

# Medical Services and Medical Supplies

## 11.1 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Central Government Health Scheme (CGHS) is a health scheme mainly for serving / retired Central Government employees and their families. The scheme was started in Delhi in the year 1954. Over the time it has spread to 41 cities and (70 cities from 1.4.2019) and 33 more cities are to be covered soon. It serves nearly 11.53 lakh primary cardholders and about 34.23 lakh beneficiaries.

### CGHS COVERED CITIES

Sr. No	CITY
1	AGARTALA
2	AGRA
3	AHMEDABAD
4	AIZWAL
5	AJMER from 1.4.2019
6	ALIGARH from 1.4.2019
7	ALLAHABAD (PRAYAGARAJ)
8	AMABALA from 1.4.2019
9	AMRITSAR from 1.4.2019
10	BAGHPAT
11	BANGALURU
12	BAREILLY from 1.4.2019
13	BERHAMPUR from 1.4.2019
14	BHOPAL
15	BHUBANESWAR
16	CHANDIGARH
17	CHENNAI

Sr. No	CITY
18	CHHAPRA from 1.4.2019
19	CUTTACK from 1.4.2019
20	DARBHANGA from 1.4.2019
21	DHANBAD from 1.4.2019
22	DEHRADUN
23	DELHI & NCR
	DELHI
	FARIDABAD
	GHAZIABAD
	GREATER NOIDA
	GURGAON
	INDIARAPURAM
	SHAHIBABAD
	SONIPAT
24	DIBRUGARH from 1.4.2019
25	GANDHINAGAR
26	GANGTOK
27	GAYA from 1.4.2019
28	GORAKHPUR from 1.4.2019
29	GUWAHATI
30	GUNTUR from 1.4.2019
31	GWALIOR from 1.4.2019
32	HYDERABAD
33	IMPHAL
34	INDORE
35	JABALPUR
36	JAIPUR

Sr. No	CITY
37	JALANDHAR from 1.4.2019
38	JALPAIGURI from 1.4.2019
39	JAMMU
40	JODHPUR from 1.4.2019
41	KANPUR
42	KOHIMA
43	KOLKATA
44	KOTA from 1.4.2019
45	LUCKNOW
46	MEERUT
47	MORADABAD from 1.4.2019
48	MUMBAI
49	MUZZAFARPUR from 1.4.2019
50	NAGPUR
51	NELLORE from 1.4.2019
52	PANAJI
53	PATNA
54	PUDUCHERRY
55	PUNE
56	RAIPUR
57	RANCHI
58	RAJAHMUNDRY from 1.4.2019
59	SAHARANPUR from 1.4.2019
60	SHILLONG
61	SHIMLA
62	SILCHAR from 1.4.2019
63	VADODARA from 1.4.2019
64	VARANASI
65	VIJAYAWADA from 1.4.2019
66	TIRUCHIRAPALLI from 1.4.2019
67	TIRUNELVELI from 1.4.2019
68	TIRUPATI from 1.4.2019
69	THIRUVANANTHAPURAM
70	VISAKHAPATNAM

### 11.1.1. Salient Features of CGHS/Facilities available to CGHS beneficiaries

- CGHS provides comprehensive OPD facilities and medicines through its large network of Wellness Centres, polyclinics and labs – Details thereof are at **Annexure –A.**
- CGHS has empanelled private hospitals and diagnostic centres in different cities for carrying out investigations and indoor treatment facilities - Details thereof are at **Annexure-B.**
- CGHS refers the beneficiaries to Government hospitals/ specialists of empanelled hospitals for expert consultation and on the basis of their recommendation the patients are referred to private hospitals as per their choice for indoor medical treatment.
- CGHS beneficiaries are permitted for seeking OPD consultation from specialists at private hospitals empanelled under CGHS after being referred by any Medical Officer/ CMO of CGHS Wellness Centre.
- Medicines are issued against the prescription of CGHS doctors and other Government doctors and as per the prescribed formulary and are supplied from the dispensary store. The medicines not available in the dispensary are procured through Authorized Local Chemist and provided to patients.
- CGHS provides specialist consultation through CGHS Specialists at Poly Clinics, Central Government Hospitals and also from Specialists of empanelled hospitals after referral from CGHS. In addition GDMOs with Specialist qualifications also provide specialist advice.

### 11.1.2. Subscription rates for CGHS membership

Contribution for CGHS card depends upon the level of Pay of the serving/pensioner beneficiary:

Level	Contribution Per Month	Contribution Per Year (Pensioner)	Contribution For Life Time (Pensioner)
LEVEL 1 TO 5	250/-	3000/-	30,000/-
LEVEL 6	450/-	5400/-	54,000/-
LEVEL 7 TO 11	650/-	7800/-	78,000/-
LEVEL 12 & ABOVE	1000/-	12,000/-	1,20,000/-

### 11.1.3. Details of CGHS hospitals and Wellness Centres:

The Central Government Health Scheme (CGHS) has 4 hospitals and 412 CGHS Wellness Centres (327 Allopathic and 85 AYUSH) in the country at different locations / cities providing medical care to its members in Allopathic, Homeopathic, Ayurvedic, Unani and Siddha systems of medicine.

The four hospitals running under CGHS are:-

- (1) Maternity and Gynae Hospital, R.K. Puram, New Delhi - a 40 bedded hospital.
- (2) Timarpur General Hospital, Timarpur, Delhi - a 10 bedded hospital.
- (3) Kingsway Camp Hospital, Delhi - a 10 bedded hospital.
- (4) Ayurvedic Hospital, Lodhi Road, New Delhi - a 25 bedded hospital.

In addition to the allopathic dispensaries CGHS also operates 85 AYUSH dispensaries/units and 2 Geriatric clinics for the welfare of CGHS members.

### 11.1.4. Procedure for taking treatment at CGHS empanelled private hospitals and diagnostic centres:

The beneficiary has the option to decide about the institution where he / she wants to take treatment or undergo diagnostic test after a Government doctor has prescribed the same without any requirement of any other referral (permission) letter.

For listed investigations there is no requirement of any other permission after a specific investigation has been advised by a Government Specialist or a medical officer of CGHS Wellness Centre. The

investigation may be undertaken from any of the empanelled diagnostic labs.

For unlisted investigations/treatments procedure CMO I/c shall submit the prescription to competent authority for consideration in case of pensioner beneficiaries. Serving CGHS beneficiaries shall seek permission from their department for the same.

Private empanelled hospitals and diagnostic centres are required to provide cashless treatment facility to the following categories of beneficiaries:-

- Members of Parliament;
- Pensioners of Central Government drawing pension from Central Civil Estimates;
- Ex-Members of Parliament;
- Freedom Fighters; and
- Serving employees of the Ministry of Health & Family Welfare (including attached / subordinate offices under the Ministry of Health & Family Welfare;
- Such other categories of CGHS cardholders as notified by the Government.

These hospitals are also required to extend credit facility to all CGHS beneficiaries in case of emergency treatment.

Serving employees of other Ministries / Departments are required to make payment at the time of treatment and obtain medical reimbursement from their respective Ministries / Departments.

### 11.1.5. Recent initiatives for improvement of CGHS:-

- Simplification of referral system under CGHS.
- Provision for OPD consultation from Specialists of CGHS empanelled hospital after referral from CGHS Wellness Centre / CGHS Specialist.
- Modification of CGHS guidelines for permanently disabled son of a CGHS beneficiary as per 'the Rights of Persons with Disabilities Act, 2016 (Act No. 49 of 2016).
- Approval of DOE for opening of new CGHS Wellness Centres (Kochi, Varanasi, Srinagar, Jalandhar, Visakhapatnam, Baghpat, Jabalpur, Faridabad).
- CGHS facilities have been extended to the Hon'ble Chief Justice and Judges of High Court of Delhi and their dependent family members.
- CGHS facilities have been extended to retired employees of ABs/SBs, whose serving employees are already covered under CGHS in all CGHS covered cities.
- Geodetic and Research Branch, Deptt. of Science and Technology, Survey of India Dispensary, Dehradun has been merged with CGHS.
- 13 Health Care Organizations (9 general purpose hospitals and 4 eye care centres) have been empanelled under CS (MA) Rules, 1944.
- Guidelines for consideration of reimbursement in excess of the approved rates pertaining to medical claims have been revised.
- A High Powered Committee for grievance redressal of CGHS beneficiaries pertaining to medical claims has been constituted in compliance of Hon'ble Supreme Court of India in the case of Shiv Kant Jha Vs UOI.
- Similarly timelines of 30 days for settlement of Medical claims of Pensioner CGHS beneficiaries (normal claims) have been prescribed in compliance of Hon'ble Supreme Court of India in the case of Shiv Kant Jha Vs UOI.
- 33 Postal Dispensaries have been merged with CGHS wef 1.4.2019.
- Online transfer of CGHS card on account of transfer from one CGHS covered city to another CGHS covered City.
- Approval has been received from DOE for opening of at least one Ayurvedic (26) and One Homeopathic unit (27) in CGHS Cities, where such facilities do not exist.

### ANNEXURE-A

#### CGHS Wellness Centres according to different Systems of Medicine

Sr. No	City	Allopathic Dispensaries	Poly Clinics	Labs	Ayush
1	AGARTALA	1			
2	AGRA	1			
3	AHMEDABAD	8	1	1	2
4	AIZWAL	1			
5	AJMER	1			

Sr. No	City	Allopathic Dispensaries	Poly Clinics	Labs	Ayush
6	ALIGARH	1			
7	ALLAHABAD (PRAYAGARAJ)	7	1	1	2
8	AMABALA	1			
9	AMRITSAR	1			
10	BAGHPAT	1			
11	BANGALURU	10	1	3	4
12	BAREILLY	1			
13	BERHAMPUR	1			
14	BHOPAL	2			0
15	BHUBANESWAR	3		1	1
16	CHANDIGARH	1			0
17	CHENNAI	14	2	4	4
18	CHHAPRA	1			
19	CUTTACK	1			
20	DARBHANGA	1			
21	DHANBAD	1			
22	DEHRADUN	3			0
23	DELHI & NCR	98	4	34	36
	DELHI				
	FARIDABAD				
	GHAZIABAD				
	GREATER NOIDA				
	GURGAON				
	INDIARAPURAM				
	SHAHIBABAD				
	SONIPAT				
24	DIBRUGARH	1			
25	GANDHINAGAR	1			
26	GANGTOK	1			
27	GAYA	1			
28	GORAKHPUR	1			
29	GUWAHATI	5			1
30	GUNTUR	1			
31	GWALIOR	1			
32	HYDERABAD	13	2	2	6
33	IMPHAL	1			
34	INDORE	1			

Sr. No	City	Allopathic Dispensaries	Poly Clinics	Labs	Ayush
35	JABALPUR	5		1	0
36	JAIPUR	7	1	4	2
37	JALANDHAR	1			
38	JALPAIGURI	1			
39	JAMMU	2			0
40	JODHPUR	1			
41	KANPUR	9		3	3
42	KOHIMA	1			
43	KOLKATA	18	1	5	4
44	KOTA	1			
45	LUCKNOW	9	1	3	3
46	MEERUT	6		2	2
47	MORADABAD	1			
48	MUMBAI	26	2	4	5
49	MUZZAFARPUR	1			
50	NAGPUR	11	1	1	3
51	NELLORE	1			
52	PANAJI	1			
53	PATNA	5	1	1	2
54	PUDUCHERRY	1			
55	PUNE	9	1	2	3
56	RAIPUR	2			
57	RANCHI	3		1	0
58	RAJAHMUNDRY	1			
59	SAHARANPUR	1			
60	SHILLONG	2			0
61	SHIMLA	1			
62	SILCHAR	1			
63	VADODARA	1			
64	VARANASI	2			
65	VIJAYAWADA	1			
66	TIRUCHIRAPALLI	1			
67	TIRUNELVELI	1			
68	TIRUPATI	1			
69	THIRUVANANTHAPURAM	3			2
70	VISAKHAPATNAM	2			
	<b>TOTAL</b>	<b>327</b>	<b>19</b>	<b>73</b>	<b>85</b>

## Annexure-B

## List of the HCOs empanelled under CGHS in all CGHS as on Dec 2018

Sr. No.	Name of the City	Hospitals (a)	Eye Clinics (b)	Dental centres (c)	Diagnostic Centres (d)
1	Allahabad	2	2	3	2
2	Ahmedabad	16	11	2	2
3	Bangalore	20	20	2	4
4	Bhopal	15	2	11	3
5	Bhubaneshwar	10	1	1	Nil
6	Chandigarh	12	6	2	7
7	Chennai	16	14	3	5
8	Dehradun	08	4	Nil	4
9	Delhi	161	125	88	99
10	Guwahati	3	1	Nil	3
11	Gandhi Nagar	1	1	Nil	Nil
12	Hyderabad	54	18	2	6
13	Indore	1	1	Nil	2
14	Jaipur	28	14	2	4
15	Jabalpur	21	6	6	2
16	Jammu	Nil	1	Nil	Nil
17	Kanpur	35	13	1	8
18	Kolkata	10	6	Nil	11
19	Lucknow	20	14	9	8
20	Meerut	27	6	2	5
21	Mumbai	25	22	5	1
22	Nagpur	42	20	4	9
23	Pune	33	10	2	3
24	Patna	20	5	2	2
25	Puducherry	Nil	Nil	Nil	Nil
26	Ranchi	3	2	Nil	1
27	Trivandrum	3	1	Nil	1
28	Shillong	1	Nil	Nil	1
29	Vishakhapatnam	19	5	4	2
30	Agartala	1	Nil	Nil	1
	<b>Total</b>	<b>607</b>	<b>331</b>	<b>140</b>	<b>196</b>

**1078** Hospitals, Exclusive Eye care Centers and Dental Clinics; and

**196** Diagnostic Centers are empanelled in different Cities under CGHS.

## 11.2 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Financial assistance up to a maximum of Rs. 1.25 lakh is available to the indigent patients from the Health Minister's Discretionary Grant to defray a part of the expenditure on hospitalization/treatment in Government hospitals for life threatening diseases covered under Rashtriya Arogya Nidhi in cases where free medical facilities are not available. The assistance is provided for treatment of life threatening diseases like heart disease, kidney disease, cancer, brain tumour etc. During the FY 2018-19, financial assistance totalling Rs. 5.00 crore was released for treatment of 515 patients.

## 11.3 RASHTRIYA AROGYA NIDHI (RAN)

Rashtriya Arogya Nidhi Society was set up under MoHFW in 1997 to provide financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government hospitals. Under the scheme of Rashtriya Arogya Nidhi, Grants-in-aid is also provided to State Governments for setting up State Illness Assistance Funds. Such funds have been set up by the Government of Andhra Pradesh, Bihar, Chhattisgarh, Goa, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Jharkhand, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamil Nadu, Tripura, West Bengal, Uttarakhand, Haryana, Punjab, Uttar Pradesh, Manipur, Assam, Arunachal Pradesh, Odisha, NCT of Delhi and Puducherry.

Applications for financial assistance up to Rs. 1.50 lakh are to be processed and sanctioned by the respective State Illness Assistance Fund. Applications for assistance beyond Rs. 1.50 lakh and also of those where State Illness Assistance Fund has not been set up, are processed in this Department for release of funds from the Rashtriya Arogya Nidhi.

For immediate financial assistance to critically ill poor patients, who are living below poverty

line and undergoing treatment, the Medical Superintendents of the following hospitals have been provided with a revolving fund of up to Rs. 50 lakh and authority to sanction assistance up to the extent of Rs. 2.00 lakh per case and up to Rs. 5.00 lakh in emergency cases:

1. AIIMS, New Delhi
2. Dr. RML Hospital, New Delhi
3. Safdarjung Hospital, New Delhi
4. Lady Hardinge Medical College & Smt. SK Hospital, New Delhi
5. PGIMER, Chandigarh
6. JIPMER, Pudducherry
7. NIMHANS, Bangaluru
8. SGPGIMS, Lucknow
9. CNCI, Kolkata
10. KGMC, Lucknow
11. NEIGRIHMS, Shillong
12. RIMS, Imphal
13. SKIMS, Srinagar
14. Sree Chitra Tirunal Institute of Medical Sciences and Technology, Thiruvananthapuram

Financial assistance to the poor patients living below State-wise threshold poverty line up to Rs. 2.00 lakh is processed by the concerned institute/hospital on whose disposal the revolving fund has been placed and cases involving expenditure more than Rs. 2 lakh in institutes/hospitals with revolving fund or also all the cases from the hospitals/institutes without revolving funds are required to be referred to RAN Headquarters. The revolving fund is replenished after its utilization. Such cases are examined in MoHFW by a Technical Committee headed by Additional Director General, DGHS before being considered for approval by a duly constituted Managing Committee with



Hon'ble Minister for Health & Family Welfare as the Chairman.

#### **11.4 HEALTH MINISTER'S CANCER PATIENT FUND (HMCPF) WITHIN RASHTRIYA AROGYA NIDHI (RAN)**

Health Minister's Cancer Patient Fund (HMCPF) within the Rashtriya Arogya Nidhi (RAN) was also set up in 2009 for providing financial assistance to the poor patients suffering from cancer. A Corpus Fund of Rs. 100 crore was created, which was placed in fixed deposit. Interest accrued thereon is utilized to provide the financial assistance. In order to utilize the HMCPF, revolving fund with the ceiling of Rs. 50.00 lakh, has been established in each of the notified Regional Cancer Centres (RCCs). This initiative has compressed the processing time for financial assistance to needy cancer patient thereby furthering the objective of HMCPF. Financial assistance up to Rs. 2.00 lakh per case and Rs. 5.00 lakh in emergency cases, are processed by the concerned institutes/hospitals at whose disposal the revolving fund has been placed. Cases involving expenditure more than Rs. 2 lakh in institutes/hospitals with revolving fund or also all the cases from the hospitals/institutes without revolving funds are required to be referred to RAN Headquarters. Till date, 27 institutes have been notified as Regional Cancer Centres (RCCs). List of 27 Regional Cancer Centres is as under:

1. Kamala Nehru Memorial Hospital, Allahabad, Uttar Pradesh.
2. Chittaranjan National Cancer Institute, Kolkata, West Bengal.
3. Kidwai Memorial Institute of Oncology, Bangaluru, Karnataka.
4. Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu.
5. Acharya Harihar Regional Cancer, Centre for Cancer Research & Treatment, Cuttack, Odisha.
6. Regional Cancer Control Society, Shimla, Himachal Pradesh.
7. Cancer Hospital & Research Centre, Gwalior, Madhya Pradesh.
8. Indian Rotary Cancer Institute, (AIIMS), New Delhi.
9. R.S.T. Hospital & Research Centre, Nagpur, Maharashtra.
10. Pt. J.N.M. Medical College, Raipur, Chhattisgarh.
11. Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh.
12. Sher-I-Kashmir Institute of Medical Sciences, Soura, Srinagar.
13. Regional Institute of Medical Sciences, Manipur, Imphal.
14. Govt. Medical College & Associated Hospital, Bakshi Nagar, Jammu.
15. Regional Cancer Centre, Thiruvananthapuram, Kerala.
16. Gujarat Cancer Research Institute, Ahmadabad, Gujarat.
17. MNJ Institute of Oncology, Hyderabad, Andhra Pradesh.
18. Pondicherry Regional Cancer Society, JIPMER, Puducherry.
19. Dr. B.B. Cancer Institute, Guwahati, Assam.
20. Tata Memorial Hospital, Mumbai, Maharashtra.
21. Indira Gandhi Institute of Medical Sciences, Patna, Bihar.
22. Acharya Tulsi Regional Cancer Trust & Research Institute (RCC), Bikaner, Rajasthan.

23. Regional Cancer Centre, Pt. B.D.Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana.
24. Civil Hospital, Aizawl, Mizoram.
25. Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, UP.
26. Government Arignar Anna Memorial Cancer Hospital, Kancheepuram, Tamil Nadu.
27. Cancer Hospital, Agartala, Tripura.

### Health Minister's Cancer Patient Fund – CSR

The MoHFW made available a platform to tap resources available under Corporate Social Responsibility Scheme and to engage with organizations/institutions desirous of contributing financial assistance towards health care under their CSR initiative. Accordingly, HMCPF-CSR account was created to provide assistance to patients suffering from cancer and living below poverty line, as per income criteria prescribed from time to time. Financial assistance towards treatment for cancer ailments is provided to the patients having treatment in various Regional Cancer Centres (RCCs), as per guidelines as applicable under HMCPF. Funds upto 50 lakhs are placed at the disposal of the RCCs for providing treatment upto Rs. 2 lakh in each case, cases involving treatment beyond Rs. 2 lakh are referred to Ministry of Health & Family Welfare, Government of India for providing funds.

### 11.5 UMBRELLA SCHEME OF RASHTRIYA AROGYA NIDHI

Rashtriya Arogya Nidhi (RAN) Society was set up in 1997 to provide financial assistance to patients, living below poverty line and who are suffering from major life threatening diseases, to receive medical treatment at any of the super specialty Government hospitals / institutes. In pursuant to a Cabinet decision, the Managing Committee of

the RAN Society in its meeting held on 7.8.2018 has decided, inter alia, that the Society shall be closed w.e.f. 1.1.2019. Accordingly the function of the RAN Society will now vest in the Department of Health and Family Welfare w.e.f. 1.1.2019 and RAN scheme including Health Minister's Cancer Patients Fund will be implemented by the Department of Health and Family Welfare.

To provide financial assistance to poor patients a new Umbrella Scheme of Rashtriya Arogya Nidhi has been formulated with the approval of the competent authority. The Umbrella Scheme of Rashtriya Arogya Nidhi (RAN) has three components namely (i) Rashtriya Arogya Nidhi (RAN), (ii) Health Minister's Cancer Patients Fund (HMCPF) and (iii) Scheme for financial assistance for patients suffering from specified rare diseases.

The objectives of the three components of the RAN Scheme are given below:

- (a) **Rashtriya Arogya Nidhi** – to provide financial assistance to poor patients living below threshold poverty line and suffering from life threatening diseases relating to heart, kidney, liver, etc. for their treatment at Government hospitals/institutes having super specialty facilities.
- (b) **Health Minister's Cancer Patient Fund** – to provide financial assistance to poor patients living below threshold poverty line and suffering from cancer, for their treatment at Regional Cancer Centres (RCCs)/Tertiary Care Cancer Centres (TCCC) and State Cancer Institutes (SCI).
- (c) **Financial assistance Scheme for poor patients suffering from Rare Diseases** – to provide financial assistance to poor patients living below threshold poverty line and suffering from specified rare diseases for their treatment at Government hospitals/institutes having super specialty facilities.

## Details of funds released during 2018-19 under various sub schemes of Rashtriya Arogya Nidhi

Sl. No.	Name of sub scheme	Amount of financial assistance released during 2018-19*
1	Rashtriya Arogya Nidhi	Rs. 48,50,68,161.00
2	Health Minister's Cancer Patients Fund	Rs. 10,35,00,000.00
3	Health Minister's Cancer Patients Fund-CSR	Rs. 2,54,56,975.00
4.	Health Minister's Discretionary Grant	Rs. 4,85,00,000.00

\*Combined for the erstwhile schemes under the RAN Society and the new Umbrella Scheme of RAN.

### 11.6 INDIAN RED CROSS SOCIETY

#### Introduction

The Indian Red Cross is the largest humanitarian organization in India. It has always been at the forefront to alleviate suffering at the time of any man made or natural disaster. It is a huge family of 12 million volunteers, members and staff exceeding 3500. It reaches out to the community through it's over 1100 units spread throughout the country. It attempts to reduce vulnerability and empower the community for disaster mitigation.

#### New Initiatives

The activities particularly in the last quarter of the financial year 2018-19 gained significant momentum. Among a broad spectrum of activities in this quarter, the highlight was the National Managing Body meeting of IRCS convened by Shri J.P. Nadda, Hon'ble Chairman, IRCS, NHQ



(Hon'ble Minister of Health & Family Welfare, GoI) on 23<sup>rd</sup> January, 2019 and the Leadership Meeting of all State/UT Branches of IRCS held on 7<sup>th</sup>-8<sup>th</sup> March 2019 at New Delhi. In these meetings, priorities intend to improve IRC's programmes and overall functioning were discussed to make IRCS a self-sustainable, technology oriented and internationally recognised organisation with the ultimate focus on more, better and quicker humanitarian services.

A leadership meeting of IRCS State and UT Branches was held on 7<sup>th</sup> and 8<sup>th</sup> March 2019. During the Leadership Meeting many decisions were taken so that IRCS becomes a more vibrant, dynamic and relevant organization.

Endeavor at Hqrs to restrict the expenditure on establishment and administration; enhance expenditure on programmes and projects; up scaling SERV (Social Emergency Response Volunteer), a community empowerment project in all districts of the country; optimum utilization of Red Cross properties; membership certificates being automated to liquidate backlogs; membership & first-aid data transfer to be done electronically; accreditation of first-aid training centres by Bureau of Indian Standard (BIS); Red Cross purchases through GEM portal; solar panels on office building; adoption of file tracking system; standardized branding of relief material bearing Red Cross emblem; criteria for best performing branches and Blood Banks' was decided in which the best branches shall be suitably awarded;

accreditation of Blood Banks was incentivized; help desk for patients and their relatives at Safdarjung hospital started, map for rolling out of the strategy 2030 of the IRCS was designed; a list of five priority relief item was finalized which consist of 1) Tarpaulin 2) Durries 3) Kitchen sets 4) Hygiene Kit and 5) Buckets. The IRCS is also set to launch Home Health Aid course with the support of Ministry of Skill Development.

### Disaster Management

Relief sent to Assam, Andhra Pradesh, Bihar, Gujarat, UP, West Bengal, Manipur and Kerala for flood relief, Jammu for displaced people, Tamil Nadu for cyclone, Uttarakhand for landslide and floods and for cold wave to Bihar, UP, Uttarakhand & J & K. The value total relief work was approximately Rs. 6.20 crores.



### Blood Bank

The IRCS Nhq Blood Bank collects approximately 27000 units of blood annually which contributes about 10% of the total blood collection in Delhi. The percentage of voluntary blood collection is about 95% in IRCS. The blood bank provided

about 90% of total collection of blood free of service charges to the patients admitted in the General Ward of Govt. Hospitals in Delhi as well as to 975 Thalassaemic patients registered with it (which is about 50% of all the Thalassaemics in Delhi).

### TB Project

Since 2009, IRCS has been working for TB patient in different States at the community level. In 2018-19 Indian Red Cross society targeted 750 cat II patients in selected pockets of Haryana, Punjab, Uttar Pradesh, Karnataka and Gujarat. The project covered awareness meetings, care and support, patient counseling, IEC activities and discussion sessions at the government health facility within the designated TB units.



### IRCS –ICRC Cooperation Project

In the year 2018-19 the IRCS-ICRC cooperation activities covered fifteen States which were assigned to conduct activities such as Social Emergency Response Volunteer (SERV) Programme, Youth programme, Livelihood programme, Family News Service, Safer Access Framework, Physical Rehabilitation, International Humanitarian Law (IHL), Livelihood. Total expenditure Rs. 2.90 crore.





### Youth Program

- To enhance the understanding about the Red Cross Red Crescent Movement & its Fundamental Principles and promote peace and harmony among the youth.
- To strengthen the capacity of the Youth Red Cross in the area of Hygiene Promotion, Household Water Treatment, Basic First Aid and Promoting Peace and harmony.
- To contribute towards increasing the awareness of and behavioural changes



in the selected communities on Hygiene Promotion, Household Water Treatment and basic First Aid.

- IRCS-ICRC youth program also undertakes an intensive - youth led community based interventions.

### Health Promotion through Ayurveda and Yoga

The Indian Red Cross Society, with the support of Department of AYUSH, M/o H & F.W, Government of India, and in collaboration with Central Council of Research in Ayurvedic Sciences (CCRAS) & Moraraji Desai National Institute of Yoga (MDNIY) is conducting a certificate course on “ Health Promotion through Ayurveda & Yoga” (50 hours, part time certificate course) in English medium. The course is being run since Feb, 2010. So far 26 batches (total 1250 students) have completed the course.



### 11.7 ST. JOHN AMBULANCE INDIA

#### Mandate, Governing Structure and Activities of St. John Ambulance (India)

The St. John Ambulance (India) is the largest philanthropic, non-sectarian voluntary, charitable and humanitarian organisation engaged for the relief of distress, suffering, sick and injured

irrespective of any nationality, race, sex, religion, belief, language, class or political belief. St. John Ambulance (India) has the largest humanitarian organisation with a network of 34 States and Union Territory State Centres and a large number of volunteer networks spread throughout the country.

St. John Ambulance (India) has its two wings, Association Wing and Brigade Wing. The Association Wing imparts training in First Aid, Home Nursing Care, Hygiene & Sanitation and Mother Craft & Child Welfare. This St. John's first-aid training reaches to schools, colleges, aerodrome, staff of mines, scouts, NCC, community projects, factories, railways, drivers and conductors, civil defence and home guards and police personnel, prisons and reformatory schools and the general public. The Brigade Wing is a body of disciplined and dedicated and trained volunteers who are ready to meet any eventuality.

Its volunteers provide first aid cover in large public congregations such as the sports meets, melas (including Kumbh Mela), festivals, Guru Parvas, Eid, Ram Leela, Republic Day and Independence Day celebrations etc. The services are also provided during emergencies like accidents, fires, floods, earthquakes and other catastrophic situations. The Brigade wing provides advance training to its volunteers for handling of mass casualties, improvisations, care of patients in transit to hospitals etc.

### First Aid Course

During the last financial year St. John Ambulance (India) trained more than 6.00 lakh persons in First Aid, Home Nursing, Hygiene & Sanitation, Mother craft & Child Welfare in the categories of community projects, aerodrome staff, armed forces & police, railway employees, drivers and conductors, workers in mines & factories, NCC boy scouts & girl guides, civil defence & home guards, teachers and students and the general public. In the sphere of major activities, the year has generally shown all round progress.

## 11.8 EMERGENCY MEDICAL RELIEF

### 11.8.1 Health Sector Disaster Management

Emergency Medical Relief (EMR) Division of Directorate General of Health Services, MOHFW is mandated for prevention, mitigation, preparedness and response measures for responding to health consequences of disasters and Public Health Emergencies of National/International concern. For such purpose, EMR Division coordinates with National Disaster Management Authority, concerned Central Ministries/ Departments and the State Governments/ UT Administrations.

### 11.8.2 Crisis Management Plan

Crisis Management Plan for Biological Disasters and the Emergency support Function Plan to support other disasters were reviewed in August, 2018 and were circulated to all concerned stakeholders. It contains the emergency support functions assigned to the MOHFW which includes details of nodal officers for coordination, quick response mechanism for crisis management, resource inventory etc.

### 11.8.3 Response to disasters

#### Kerala Floods

The State of Kerala witnessed unprecedented floods in nearly a century in the month of August, 2018. EMR Division, MoHFW coordinated the relief activities:

Early warning signs of outbreak of epidemic prone diseases were monitored on a daily basis through the IDSP network and requisite supply of medicines and consumables to control outbreaks were provided. No major disease outbreak was reported except Leptospirosis, which was contained well in time.

Deployed Quick Response Medical Teams (QMRTs) comprising of 30 specialist doctors, 20 General Duty Medical Officers and 40 Nurses to assist State Government in providing health care services. To prevent and mitigate any possible

outbreak, 2 batches of public health teams (with 36 experts in each batch) were deployed to assist State Government in Public health preparedness and response measures. Additionally, 40 member psycho-social team from National Institute of Mental Health and Neuro-Sciences (NIMHANS) was also deployed for rapid psycho-social assessment and community based Psycho-social care.

Essential medicines and consumables of about 200 MT worth Rs. 10.79 Crores. (First tranche of 73 MT was supplied within 3 days of receiving request from State Government).



*Central Public Health team collecting water sample from a well in a remote village of Kollam district in the aftermath of Kerala floods.*

#### 11.8.4 Disease outbreaks

##### i) Avian Influenza

As a nodal agency for managing Avian Influenza, the Division (in collaboration with Department of Animal Husbandry, Dairying and Fishing) took timely action in outbreaks reported from Puri (Odisha), District Munger (Bihar), Patna (Bihar), District Banka (Bihar), District Godda (Jharkhand) and Cuttack (Odisha). The contingency plan for containment was successfully implemented in all these locations. No human case of Avian Influenza was reported.

##### ii) Zika virus disease (ZVD)

The country witnessed outbreaks of Zika virus disease in Rajasthan (Jaipur), Gujarat (Ahmedabad) and Madhya Pradesh (Bhopal, Sehore, Vidisha, Hoshangabad, Sagar, Raisen). As the nodal agency for control and containment of ZVD, EMR Division coordinated all activities including deployment of Central teams, Logistic support, issue of guidelines, surveillance, information management, IEC support etc. The outbreaks in these locations were successfully contained.



*Field investigation by joint Central and State Public Health Teams at a Zika virus disease outbreak epicenter in Kanapur, Sironj Municipality of Vidisha district, Madhya Pradesh*

Field investigation by joint Central and State Public Health teams at a Zika virus disease outbreak epicenter in Kanapur, Sironj Municipality of Vidisha district, Madhya Pradesh.

##### iii) Nipah virus disease

EMR Division coordinated response measures (including deployment of Central teams, logistic support etc.) for control and containment of Nipah virus outbreak in Kozhikode district of Kerala in May, 2018.

#### 11.8.5 Humanitarian support to foreign countries

An agreement exists between MOHFW and Ministry of External Affairs (MEA) to provide



humanitarian assistance to foreign countries wherein, MoHFW procures and supplies medicines, consumables and medical equipments to be provided to such countries identified by MEA. During the year 2018-19 EMR, MoHFW assisted MEA in supplying drugs/medical consumables and equipments worth Rs. 91.89 Crores to 14 countries.



*Giftng of medicines by Indian Embassy to Uganda*

### 11.8.6 Programme areas: The division implements 2 Central Sector Schemes:

#### (i) Human Resource Development for Emergency Medical Services (HRDEMS)

Under this Central Sector Scheme, the objective is to build capacity among doctors, nurses and paramedical personnel to provide emergency life support in critical emergencies. In order to impart training in emergency life support, Skill Centres are being set up in medical colleges under States, UTs and autonomous institutes. During the year 2018 – 19, grant – in – aid was provided to the tune of Rs. 49 Crores to 37 medical colleges. An indigenous course by the name “National Emergency Life Support Course” has been

developed in the country for the first time to impart skill based training in emergency life support to doctors, nurses and para medics.

#### (ii) Health Sector Disaster Preparedness and Response (HSDPR)

Under HSDPR, the main activities are (a) Capacity building in the area of disaster preparedness and response [including chemical, biological, radiological and nuclear (CBRN) emergencies], in which country-wide trainings for hospital administrators and district level health officers is already underway in collaboration with NIHFWS (and identified partner institutions) and (b) Infrastructure activities including setting up of secondary and tertiary level CBRN medical management centers. The project for setting up tertiary level CBRN center at Stanley Medical College at Chennai is in its final stage of Detailed Project Report preparation. The proposed project for setting up 15 Secondary level CBRN medical management centres is underway.

### 11.8.7 Medical Care Arrangements on Special Occasions/ events

Medical care arrangements were made for Independence Day Celebrations 2018, Republic Day Celebrations 2019; Bharat Parv and Paryatan Parv 2018. EMR Division supported Govt. of Jammu and Kashmir by deploying 96 doctors and 49 other medical functionaries enroute Shri Amarnathji Yatra 2018. Medical care arrangements were also done for 11 other important national and international events along with medical care arrangements for VVIPs during the year 2018 – 19.

### 11.8.9 Visiting Head of States

Medical care arrangements were made for the Heads of States/Govts. of King of Hashemite Kingdom of Jordan, Iran, Canada, Afghanistan, Socialist Republic of Vietnam, France, Federal Republic of Germany, Nepal, Kingdom of Netherland, Bhutan, Republic of Korea,



Uzbekistan, Russian Federation, Italy, Sri Lanka, Maldives, Norway, Mauritius, South Africa, Monaco and Crown Prince of Saudi Arabia.

## 11.9 CLINICAL ESTABLISHMENTS ACT, 2010 (CEA 2010) & NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENTS (NCCE)

### 11.9.1 Clinical Establishments Act, 2010

After passing of the Clinical Establishments Act by Parliament in August 2010 and notification by the Ministry of Health and Family Welfare, the Act initially came into force in the 4 States namely Sikkim, Mizoram, Arunachal Pradesh and Himachal Pradesh and all Union Territories (except NCT of Delhi) on 1-3-2012. Subsequently 7 more States namely Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Rajasthan, Assam and Haryana have adopted the Act. Thus as on date, the Clinical Establishments Act, 2010 is applicable in 11 States

and 6 Union Territories.

The Act is for registration and regulation of the clinical establishments (except those of Armed Forces) with a view to prescribe minimum standards of facilities and services which may be provided by them so that mandate of article 47 of the Constitution for improvement in public health may be achieved.

The Ministry of Health and Family Welfare has notified Clinical Establishments (Central Government) Rules, 2012 under this Act vide Gazette notifications dated 23<sup>rd</sup> May, 2012 respectively.

### 11.9.2 National Council for Clinical Establishments

The National Council for Clinical Establishments was notified by the Ministry of Health and Family Welfare on 19<sup>th</sup> March, 2012.



*11<sup>th</sup> Meeting of National Council for Clinical Establishments*

It is the National level body provided under the Clinical Establishments Act, 2010 under the chairmanship of DGHS is for carrying out the following functions:

- (a) compile and publish a National Register of clinical establishments within two years from the date of the commencement of this Act;
- (b) classify the clinical establishments into different categories;
- (c) develop the minimum standards and their periodic review;
- (d) determine the first set of standards for ensuring proper healthcare by the clinical establishments;
- (e) collect the statistics in respect of clinical establishments;
- (f) Perform any other function determined by the Central Government from time to time.

### 11.9.3 Steps taken for implementation of the Act:

- Dedicated website of the Act ([www.clinicalestablishments.gov.in](http://www.clinicalestablishments.gov.in)) is operational.
- Online registration facility for clinical establishments is available through website.
- Designated Nodal Officers and provision of posts of coordinators at state and district level for implementation of the Act.
- Secretariat for National Council has been set up for coordinating the work of National Council.
- Budget for implementation of the Act is provided as per State Programme Implementation Plan through National Health Mission (NHM).
- A gazette notification of clinical Establishments (amendment) Rules, 2018 in

respect of Minimum Standards for Medical Diagnostic Laboratories has been published on 18 May, 2018.

- Operational Guidelines for implementation of the Clinical Establishments Act has been disseminated to implementing States/ UTs.
- Standard Treatment Guidelines (STG): Following Standard Treatment Guidelines (STGs) for provision of proper health care have been uploaded on the website:
  - Standard Treatment Guidelines (STGs) for 227 medical conditions belonging to 21 clinical specialties.
  - Ayurveda STGs.
  - STGs prescribed under National Health Programmes have been compiled and uploaded.
- Other Technical Supports being provided by Ministry:
  - Advocacy-cum-training workshops are regularly conducted regarding implementation of the Act and training in online registration. In the year 2018-19 the workshops were conducted in the States of Uttarakhand, Uttar Pradesh, Haryana and Jharkhand.
  - User Manual for online registration & web based training Module are available in public domain.
  - Frequently asked Questions are available on the website for users and stakeholders.
  - Help Email ([help.ceact2010@nic.in](mailto:help.ceact2010@nic.in)) is functional for responding to queries.
  - Assistance is also provided through telephone.
  - Provision for receiving online feedback is available through website.



*Advocacy cum Training workshop on Clinical Establishments Act in the State of Uttarakhand*

#### 11.9.4 Status of Registration

Online registration at present is functional through aforesaid website of the Act in the 12 States/UTs of Assam, Himachal Pradesh, Rajasthan, Jharkhand, Arunachal Pradesh, Uttarakhand, Haryana,

Chandigarh, Daman and Diu, Dadra and Nagar Haveli, Andaman and Nicobar and Puducherry. So far, 18754 Clinical Establishments as on 02-05-2019 have registered on line forming the part of digital National register, with detail in the table as under:

#### \* Status of Online registration of Clinical Establishments as on 02-05-2019

State	Allopathy	Ayurveda	Unani	Siddha	Homoeo-pathy	Yoga	Natura-pathy	Sowa-Rigpa	Total
Andaman & Nicobar Islands (UT)	129	23	1	3	27	6	3	0	148
Arunachal Pradesh	37	5	0	0	7	0	2	0	46
Assam	3543	559	21	13	162	39	13	1	3673
Chandigarh (UT)	530	124	2	1	29	5	6	1	580
Dadra & Nagar Haveli (UT)	180	45	1	0	56	0	1	0	252
Daman & Diu (UT)	144	38	3	0	62	3	0	0	210
Haryana	143	32	6	4	32	19	11	0	145
Himachal Pradesh	4086	2315	134	27	190	53	59	12	6113
Jharkhand	5829	284	54	5	229	45	23	0	6102
Puducherry (UT)	559	38	0	35	31	7	5	0	599
Rajasthan	216	27	12	2	17	11	9	1	228
Uttarakhand	564	139	23	0	49	19	33	0	732
<b>Total</b>	<b>15960</b>	<b>3629</b>	<b>257</b>	<b>90</b>	<b>891</b>	<b>207</b>	<b>165</b>	<b>15</b>	<b>18902</b>

*#Difference in total of rows is due to a Clinical Establishment may have more than one system of medicine operational.*

No. of clinical establishments registered offline as per information received is 2228 with detail as under:

Sikkim	38
Mizoram	535
Arunachal Pradesh	689
Puducherry	116
Dadra and Nagar Haveli	20
Uttarakhand	530
Total	2228

### 11.9.5 Achievements including work done by National Council for Clinical Establishments

Following documents have been finalised and approved by National Council for Clinical Establishments and the same are available on the website: <http://www.clinicalestablishments.gov.in>

- Categorization of Clinical Establishments.
- Minimum Standards of major general categories of clinical establishments namely Clinics, Polyclinics, Mobile Clinics, Hospitals, Physiotherapy Centre, Health Check-up Centre, Dental Lab, Mobile Dental Van, Dietetics, Integrated Counselling Centre.
- Minimum Standards for 34 specialty/super-specialty wise departments/clinical establishments.
- Minimum Standards for all systems of

medicine under AYUSH.

- Application Form and Certificate for Provisional/Permanent Registration.
- Formats for collection of Information & Statistics from OPD, IPD, Lab and Imaging Clinical Establishments.
- List of Recognised Qualifications of person in-charge of Clinical Establishments.
- A list of medical treatment procedures and a standard template of costing of procedures and services. State/UT Governments have been advised to use these for determining the standard cost of any procedure taking into consideration all pertinent factors.
- Formats for collection of Information & Statistics from Clinical Establishments.
- Operational Guidelines for implementation of the Act by the State Authorities.

#### 11.9.5.1 Action taken for determining rates of medical procedures and services:

As approved by National Council for Clinical Establishments, States have been advised to define “Standard Procedure Cost” in respect of the list of procedures prepared by the sub-committee of National Council and any other procedure if so, decided by the state council for clinical establishments and using the template of costing as approved by National Council as far as possible. The information on standard procedure cost should be available to the stakeholders and general public.