GOVERNMENT OF ANDHRA PRADESH
HEALTH, MEDICAL & FAMILY WELFARE (I.2) DEPARTMENT

Memo No. 3088039/1.1/2025 Dated:-28-12-2025

Sub:- HM&FW Dept., - Review meeting on Health Department programmes and activities by Sri. Muddada Ravichandra, IAS, Spl. CS to HCM – Communication of Minutes of the meeting – information- Reg.

Ref:- Minutes of the meeting received from the O/o SPl.CS to HCM., dt:16.12.2025.

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A copy of the reference cited is herewith communicated through annexure to this memo to all the HODs/PSUs under the administrative control of the HM&FW Department.

2. Therefore, all HOD/PSUs are informed to follow the instructions were issued during the review meeting at CMO for strict and time-bound compliance.

SHOBIKA S S, I.A.S
SPECIAL OFFICER

To
The Director of Health & Family Welfare, AP, Mangalagiri (we).
The Director of Secondary Health, AP, Tadepalli (we).
The Director of Medical Education, AP, Vijayawada. (we).
The Director of Public Health & Family Welfare, AP, Vijayawada. (we).
The Managing Director, APMSIDC, AP, Mangalagiri. (we).
The Director General, Drugs Control Administration, AP, Vijayawada. (we).
The Chief Executive Officer, Dr. NTR Vaidya Seva Trust, AP, Mangalagiri. (we).
The Commissioner of AYUSH Department, AP, Gollapudi, Vijayawada. (we).
The Director, Institute of Preventive Medicine, AP, Vijayawada. (we).
The Project Director, APSACS, AP, Tadepalli, Guntur District(we).
The Registrar, Dr. NTR UHS, Vijayawada (w.e)
The Registrar, A.P.Medical Council, Vijayawada

Copy to:
All the MLOs in Health, Medical & Family Welfare Department, A.P. Secretariat for favor of information and necessary follow up action with concerned HoDs.(w.e)
The OSD to Hon'ble Minister, (H,FW &ME)
The PS to Secretary to Government, HM &FW Dept. (w.e)
SF/SC.

// FORWARDED::BY ORDER //

SECTION OFFICER

ANNEXURE

Minutes of the Meeting

Review meeting on Health Department programmes and activities by
Sri. Muddada Ravichandra, IAS, Principal Secretary to HCM

Date: **16.12.2025**

Attendees:

1. Saurabh Gaur, IAS, Secretary Health and Family Welfare
2. G. Veerapandian, IAS, CHFW and MD NHM
3. Girisha, IAS, MD APMSIDC
4. Chakradhar Babu, IAS, Director Secondary Health
5. Dinesh Kumar, IAS, Director Ayush & CEO NTRVST
6. Dr. Raghunandan, DME
7. Dr. Padmavathi, Director Public Health

The following instructions were issued during the review meeting at CMO for strict and time-bound compliance:

1. **E-Office Implementation**: All physical files shall be converted to e-files and processed as such from now on.100% E-Office implementation shall be ensured strictly without any exception in all offices from state to field level. Processing of files in physical form would attract stringent disciplinary action from 15th January 2026 onwards.
2. **E-Office Logins referencing with CFMS IDs**: All staff working in CFMS and other systems shall be provided with valid and active e-Office logins immediately to make offices paperless. Responsibility for providing and activating e-Office logins shall rest with the respective controlling officers.
3. **Paperless Offices and Health Facilities**: All offices at State and District Level shall function in a completely paperless mode, with technical support from RTGS / IT teams. All facilities including Tertiary Care Hospitals, Secondary Care Hospitals, PHCs, HWCs / AAMs, Mobile Medical Units (108, 104, Talli Bidda Express etc.) should also be made paperless to the extent possible by shifting to online systems and removal of all paperwork in form of reports, registers, notes etc. Only the medico-legal work in Tertiary and Secondary Hospitals shall be maintained in physical form in addition to putting it in electronic form. It shall be the duty of respective HODs to ensure that their respective facilities are made paperless by 15/01/2026. They should issue clear instructions in this regard by 31/12/2025 with complete clarity on the manual registers that have to be removed, and online reports that shall be made available in the software applications.
4. **Online Inspections**: No manual stock registers shall be maintained in any office or health facility. Officers who are inspecting the facilities shall not demand manual registers and other manual mode of documents. Disciplinary

action shall be initiated against officers insisting on maintenance or production of manual registers. The HoDs concerned should develop online inspection modules in FRS system so that all supervisory officers conduct online inspections of HWCs / AAMs, PHCs, CHCs, Area Hospitals, District Hospitals, Tertiary Care Centers etc. The online inspection modules should also have provisions for verification of special care units like DEIC, NCD Clinics, NICU, NBSU, SNCU, NRC, ART Centers, Mobile Medical Units (108, 104 etc.), Central Drug Stores etc.

5. **Communication to Audit Teams about discontinuation of Manual Registers**: A formal clarificatory letter shall be issued to Audit authorities regarding discontinuation of manual registers.
6. **E-Aushadhi Implementation**: The medicine supply shall be monitored upto HWC level and 104 also. Login Ids shall be provided by CDAC and all the medicines shall supply in online.
7. **Single Point of Entry**: The principle of "Single Source of Truth" has to be followed by ensuring that Duplication of data entry is not allowed for any of the health programs, schemes and patient care. Clear data entry role definition shall be ensured following the principle: One parameter – One person – One entry.
8. **Key Performance Indicators (KPIs) based performance monitoring:** All facilities and Supervisory Officers shall be reviewed on the basis of KPIs that are derived from the programs that are being implemented by them. The HoDs should define the KPIs for each of the staff functioning below them (such as CHFW for ANMs, MLHPs, Staff Nurses, Pharmacists, Lab Technicians, Medical Officers of PHCs and UPHCs, Programme Staff etc.). The KPIs of each of the Programmes shall be system-generated and linked to the staff concerned. The KPIs along with the concurrent performance of each of the employees should be made available in the respective FRS apps of the employees' themselves. All HoDs should work with their technical teams and FRS Service Provider to enable the KPIs in the employees' / staff login by 15/01/2026.
9. **ANM to GNM adjustments**: Mapping of ANM → GNM / Nursing cadre shall be reviewed. All such ANMs who have completed GNM courses shall be posted wherever there are vacancies of staff nurses. Issues related to course structure and deployment of nursing staff shall be examined. DPH and CHFW shall resolve this issue and identify the list of eligible ANMs who have completed GNM or equivalent courses. A counselling process shall be conducted for them to shift them to Secondary and Tertiary Care institutions. DPH and CHFW shall complete this item of work by 31/12/2025.
10. **Staff Rationalisation**: Up gradation and rationalization of staff strength shall

be undertaken wherever required in all HOD offices. This shall be reviewed in every Senior Officers meeting under Secretary Health till the time this item of work is completed, or latest by 31/03/2026. Rationalization of all field-level functionaries at district level shall be carried out by DPHFW through DMHOs. Clear job charts shall be prepared and communicated to institutional and field-level functionaries by respective HODs by 31/12/2025.

11. **Revisiting Epidemic Budgets**: The relevance and need to allocate Epidemic Budget to the DMHOs shall be reviewed and rationalized.
12. **GO Ms. No.1357 of 2009**: The continued relevance and applicability of GO Ms. No.1357 of 2009 shall be examined and revised guidelines shall be proposed by MD APMSIDC to Government for issue of revised guidelines.
13. **Procurement Agency**: All procurements shall be centralized and executed by one designated organization i.e. APMSIDC for all HoDs in the health department.
14. **Procurement Norms**: Local purchase by district level and hospital level officers shall be reduced. Local procurements done by DMHOs shall be reviewed and repurposed as per current needs and available technology. Multiple sources of procurement of the same item, for same targeted patients shall be avoided. DME and DSH shall review it in detail and ensure that all local procurement of drugs and surgical is recorded in e-Aushadhi software so that it brings visibility to the facility doctors and rationalises the usage.
15. **Essential Items**: Revision of EML and ESL shall be conducted every year in the presence of all the HODs and specialists from all the districts. The EML, AML, ESL, ASL shall cater to all the needs, and it should aim to reduce the burden of local purchases by the Hospitals.
16. **Availability of Medicines at Optimum Level in all Health Facilities and usage of e-Aushadhi for all indents and prescriptions:** All the medicines shall be always made available in all the health facilities as per their eligibility. The Superintendents of hospitals, district officials, PHC Medical Officers etc. should be conversant with e-Aushadhi software and ensure that all indents are placed through this system. No indents should be placed in a manual manner. The doctors must be made aware about availability of medicines as per e-Aushadhi and they should prescribe only such medicines that are available in e-Aushadhi as per the stock position. This would ensure that sufficient budget is available for inpatient requirements which may need higher medicines. The HoDs shall take necessary action and conduct training programmes on these aspects so that the problem and perception of prescribing medicines out of e-Aushadhi availability is brought to nought by 15/01/2026.
17. Clear linkage between budget allocation vs. procurement shall be

ensured in centralized purchases. Decentralized budget allocation norms for local purchases from state level allocation and HDS funds shall be specifically verified.

18. Supply of Erythropoietin (medicine for dialysis) to dialysis patients may be verified as per the PPP agreement.
19. **Verification and Disposal of Expired Medicines:** Expiry of medicines shall be reduced by timely distribution to the needy. It shall be reviewed and checked periodically in all health facilities, using online e-Aushadhi platform.

20. **Indent Process**: The indenting process for all agencies (HoDs, Programs, 104, NTR VaidyaSeva, APSACS, Schemes etc) shall be done only in a single platform. APMSIDC shall follow sound procurement processes and ensure that all the procurement processes for drugs, surgicals etc. are as per requirements on the basis of existing stock position
21. not on the basis of indents raised by various institutions.
22. Effective mechanism may be kept in place for proper implementation and documentation of use of tenecteplase and other high value medicines.
23. **Recruitment** - To avoid attrition, a common notification for all the departments shall be issued. The salary component in all the HoDs shall be similar for same cadre.

SHOBIKA S S, I.A.S
SPECIAL OFFICER

Digitally signed by
Shobika S S
Date: 28-12-2025
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