratory Technicians	1737	1363	374
Nurse/Midwife	2739	2373	366

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

The other Health Institution in the State are detailed as under:

Health Institution	Number
Medical College	32
District Hospitals	16
Referral Hospitals	
City Family Welfare Centre	
Rural Dispensaries	
Ayurvedic Hospitals	9
Ayurvedic Dispensaries	557
Unani Hospitals	6
Unani Dispensaries	196
Homeopathic Hospitals	6
Homeopathic Dispensary	286

Note on Progress of NRHM in Andhra Pradesh (June 2009)

The State of Andhra Pradesh is steadily progressing towards attaining the goals and objectives shared under National Rural Health Mission (NRHM), National Population Policy (NPP) and Millennium Development Goals (MDG). The activities under National Rural Health Mission are transforming the health care delivery to rural populace with increasing accessibility to quality services and the opportunity to participate actively in managing these services as well. The state has increased coverage under JSY; improvement in infrastructure; availability of paramedical and medical personnel. Brief information on the progress is as follows:

Institutional Framework of NRHM

Meeting of the State Health Mission held twice, and no meeting of District Health Mission are held till date. The regular meetings of the State Health Mission and District Health Mission need to be organised. The merger of societies is completed in all the 23 districts. A total of 21916 VHSCs has been constituted & 21916 Joint Accounts are operational in the state. Rogi Kalyan Samiti is operational at 16 DH, 168 CHCs & 1573 PHCs. All the districts have started developing their own IDHAP.

Infrastructure Improvements

A total of 690 PHC have been strengthened with three Staff Nurses each to make them functional 24x7. The facility survey completed in 168 (including others health institution also). A total of 58 SDH, 120 CHC including facilities below district level and 16 District Hospitals are functioning as FRUs. About 17 districts have functional Mobile Medical Unit (MMU).

Human Resources

A total of 70,700 ASHAs have been selected & 68,500 are trained in 1st Module. About 51,201 ASHAs have been provided with drug kits. 10322 Sub-centers are functional with an ANM. 9505 SCs are strengthened with 2nd ANM. As far as manpower expansion is concerned, 121 Staff Nurse, 9505 ANM have been recruited on contractual basis.

Services

Institutional deliveries increased from 12.78 lakhs (06-07) to 13.30 lakhs (07-08). During the year 2008-09 the state had 14.20 lakhs Institutional deliveries. JSY beneficiaries increased significantly from zero (06-07) to 4.35 lakhs (07-08). And, a total of 4.50 lakh deliveries were recorded under JSY during the year 08-09. Female sterilizations have increased from 3.18 lakh (06-07) to 6.97 lakh (07-08) and male sterilisation has increased from 7666 (06-07) to 28505 (07-08). During the year 2008-09, over 6, 70,510 female & 29,763 male sterilization were done. 2 districts are implementing IMNCI & 1555 people trained so far. About 20.20 lakh VHND held since the launch of NRHM.

General

Overall improvement in health system under NRHM

Achievements Made

- There is an increase in institutional deliveries and JSY beneficiaries.
- Excellent Emergency Ambulance Service with a single state wide call number.
- Well designed training modules; and good quality trainings to ASHAs
- Availability of quality drugs at all levels.
- Improved utilization of untied funds at all levels.
- Functional disease surveillance system and computerization upto PHC level.

Areas for further Improvement

- Strengthening of Financial Management Systems and improving capacities.
- Need to improve/provide institutional care for new-born(s).
- Laboratory bio-safety and biomedical waste management is lacking generally across all facilities and needs improvement.
- The State is closing on to the time lines for 24*7 PHCs in the state
- Progress on mainstreaming AYUSH is slow.

Infrastructure

- Satisfactory progress in infrastructure development

Human Resources

- Availability of Nurses in majority of the health facilities; over 2500, 2nd ANM already appointed.
- Dedicated and well trained personnel-ANMs, ASHAs and Staff Nurses
- Rationalise manpower deployment on priority.
- Major staffing gaps especially of specialists at CHCs and hospitals- this can be reduced by multi-skilling, and reducing mismatches and better recruitment policies.
- Review of HR Policy by the State to address the issue of conflict of interest viz private practice by Govt. doctors hindering services at Public Health Facilities

Service Delivery

- Improved services in IPD for the vulnerable section, however, need to strengthen outpatient facilities
- Satisfactory performance of disease control programmes. The apprehension of RNTCP programme needs to be addressed jointly on the integration of Labs without compromising DOTS performance

An Analysis of Financial Monitoring Report for the FY 2008-09

A. RCH Flexible Pool

Component wise expenditure & Utilization under RCH against the approved PIP

Activities	SPIP	Utilization	Rs. in Crores
			% Utilization against PIP
Maternal Health	77.85	63.98	82.19 %
Child Health	7.27	1.89	25.98 %
Family Planning Services	73.50	52.98	72.08 %
Adolescent Reproductive and Sexual Health/ Arsh	1.25	0.08	6.02 %
Urban RCH	5.58	0.85	15.28 %
Tribal RCH	1.93	0.54	28.26 %
Innovations/PPP/ NGO	0.50	1.12	223.96 %
Infrastructure & Human Resources	0	5.88	
Institutional Strengthening	0.50	0.48	95.34%
Training	0.50	8.37	1673.58 %
BCC / IEC	0	3.44	
Procurement	0	1.82	
Programme Management	5.99	5.32	88.80 %
Total	174.87	146.75	83.91 %

Based on table above and record available in FMG, observations are as under:-

General Observations

1. Significantly, Rs.146.75 crores, i.e. 84% of the approved PIP of Rs.174.87 crores has been utilized under RCH-II as compared to national level expenditure of 71%.
2. There is 11% increase in expenditure as compared to 2007-08.
3. Since the launch of RCH-II, Rs. 420.48 crores, i.e. 82% has been utilized by the state against the release of Rs. 511.11 crores during the period 2005-06 to 2008-09.
4. More than 82% and 72% expenditure during 08-09 under MH and Family Planning Services respectively are also satisfactory compared to the PIP approved.

Areas of Concern

1. Negligible expenditure is reported under ARSH and only 26% utilisation under Child Health is major concern.
2. There is no synchronization between PIP Vs Utilisation as the expenditure reported under the Training head is very high and in BCC/IEC and Procurement is with no allocation in the PIP.
3. The expenditure booked under Urban and Tribal RCH is well below the approved PIP.
4. Under the Operationlise FRU (A.1.1) only dissemination, monitoring, and quality activities can be booked, it seems that expenditures pertain to the procurement have also been booked as the booking amount is as high as Rs.12 crores under this head.
5. **The procurement expenditures are not reimbursable by the World Bank. State is advised to book all the expenditures according to the FMR format and guidelines issued by the Govt. of India.**

B. Mission Flexible Pool:-**Component-wise utilization against approved PIP**

Rs. In Crores

Activity	SPIP	Utilization	%age Utilization of PIP
ASHA	0	27.55	
Untied Funds	39.39	37.73	96%
Hospital Strengthening	20.72	2.39	11.56%
Annual Maintenance Grants	28.73	5.40	18%
New Constructions/ Renovation and Setting up	54.22	0	
Corpus Grants to HMS/RKS	20.76	15.29	73.66%
District Action Plans (Including Block, Village)	0.42	0.28	65.36%
Mainstreaming of AYUSH	17.22	5.44	31.62%
IEC-BCC NRHM	0	11.61	
Mobile Medical Units (Including recurring	12.20	8.34	68.37%
Referral Transport	100.00	127.91	127.91%
Additional Contractual Staff (Selection, Training,	57.92	15.66	27.03%
PPP/ NGOs	0	32.79	
Procurements	0	0.56	
New Initiatives/ Strategic Interventions (As per State	130.65	19.93	15.25%
Health Insurance Scheme	10.00	9.59	95.96%
Support Services	3.40	0	0
NRHM Management Costs/ Contingencies	0.51	0.72	141.88%
Other Expenditures	12.00	0	0
Total	508.19	321.25	63.21%

Based on table above and records available in FMG, observations are as under:-

General Observations

1. As compared to 2007-08, 251% increase has been noticed in expenditure during 2008-09.
2. Since the start of the programme, Rs.497.02 crores were released to the state, the utilization is Rs.477.08 crores (96%).
3. Rs 9.59 crores i.e. 96% of approved PIP has been incurred under Health Insurance Scheme.
4. More than 50% expenditure of the total spending has been incurred under EMRI (Referral Transport) and NGO/PPP.

Areas of Concern

1. Against Rs.28.73 crores approved under Annual Maintenance Grant during 08-09 only 18% expenditure is reported.
2. Under Hospital Strengthening (Up gradation CHC, PHC, DH to IPHS) and New construction activities, expenditure is only Rs.2.39 crores against Rs.75 crores were approved.
3. Expenditure incurred under ASHA, PPP/NGO, IEC/BCC and Procurement was not planned. State is advised to earmark the funds appropriately.
4. Mission Flexible Pool part of the FMR was not sent on the prescribed format and expenditures are not bifurcated accordingly.

BRIEFING NOTE ON RCH II: ANDHRA PRADESH

A. Background/ current status

1. RCH II Goals

Andhra Pradesh's MMR at 154 (SRS 04-06) has improved from 195 in SRS 01-03 and is fifth lowest after Kerala, Tamil Nadu, Maharashtra and West Bengal. The IMR (SRS 2007) at 54 has reduced from 59 (SRS 2003), but is nowhere close to the target of 30 for 2012. TFR at 1.9 (SRS 2007) is better than the national target for 2012 (refer Annex 1).

2. RCH II Outcomes

Andhra Pradesh's progress during the four year period between DLHS 2 (2002-04) to DLHS 3 (2007-08) is mixed (refer Annex 1):

- Mothers having full ANCs decreased from 44.2% to 37.9%.
- Significant increase in institutional deliveries from 59.4% to 71.8%.
- Full immunisation in children 12-23 months increased from 60.2% to 67.1%.
- Children with diarrhoea receiving ORS has decreased from 57.8% to 43.3%.
- Unmet need for family planning decreased from 11.5% to 8.5%. Further, use of modern contraceptives has marginally increased from 62.4% to 65.1%.

3. Expenditure

Audited expenditure has increased sharply from Rs. 32.92 crores in 05-06 to Rs. 108.12 crores in 06-07 and Rs. 132.70 crores in 07-08; reported expenditure in 08-09 has increased sharply to Rs. 146.74 crores i.e. 84% of allocation (Rs. 174.86crores). JSY accounted for 34% of the reported expenditure in 08-09.

B. Key achievements

1. Maternal Health, including JSY

- Number of JSY beneficiaries in the state increased from 1.67 lakhs in 05-06 to 4.29 lakhs in 06-07 and 5.63 lakhs in 07-08. A total of 4.50 lakh beneficiaries have availed of the services in 08-09. State has accredited 1100 private institutions under the scheme.
- State has operationalised 194 FRUs (against the target of 228) and 800 PHCs as 24x7 (against the target of 800).
- Training on Life Saving Anaesthesia Skills (LSAS): 10 medical colleges have been identified, 24 master trainers and 8 MBBS doctors have been trained in LSAS against a target of 228.
- Training in comprehensive Emergency Obstetric Care (EmOC): Centre setting for EmOC training is underway in the identified medical college in Hyderabad.
- Skilled Birth Attendant training (SBA): 23 districts have been identified, 130 district level master trainers and 2132 SNs/ ANMs have been trained as SBA, against a target of 5275.
- Health Information Helpline (104) has been established with the objective of meeting health information needs of people in interior areas.
- AP has pioneered the EMRI (108) referral transport system. Further state is using Mobile Health Units to provide fixed day health services in inaccessible areas.
- Birth Waiting Homes: 38 Birth waiting homes constructed at distant and interior Tribal PHCs. Each birth-waiting home has a provision for a small kitchen and bathroom. Women from interior habitations can reach the PHCs before the expected date of delivery so as to prevent complications of delayed labour.
- 82% of planned VHNDs were held in 2008-09 (556343 out of 678468 planned).

3. Child Health

- 2 districts are implementing IMNCI and around 1500 personnel have been trained so far.
- In recent review, state reported that 87 FRUs and 240 PHCs are providing newborn care services.

4. Other initiatives

- State has taken a decision to reserve 50% of PG seats in medical colleges for doctors working in government sector.
- Monthly ASHA Day: last Tuesday of every month is being organized as ASHA day. Concerned PHC MO reviews work of ASHA and also provides necessary guidance.
- Centre for Advance Midwifery Training (CAMT): To reduce maternal mortality and improve the skills of Midwifery, the GoAP in collaboration with SIDA and IIM, Ahmedabad has established a Centre for Advance Midwifery in the year 2007
- Govt. is working on rationalization and re-deployment of posting of specialists

C. Key issues

1. Maternal Health, including JSY

- A rapid assessment of functionality of FRUs and 24x7 PHCs was carried out in the state through GoI/ Development Partner support. There is no indication that the state is utilising facility survey findings for comprehensive planning of operationalisation of FRU and PHCs, including linking the same with EmOC and LSAS trainings, placing anaesthetic drugs, SBA drugs, operationalising OTs, and establishing Blood Banks/ Blood Storage facilities at FRUs.
- State is yet to initiate multi skilling of MOs in EmOC. Further, the trained multi-skilled MOs are not being posted at designated FRUs.
- Full ANC has declined between DLHS 2 and DLHS 3. State needs to identify reasons
- Full range of services is yet to be provided during VHNDs.

2. Child Health

- IMNCI implementation is very slow in the state; only 2 out of 23 districts are implementing IMNCI.
- Neonatal mortality rate (NMR – infant deaths within 4 weeks of life per 1000 live births) at 33 (SRS 2007) accounts for 61% of the IMR, while early NMR (infant deaths within one week of life per 1000 live births) at 26 (SRS 2007) accounts for 79% of the NMR. 48 hours stay at the facility after delivery does not take place; this is clearly a missed opportunity to address early neonatal mortality. State is yet to establish SNCUs. State has a huge network of over 70,000 trained ASHAs, who need to be oriented in essential newborn care, and ensure post natal care visits.
- ORS use and initiation of breast feeding has declined between DLHS 2 and DLHS 3.

A. Progress on Key Indicators*1. RCH II Goals*

INDICATOR	ANDHRA PRADESH		INDIA	
	Trend (year & source)		Current status	RCHII/NRHM (2012) goal
Maternal Mortality Ratio (MMR)	195 (SRS 01-03)	154 (SRS 04-06)	254 (SRS 04-06)	<100
Infant Mortality Rate (IMR)	59 (SRS 2003)	54 (SRS 2007)	55 (SRS 2007)	<30
Total Fertility Rate (TFR)	2.2 (SRS 2003)	1.9 (SRS 2007)	2.7 (SRS 2007)	2.1

2. RCH II Outcomes

S. No.	RCH OUTCOME INDICATOR	ANDHRA PRADESH		INDIA*	
		DLHS-2 (2002-04)	DLHS-3 (2007-08)	DLHS-2 (2002-04)	DLHS-3 (2007-08)
1.	Mothers who received 3 or more antenatal care checkups (%)	86.0	89.4	50.4	51.0
2.	Mothers who had full antenatal check-up (%)	44.2	37.9	16.5	19.1
3.	Institutional deliveries (%)	59.4	71.8	40.9	47.0
4.	Children 12-23 months age fully immunised (%)	60.2	67.1	45.9	54.1
5.	Children age 6-35 months exclusively breastfed for at least 6 months (%)	41.9	32.3	22.7	24.9
6.	Children with diarrhoea in the last 2 weeks who received ORS (%)	57.8	43.3	30.3	33.7
7.	Use of any modern contraceptive method (%)	62.4	65.1	45.2	47.3
8.	Total unmet need for family planning - both spacing methods and terminal methods (%)	11.5	8.5	21.4	21.5

* - Provisional results for DLHS-3

B. Trends in Financial Expenditure

(Rs. crores)

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Release	58.85	134.39	141.34	176.53
Audited Expenditure	32.92	108.12	132.70	146.74*

* - Audited expenditure for 2008-09 is not yet available; reported expenditure is provided.

- Allocation for 2008-09: Rs. 174.86 crores.

C. Progress on Key Strategies*1. Demand side interventions*

S. No.	Indicators	Achievement (no. of beneficiaries)			
		2005-06	2006-07	2007-08	2008-09
1	Janani Suraksha Yojana	1,67,000	4,29,000	5,63,401	4,50,000
2	Total Sterilisation	7,44,271	7,67,593	7,22,111	na
3	IUD Insertions	3,90,675	4,01,032	4,07,203	na

(Source: M&E Division reports, and JSY reports from the states)

2. *Technical interventions*

S. No.	Indicators	Achievement upto March 2009	
		Number	%
1.	No. of First Referral Units (FRUs) operationalised	194	85.1 (against the target of 228 FRUs)
2.	No. of PHCs operationalised to provide 24-hour services	800	100 (against the target of 800 FRUs)
3.	No. of private institutions accredited under JSY	1,100	NA
4.	No. of districts implementing Integrated Management of Neonatal & Childhood Illness (IMNCI)	2	8.7 (out of 23 districts)
5.	No. of people trained in IMNCI	1,555	NA
6.	No. of Village Health & Nutrition Days (VHNDs) held	20,20,000	NA

(Source: NRHM MIS report, April 2009)

Immunization

Andhra Pradesh

Evaluated Immunization Coverage

Survey Indicator	NFHS 1 (1992-93)	NFHS 2 (1998-99)	NFHS 3 (2005-06)	CES (2005)	CES (2006)	DLHS 2 (2002-04)	DLHS3 (2007-08)
FI	45.4	58.7	46.0	72.3	80.1	62.0	67.1
BCG	74.1	90.2	92.9	97.0	95.9	91.9	97.5
Measles	53.7	64.7	69.4	82.7	86.2	73.5	88.6
DPT3	66.0	79.5	61.4	85.0	85.9	78.5	79.0

Progress

- As per the various evaluated surveys the immunization coverage shows an improving trend with impressive coverage of BCG at 97.5 % as per DLHS -3 Survey.
- AEFI Surveillance: 100% (23/23) district committees constituted. Reporting cases in 2009.
- The state is yet to start training of health workers.

Issues

- As per the DLHS 3 the State continues to have **high dropout from BCG (97.5%) to DPT 3 (79.0%)** which is critical for further improvement in full immunization coverage.
- The State also continues to have **wide disparity between the reported and evaluated coverage.**
- The State has been provided budgetary support for **Immunization trainings** of Health Workers and these trainings should start at the earliest. Further it is reiterated that state should plan for trainings of Medical Officers and other field staff. State has not projected any fund for refresher trainings of Medical Officers and other staff in the PIP.
- The State needs to strengthen of **Hepatitis B** vaccination under routine immunization.

Comments

- The State should further strive to improve the service delivery and infrastructure as **Rubella vaccine** in form of **MR** for 16-24 months children is going to be shortly introduced in the state.

Brief on National TB Control Programme in Andhra Pradesh

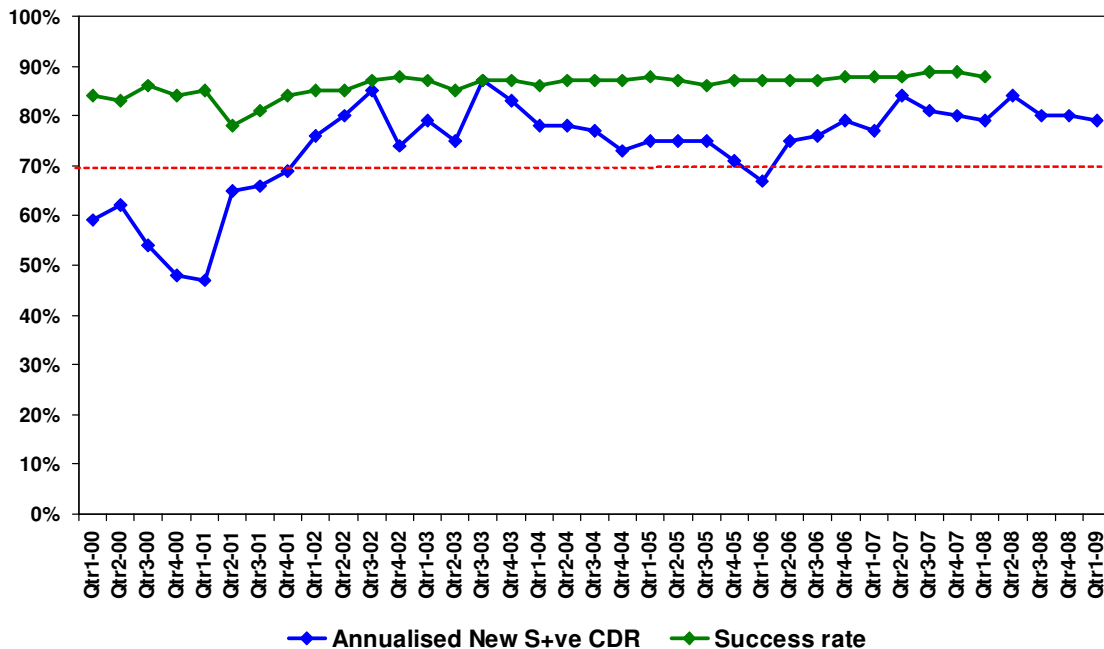
1. Infrastructure

Total population	:	830 Lakh
No. of districts	:	24
No. of Tuberculosis Units (TUs)	:	177
No. of Designated Microscopy Centres (DMCs)	:	918
Funding	:	Entire state of Andhra Pradesh is funded by GFATM Rd 4 since November 2005.

2. State Level Performance (Based on the quarterly reports for 1st quarter 2009)

- Annualised TCD rate of 137//lakh is slightly low but NSPCD rate of 59/lakh (79%) is good. However, retreatment sputum positive patients are only 24% of all sputum positive patients which shows that categorization of sputum positive patients is perhaps not done correctly and some of the retreatment cases wrongly placed in Cat-I as NSP patients. As a result NSPCD rate is good but TCD rate is low.
- Sputum conversion rate of 92% and cure rate of 86% in NSP patients are also satisfactory. However, cure rate of 66% in retreatment sputum positive patients is very low due to very high default rate of 11%.

Annualized New Smear-Positive Case Detection Rate and Treatment Success Rate in DOTS Areas, Andhra Pradesh, 2000-2009*



- Population projected from 2001 census
- Estimated no. of NSP cases - 75/100,000 population per year (based on recent ARTI report)

3. **District wise Performance: (Based on the quarterly reports for 1st quarter 2009)**

- Overall performance is good but district were referral of TB suspects is low (<120/lakh/quarter) in Adilabad and Medak.
- Total case detection rate is very low in 4 districts (Karimnagar, Medak, Nizamabad and Warangal).
- Cure rate is very low (<80%) in two districts (Nizamabad and Rangareddi).

Districts	Suspects examined /lakh Population	Annualized Total Case Detection rate (against >144/lakh)	New sputum positive case detection rate (against >53/lakh)	Sputum conversion rate at 3 months (against >90%)	Cure rate (against >85%)
Adilabad	99	134	62 82%	92%	85%
Anantapur	192	156	72 97%	91%	87%
Bhadrachalam	198	155	80 106%	84%	89%
Chittoor	176	126	57 76%	90%	85%
Cuddapah	192	171	63 84%	91%	83%
East Godavari	180	158	62 82%	95%	90%
Guntur	212	153	66 89%	93%	88%
Hyderabad	257	168	55 73%	91%	86%
Karimnagar	125	103	43 57%	91%	86%
Khammam	144	145	73 97%	91%	88%
Krishna	146	127	55 74%	92%	87%
Kurnool	156	158	52 69%	91%	86%
Mahbubnagar	134	117	62 83%	90%	86%
Medak	103	109	52 70%	92%	81%
Nalgonda	111	118	55 74%	88%	86%
Nellore	193	149	62 83%	93%	88%
Nizamabad	130	109	53 70%	85%	78%
Prakasam	137	119	59 79%	92%	85%
Rangareddi	145	134	53 71%	88%	78%
Srikakulam	147	154	63 83%	93%	88%
Visakhapatnam	169	136	61 82%	93%	87%
Vizianagaram	168	154	67 89%	92%	88%
Warangal	139	106	50 67%	91%	86%
West Godavari	148	145	61 81%	95%	92%
Total	160	137	59 79%	92%	86%

4. **Funds Status as on 31st March 2009 (Rs. in lakh)**

C/F	Release	Other Income	Expenditure	Balance
157.34	1327.00	9.96	1348.48	145.82

5. **Drugs**

- Districts and TU drug stores found to have adequate buffer stock during evaluation.
- Procurement of lab consumables has been centralized at the State level.

6. Issues

Human Resource

- **Two posts of DTCO** (Adilabad and Nizamabad) **vacant** since 6 months which has affected the performance of these districts adversely.
- **Posts of 71/177 MO-TCs** are not designated.
- **62 post of LT in 918 DMC are vacant in the state (% contractual LTs in the state is 35%)**
- **Training-** Update training for previously trained staffs not conducted in all districts and needs to be done on priority basis.

Supervision and Monitoring

- **DTCOs are touring but not effective in 50% of the districts.**

Performance

- Overall performance of the State is satisfactory except that cure rate of 66% in retreatment sputum positive patients is very low due to high default rate of 11%.
- District-wise less than 120 TB suspects are examined in 2 districts (Adilabad and Medak) and TCD rate are very low in 4 districts (Karimnagar, Medak, Nizamabad and Warangal).
- Cure rate in NSP patients is also very low in 2 districts (Nizamabad and Rangareddi).

EQA and Laboratory Activities

- EQA is being implemented in all 24 Districts.

Funds

- **Honorarium to DOT Providers:** Not yet paid by some districts

Participation of other sectors

- **APVVP Hospital involvement:**
 - There are 228 APVVP Hospital in AP & all of them are involved in RNTCP but only 148 Medical officers have undergone modular training at the state level.

Coordination with NRHM

- At the district level- NRHM functionaries insisting monthly reports but STO sent clear message to all DTCOs to follow quarterly reports only as per programme guidelines.
- Involvement of **Women Health Volunteers** (identified under NRHM as ASHA) needs to be ensured.

Fact sheet on NVBDCP - Andhra Pradesh

Background Information

- The State has 23 districts with a population of 76.21 million. There are 167 CHCs, 1570 PHCs, 12522 Sub-centres, and 28123 Villages. There are 12000 Multipurpose Workers (Female)/ANM, 6127 Health Worker (Male), 1564 Health Assistants (Female)/LHV, 1920 Health Assistant (Male) and 1363 Laboratory Technician. In addition, the state has 3823 Fever Treatment Depots (FTDs) and 1135 Malaria Clinics.

Malaria

Epidemiological Situation

Year	Total slide examined	Total Malaria cases	Total Pf cases	Deaths
2006	9442026	34081	20317	0
2007	8896110	27803	16996	2
2008	8831297	26165	15815	0
2009 (Upto Feb.)	1247987	2627	1681	0

- 5 high endemic districts namely Srikakulam, Vizianagaram, Vishakhapatnam, East Godavari and Khammam have been included under World Bank Assisted National Vector Borne Disease Support Project for additional inputs to intensify malaria control activities.
- State is being provided RD Kits for early diagnosis of Pf cases and ACT for effective treatment of P.falciparum cases.
- Under World Bank project, 5 district level VBD Consultant, 30 MTS, 15 LTs have been sanctioned to the state.

Filaria

- The goal of Elimination of Lymphatic Filariasis in the country is set to be achieved by 2015. In pursuance to achieve this, Government of India during 2004 initiated Mass Drug Administration (MDA) with annual single dose of DEC tablets to all the population living at the risk of filariasis excluding pregnant women, children below 2 years of age and seriously ill persons. The population coverage of MDA in the state was 84.78% in 2004, 81.05% in 2005, 89.66% in 2006, 89.13% in 2007 and 91.96% in 2008.
- Line listing of Lymphoedema and Hydrocele cases was also initiated in 2004 for morbidity management and as per updated report (2007), there are 138931 Lymphoedema and 6334 Hydrocele cases.

Japanese Encephalitis/ Acute Encephalitis syndrome: Japanese Encephalitis is endemic in Andhra Pradesh. Worst affected districts are Prakasam, Anantpur, Warangal, Karim Nagar, Guntur, Kurnool, Chittoor and Cuddapah. Vaccination with SA14-14-A vaccine has been completed in Kurnool and Warrangal districts. JE incidence for the last four years is given below: -

Year	Cases	Deaths
2006	11	0
2007	22	0
2008	6	0
2009 (Prov.upto May, 09)	10	0

- Surveillance and diagnosis are being strengthened in the state.
- IEC activities are intensified in the JE affected areas.

Dengue/DHF: Epidemiological data for last three years are as under:

Year	Cases	Deaths
2006	197	17
2007	587	2
2008	313	2
2009 (Prov.27.05.09)	23	0

Chikungunya: Total of 5 suspected Chikungunya fever cases were reported during 2008. Out of the total 2 samples tested, 1 was confirmed serologically for Chikungunya. In the year 2009 till 27th May, 549 suspected Chikungunya cases have been reported. Out of which 29 cases have been confirmed serologically for Chikungunya. Ten Sentinel Surveillance Hospitals with laboratory support have been identified for proactive surveillance in the state and linked with Institute of Preventive Medicine, Hyderabad - the Apex Referral Laboratory. NIV Pune has been entrusted to supply IgM ELISA test kits to the identified institutes.

Kala-azar is not reported from the State

Central Assistance

(Rs. In lakhs)

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Cash	Kind	Total
2006-07	678.84	1231.71	1910.55	620.56	589.20	1209.76
2007-08	843.06	1130.79	1973.85	714.26	384.17	198.43
2008-09	935.59	1342.20	2277.79	814.53	357.77	1172.30
2009-10(B.E.)	652.26	1165.81	1818.07			

Issues :

Malaria

- The state should gear up malaria surveillance and other anti malarial activities during non transmission season in agency areas to avoid any outbreak. The state has to yet to fill up all 55 contractual male MPW.
- All 30 posts of Malaria Technical supervisor and 15 posts of Lab. Technicians sanctioned under World Bank project are yet to be filled up.
- Assistance is being provided for performance based incentive in two high malaria endemic districts by the Centre. For remaining malaria high endemic districts, similar provision needs to be made under Village Health and Sanitation Committee of NRHM out of flexi fund.
- The quality spray has to be ensured through intensive supervised spray activities.
- ASHAs are yet to be trained in malaria diagnosis and treatment.

Filaria

- Although Government of Andhra Pradesh has initiated action for management of lymphoedema and surgical operation of Hydrocele, strengthening of CHCs would be required to sustain such interventions.

Dengue/JE

- Sentinel surveillance system for Dengue and JE needs to be strengthened in endemic districts. Also for the effective control of Dengue/DHF, inter-sectoral convergence, legislative measures and anti larval operation need to be strengthened.

STATUS OF NATIONAL LEPROSY ERADICATION PROGRAMME IN ANDHRA PRADESH

- **Epidemiological scenario-**
The state has achieved the goal of elimination of leprosy (i.e. prevalence rate of less than 1 case /10000 population). There were 5454 leprosy cases on record as on March 2009.
- **New case detection and treatment completion-**
During 2008-09, a total of 9546 new leprosy cases were detected as compared to 10047 new cases detected during the corresponding period of previous year. Out of 9900 cases discharged during the year, 9785 cases (98.8%) were released as cured after completing treatment.
- **Reconstructive Surgery for leprosy affected persons-**
There are 10 recognized centres providing reconstructive surgery services to leprosy affected persons with disability in the state (1 Govt. institutions viz. Gandhi Hospital and Medical College, Secunderabad and 9 NGO institution). In the year 2008-09, 582 reconstructive surgeries were performed in these institutions.
- NLEP action plan for the year 2009-10 amounting to 215 lakhs has been approved for the state.

Issues -

1. Large numbers of new leprosy cases are being detected in the state every year which suggest active transmission of the disease in the community. The state is advised to carry out indepth situational analysis in districts/blocks reporting large number of new cases and take suitable actions like –
 - (i) Ensuring completion of treatment in each of the new cases detected.
 - (ii) Enhance awareness of the community to improve self reporting of suspected cases to health facility and
 - (iii) Carrying out family contact survey against all multibacillary and child cases.
2. The state has listed around 1200 grade II disability cases in the last 5 years. RCS services are being provided by 10 institutions. The state should utilize the services of these institutions effectively for conducting RCS so that the backlog of leprosy cases with disability could be reduced.
3. There are about 82 leprosy colonies in the state. The state should ensure provision of proper health care facilities like ulcer care, provision of supportive drugs and dressing materials to the persons affected with leprosy residing in these colonies.

Integrated Disease Surveillance Project (IDSP) –Fact sheet as on 17 June 2009

The state of Andhra Pradesh has an area of 275,045 sq. km. and a population of 76.21 million. There are 23 districts, 1127 blocks and 28123 villages. The State has population density of 277 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 14.59% (against 21.54% for the country) and the population of the state is growing at a slower rate than the national rate.

Andhra Pradesh is a Phase – I state under IDSP and has been inducted in the program during 2004-05. Dr. Ram Swaroop, Addl. Director (CD), from Directorate Health Service Govt. of Andhra Pradesh, has been designated as the State Surveillance Officer.

1. Manpower and Training:

- Surveillance Officers and RRT members at state and district Headquarters designated.
- Data Managers at 2 DSUs (East Godavari & Vijayanagaram) need to be appointed.
- Consultant Training at SSU to be appointed.
- Training of core trainers, Medical Officers, Health workers and LT completed as per PIP.
- The offer letter to the recommended candidates for the positions of state/district epidemiologists (22), microbiologists (3) and state entomologists (1) pending; to be issued by state/district NRHM society, after receipt of the confirmation of remuneration of the candidates.

2. Information Technology:

- EDUSAT: (Total-14) Installed at SSU (1), Medical Colleges (11), Institute of Preventive Medicine (1) and Infectious Disease Hospital (1).
- Training centre equipments /Data centre equipments installed at all designated sites.
- The innovative “sms-based” initiative for disease reporting is in process in all districts after training of the data managers on the same.

3. Laboratory Strengthening

- Procurement of equipments for the priority district laboratories at Mahbubnagar & Ongole for strengthening under IDSP is under process.

4. Data Reporting:

- Data reporting on revised P & L forms and for outbreaks have to be initiated from all the reporting units using IDSP portal (www.idsp.nic.in).
- Data reporting in revised P & L forms to start from Medical Colleges and IDH.

5. Outbreaks reported

Year	No. of outbreaks reported	Type of outbreak
2008	72	Acute Diarrhoeal Disease, Food poisoning, Measles, Malaria, Chikungunya, Japanese Encephalitis, Viral fever, Viral Hepatitis and Acute Respiratory Illness
2009 (Jan-May)	34	Acute Diarrhoeal Disease, Food poisoning, Measles, Viral Hepatitis, Cholera & Anthrax

6. Finance:

Year	Release (Lakhs)	Other receipts (Lakhs)	Expenditure (Lakhs) (Total amount of FMRs furnished)
2004-2005	287.24		0.40
2005-2006	105.00	38.88	128.99
2006-2007	70.00	10.79	224.92
2007-2008	157.71	5.18	185.78
2008-2009	34.58	0.92	95.71
Total	654.53	55.77	635.8

Balance = Rs. 38.99 lakhs

- Audited Accounts and Utilization Certificate for the year 2007-08 received.
- FMR received upto March 2009.

**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS
STATUS NOTE ON ANDHRA PRADESH**

Magnitude:

Prevalence of blindness: 2001-2003	1.42 %
Estimated blind persons:	10.75 lakhs

Infrastructure developed:

Regional Institute of Ophthalmology	1	
Upgraded Medical Colleges	6	
Upgraded District Hospitals	23	
District Blindness Control Societies	23	
Mobile Eye Care Units	27	
Eye Banks		2
Upgraded PHC's		350

Cataract Performance:

YEAR	TARGET	ACHIEVEMENT
2007-2008	500000	547899
2008-2009	550000	582318

School Eye Screening:

YEAR	TEACHER TRAINED IN SCREENING FOR REFRACTIVE ERRORS	SCREENED	DETECTED WITH REFRACTIVE ERRORS	PROVIDED FREE GLASSES
2007-2008	9298	1504371	84601	39570
2008-2009*	10828	1392412	69111	33118

GIA released to Distt. Blindness Control Societies/State Blindness Control Society:

(Rs in lakhs)

YEAR	RELEASED	EXPENDITURE	BALANCE
2007-2008	953.50	1589.79	-636.29
2008-2009	1700.80	2243.49	-542.69

Issues:

- The state is required to furnish UC's and SOE timely for timely released of funds.

NIDDCP

Andhra Pradesh

	Activity	Amount Proposed	Amount Approved	Remarks
1	Establishment of IDD Cell	-	6.00	
2	Establishment of IDD Monitoring Lab	-	3.50	There is no provision for organizing workshops of state and district level under NIDDCP. The State Government may carry out activities as per the fund allocation of GOI .
3	Health Education and Publicity	50.00	8.00	
4	IDD surveys	-	2.50	
	Total	50.00	20.00	

Mapping of Record of Proceedings of the NPCC of NRHM for 2005-06 to 2009-10

The mapping charts the NRHM Mission Flexipool approvals contained in the RoP in following broad thematic chapters

1. ASHA (including selection, training, drug kits, mentoring, specific performance incentives and anything else associated with ASHA)
2. Infrastructure related matters (including construction, strengthening, renovation, new construction etc), equipments, transport (ambulances, EMRI, associated expenses) and others)
3. Human Resource related matters (including HR salary, contractual payments, incentives, etc)
4. Programme Management related matters (including PMUs, SHS/DHS, SHSRC, IDHAP, M&E, Mobility support to SHS etc)
5. Untied funds, AMG & RKS related matters
6. Training & Capacity Building related matters (including trainings, workshops, training institutions including their upgradation or new construction, courses, etc)
7. Innovations (including Procurement of medicines, School Health, Health Mela, Insurance, Accreditations, Monthly VHND etc)

NATIONAL RURAL HEALTH MISSION							
Andhra Pradesh							
	Total MFP Approvals		9493.66	19019.33	50820	37620.07	
RoP Approvals for Various Years in Rs. Lakh							
S.No	Initiative	2005-06	2006-07	2007-08	2008-09	2009-10	Remarks
		Released	Approved	Approved	Approved	Approved	
ASHAs							
1	ASHA					850	
	TOTAL					850	
Infrastructure related matters							
2	Civil Works (teaching hospital, FRUs etc)				2488		
3	Upgradation of CHC to IPHS	1380	1900	920	920	320	
4	Construction of Maternity & Child Health Centres					2025	
5	Strengthening of Neonatal & Maternity Centre in SVRR Hospital Tirupati			600	400		
6	Strengthening of Rural Health Centre				552.4		

	of medical Colleges						
7	Strengthening of DH/ Sub District Level Hospitals				600		
8	Strengthening of FRU			892.00			During 07-08, 223 FRUs @ Rs.4,02,000/F RU for Labour Room, maternity Ward and Paediatric Ward
9	Strengthening of PHCs			2355	1134.96	1380	During 09-10, for PHC (Construction). During 08- 09,constructio n of 50 PHCs. During 07-08, 1570 PHC with Labour rooms.
10	Strengthening of SCs				1800	3600	During 09-10, SCs (Construction). During 08-09, construction of 250 SCs.
11	MMU		966	920	1220.84	550	During 07-08, for recurring cost of MMUs
12	Emergency & Referral Services		1000		10000	6500	During 06-07, ambulances to CHCs, Area Hospitals, and District Hospitals
	TOTAL	1380	3866	5687	19116.2	14375	
Human Resources related matters							
13	Additional Contract ANMs		450	3405.76	5792.56	5000	
14	NPPCD: State Cell- One Consultant @ Rs 25000 per month, One DEO @ 6000 per month and Office equipments for Rs 1.5 lakh					5.22	
	TOTAL		450	3405.76	5792.56	5005.22	

Programme Management related matters							
15	SHSRC		100	50.00			
16	Preparation of DHAP	230	15	42.90	42.90	42.90	
17	Management of Public Issues			1200.00	1200.00		
18	Printing of Service Registers, Registration Cards, etc.			50	51	51	
19	Community Based Monitoring					50	
20	NPPCD:Contingency: For the State Cell					0.5	
	TOTAL	230	115	1342.90	1293.90	144.40	
Untied Funds, Annual Maintenance Grants and RKS fundsrelated matters							
21	Rogi Kalyan Samiti		953				
22	Rogi Kalyan Samiti-DH			115	115	95	
23	Rogi Kalyan Samiti-Rural/Area Hospital				145	147.5	
24	Rogi Kalyan Samiti-Civil Hospital				79	79	
25	Rogi Kalyan Samiti-CHC			167	167	168	
26	Rogi Kalyan Samiti-PHC			1570	1570	1570	
27	Untied Fund for CHC		82.5	83.50	83.50	83.50	
28	Untied Fund for PHC		392.5	392.5	412.25	412.25	
29	Untied Fund for SC	1252	1252	1252.2	1252.2	1252.2	
30	Untied Fund for VHSC		773	2191.6	2191.6	2812.3	
31	PHCs & Civil Hospitals Annual Maintenance Grant						
32	Annual Maintenance Grant -PHC		785	785.00	2873.18	1229.6	
	TOTAL	1252	4238	6556.8	8888.73	7849.35	
Training & Capacity Building related matters							
33	Training of AYUSH Doctors			15.00		15.00	
	TOTAL			15.00		15.00	
Innovations related matters							
34	Health Melas		336				
35	Health Information helpline-104		488.66	294.77	1500	1500	
36	104 Fixed day Health Service				9165.7	5000	
37	School Health					174	

	Services						
38	Health Insurance Scheme (Arogya Sree)				1000		
39	Drug supply for CHC/FRU952	952					
40	Mainstreaming of AYUSH				1722.1	1722.1	
41	Creation of AYUSH facility in 439 PHCs			1529.5			
42	Creation of AYUSH facility in 52 CHCs			162.6			
43	Preparation & Distribution of IEC material on AYUSH			15.00			
44	Drug Control Authority			10.00			
45	Nutrition & Health Programme				2000	1000	
46	AIDS Control Programme				340.23		
	TOTAL	952	824.66	2011.87	15728.03	9396.1	

District wise Information on Andhra Pradesh under some RCH indicators

Districts	Mother received at least one TT injection	Institutional Deliveries	Full Vaccination	Contraceptive Use
India	73.5	47	69.6	54.1
Andhra Pradesh	93.4	71.8	88.6	65.3
Adilabad	83.2	43.1	73.8	57
Anantapur	95.8	66.8	95.7	64.6
Chittoor	94.6	74.2	90.5	65.5
East godavari	95	86.6	94.4	78.5
Guntur	97.1	78	92.8	72
Hyderabad	100	95.6	92.3	64.6
Kadapa	98.1	78.4	82.1	51.4
Karimnagar	97.8	89.1	94.8	68.7
Khammam	95.2	69.1	97	74.1
Krishna	98.2	83.9	97.6	71.6
Kurnool	86.7	61.5	86.3	57.7
Mahbubnagar	92.7	66	88.3	54.1
Medak	96	75	97	53.3
Nalgonda	98.6	75	97.6	62
Nellore	92.6	88.5	89	61.8
Nizamabad	97.5	83.6	94.4	58.6
Prakasam	95	76.1	93.1	70.3
Rangareddy	98.4	86.9	90.7	59.9
Srikakulam	93.3	56.5	88.9	67.3
Viskapatnam	82.3	52.3	74.8	67.2
Vizianagaram	86.9	57	81.7	70.4
Warangal	94.1	84.5	84	70.5
West Godavari	98.1	81.4	96.1	78.7

source DLHS-III