

Medical Services and Medical Supplies

11.1 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

This is a health scheme for serving/retired Central Government employees and their families. The scheme was started in 1954 in Delhi. The scheme was intended to be only for serving Central Government employees who had difficulty in getting reimbursement on account of OPD medicines (today CGHS dispensaries are giving OPD medicines). The fact that there were not many private hospitals at that point of time was also one of the reasons for starting the scheme. This was not envisaged to be an all India scheme. In fact, the stretch of this scheme to 35 cities over the years has put a heavy strain on limited resources available for the purpose. The scheme was extended to Mumbai in 1963, Allahabad in 1969, Kanpur, Kolkata and Ranchi in 1972, Nagpur in 1973, Chennai in 1975, Patna, Bengaluru and Hyderabad in 1976, Meerut in 1977, Jaipur, Lucknow and Pune in 1978, Ahmedabad in 1979, Bhubaneswar in 1988, Jabalpur in 1991, Guwahati & Thiruvananthapuram in 1996, Bhopal, Chandigarh and Shillong in 2002, Dehradun in 2005 and Jammu in 2007, Gandhinagar in 2015, Shimla, Indore and Puducherry in 2016, Visakhapatnam, Gangtok, Agartala, Kohima, Imphal and Aizawl in 2017. It serves more than 10 lakh cardholders and about 32.12 lakh beneficiaries.

11.1.1 Salient Features of CGHS

- CGHS provides comprehensive OPD facilities and medicines through its large network of wellness centres, polyclinics and labs.
- CGHS has empaneled private hospitals and diagnostic centres in different cities for carrying out investigations and indoor treatment facilities.
- CGHS refers the beneficiaries to Government hospitals/specialists 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.

- OPD consultation is not allowed in empaneled private hospitals except in post-operative follow up treatment in the same hospitals where initial treatment was taken with permission in respect of cardiac surgery, cancer treatment, neuro-surgery, kidney transplant and hip/knee joint replacement.
- 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. In addition, GDMOs with Specialist qualifications also provide specialist advice.
- Suggestions, representations and complaints on various aspects of the functioning of this scheme, are used as feedback for the initiatives to be taken to improve the functioning of CGHS, which have yielded positive results.

11.1.2 Facilities available under CGHS

- i. OPD treatment including issue of medicines,
- ii. Specialist consultation at Govt. hospitals,
- iii. Hospitalization at Government and Empaneled hospitals,
- iv. Investigations at Government and Empaneled diagnostic centres,
- v. Pensioners and other identified beneficiaries

- have facility for cashless treatment in empaneled hospitals and diagnostic centres,
- vi. Reimbursement of expenses for treatment under emergency in private unrecognized hospitals under emergency,
 - vii. Reimbursement of expenses incurred for purchase of hearing Aid , artificial limb etc.,
 - viii. Family welfare & MCH services.

11.1.3 Eligibility for joining CGHS

All Central Govt. employees and their dependent family members residing in CGHS covered areas, Central Govt. pensioners and their eligible family members getting pension from central civil estimates, Sitting and Ex-members of Parliament, Ex-Governors & Lt. Governors, Freedom fighters, Ex-Vice Presidents, Sitting and Ex-Judges of Supreme Court & High Courts, Employees and pensioners of certain autonomous organizations in Delhi, Journalists (in Delhi) accredited with PIB (for OPD & hospitalization facilities at Dr. RML Hospital, New Delhi), Delhi police personnel in Delhi only, Railway board employees and Central Government servants who (through proper channel) got absorbed in Central Public Sector Undertakings/Statutory Bodies/Autonomous Bodies and are in receipt of pension from central civil estimates.

11.1.4 CHGS beneficiaries

Sl. No.	City	Card Holders	Beneficiaries
1	Agartala	332	1,027
2	Ahmedabad	15,499	45,457
3	Aizawl	Under Prep.	
4	Allahabad	18,362	59,627
5	Bengaluru	40,658	1,15,531
6	Bhopal	5,532	15,034
7	Bhubaneswar	6,298	19,294
8	Chandigarh	12,491	30,674
9	Chennai	41,347	1,10,584
10	Dehradun	10,116	24,120
11	Delhi & NCR	4,83,598	15,82,585

12	Gandhinagar	2,382	8,853
13	Gangtok	Under Prep.	
14	Guwahati	13,465	46,018
15	Hyderabad	65,778	1,84,726
16	Imphal	35	141
17	Indore	548	1,182
18	Jabalpur	34,877	84,274
19	Jaipur	18,387	54,274
20	Jammu	979	2,344
21	Kanpur	30,770	83,918
22	Kohima	7	15
23	Kolkata	55,616	1,45,915
24	Lucknow	21,233	68,439
25	Meerut	13,813	40,847
26	Mumbai	55,844	1,69,062
27	Nagpur	29,788	79,428
28	Patna	12,871	42,436
29	Puducherry	473	1,484
30	Pune	48,679	1,14,041
31	Ranchi	4,838	15,340
32	Shillong	4,948	17,042
33	Shimla	772	1,990
34	Thiruvananthapuram	15,129	37,672
35	Visakhapatnam	3,440	8,354
	Total	10,68,905	32,11,728

11.1.5 Monthly Contribution for availing CGHS facility

Sl. No.	Corresponding level in the Pay Matrix as per 7 th CPC	Contribution (Rs. Per Month)
1.	Level: 1 to 5	250
2.	Level: 6	450
3.	Level: 7 to 11	650
4.	Level: 12 & above	1000

11.1.6 Ward Entitlement for CGHS beneficiaries

Sl. No.	Basic Pay drawn as per 7 th CPC	Ward entitlement in Private empanelled Hospitals
1.	Up to Rs. 47,600/-	General Ward
2.	Rs. 47,601/- to Rs. 63,100/-	Semi-Private Ward
3.	Rs.63,101 and above	Private Ward

11.1.7 CGHS Wellness Centres across the country

The Central Government Health Scheme (CGHS) has 4 hospitals and 370 CGHS Wellness Centres (285 Allopathic and 85 AYUSH), 19 Poly Clinics, 17 Diagnostic Centres and 73 laboratories and 2 geriatric clinics in the country in 35 cities providing medical care to its members in Allopathic, Homeopathic, Ayurvedic, Unani and Siddha systems of medicine.

The four hospitals running under CGHS are as indicated below:-

40 bedded Maternity and Gynae Hospital, R.K. Puram, New Delhi; 10 bedded Timarpur General Hospital, Timarpur, Delhi; 10 bedded Kingsway Camp Hospital, Delhi and 25 bedded Ayurvedic Hospital, Lodhi Road, New Delhi.

A statement showing the details of CGHS hospitals /Wellness Centres in different States according to different systems of medicines is at **Annexure I**.

11.1.8 Empanelment of private hospitals and diagnostic centres under CGHS

There are only three Central Government hospitals located in New Delhi. They cater to general public also. In other cities, the Government hospitals are under States. With view to provide another option for availing in-patient treatment and avoid waiting list at Govt. hospitals, Government has empaneled private hospitals and diagnostic centers in all CGHS covered cities through tender process and continuous empanelment scheme. e-Tenders were last floated in 2014 and based on the rates quoted by the private hospitals and diagnostic centers, the lowest rates in respect of each procedure/test were offered to the private hospitals and diagnostic centers and the private hospitals and diagnostic/imaging centers

which accepted the rates, have been empaneled under CGHS in Delhi and all other CGHS cities.

Presently, action has been initiated for new empanelment process and revision of CGHS package rates. The list of empaneled CGHS hospitals is available on CGHS website at cghs.gov.in List of the number of empaneled hospitals and diagnostic centres in different Cities may be seen at **Annexure-II**.

11.1.9 Facilities to CGHS beneficiaries residing in Non-CGHS Covered areas

Pensioners living in Non-CGHS covered areas have the option to obtain:

- CGHS card from a nearby CGHS covered city to avail OPD and indoor medical treatment from CGHS.
- They have the option to avail fixed medical allowance of Rs. 1,000/- per month for OPD facilities and medicines and avail IPD facilities under CGHS on cashless basis in empaneled hospitals. They are permitted to obtain in-patient / hospitalization treatment and follow up treatment from CS(MA) recognized hospitals and ECHS (Ex-Servicemen Contributory Health Scheme) empaneled hospitals (in addition to the Government hospitals) and claim the reimbursement at CGHS rates from the AD/JD of CGHS city, where his CGHS card is registered.
- CGHS beneficiaries also have option to avail only FMA of Rs. 1,000/- and not join CGHS. They are not eligible for any reimbursement.

11.1.10 Issue of medicines prescribed by specialists

CGHS maintains a formulary of drugs. If the dispensary has in its stock medicines prescribed by the specialist, then the same is issued to the beneficiary. If, however, the medicine with the same active salt ingredient but of different firm is available in the stock, then that medicine is issued to the beneficiary. If, however, the medicine prescribed by the beneficiary is not available in the dispensary then the dispensary places an indent on the authorized local chemist for the supply of the same and on receipt of the medicines from the chemist, the same is issued to the beneficiary.

11.1.11. Initiatives taken by CGHS recently and in the last few years to improve its functioning

- Now all CGHS wellness centres are online.
- Every beneficiary has been issued a separate CGHS plastic card with a unique number and bar code.
- **Option to avail CGHS facilities from any CGHS Wellness Centre:** As a result of computerization and online connectivity of all CGHS wellness centres in India, CGHS beneficiaries are now able to avail CGHS benefits from any wellness centre across the country.
- Beneficiaries can login at cghs.nic.in or at <http://www.cghs.nic.in/welcome.jsp> and link their Aadhaar number with Ben ID. They can also get their Aadhaar number linked through CMO i/c of CGHS.
- **Self-Printing of CGHS Cards:** Existing CGHS beneficiaries have the option to print their own card and get it laminated. They have to login cghs.nic.in or at <http://www.cghs.nic.in/welcome.jsp> for this purpose and follow the instructions.
- **Online Registration System (ORS) for consultation with Doctors at CGHS Wellness Centres to avoid waiting at CGHS WC:** For this purpose, the beneficiaries have to login at <http://cghs2.nic.in/ors> and follow the instructions.
- Access to history of medicines issued to beneficiaries can be seen by the beneficiaries by logging in at cghs.nic.in or at <http://www.cghs.nic.in/welcome.jsp>.
- 'SMS' alert on issue of medicines by CGHS on the registered Mobile Number of CGHS beneficiaries to act as a deterrent against pilferage of medicines.
- **Requirement of prior permission for diagnostic tests - dispensed with:** The Ministry has been receiving suggestions from various quarters for doing away with the mandatory requirement of prior permission from the CMO in charge of the dispensary in case of pensioner beneficiary and the Department in case of serving beneficiaries of CGHS in view of hardship being faced by them in obtaining the same. It has now been decided to dispense with the mandatory requirement of prior permission for undertaking the diagnostic tests as prescribed by a CGHS doctor/Government specialist. This decision to liberalise the procedures will help the beneficiaries in getting the requisite treatment done timely and conveniently. It will also reduce the workload of dispensary and the doctors would be able to serve the beneficiaries more efficiently. An Office Memorandum has been issued in this regard and it has come into effect from 1st January, 2013.
- **Opening of New Wellness Centres in North Eastern States:** New CGHS wellness centres have been opened at Agartala, Gangtok, Kohima, Imphal and Aizwal in 2017 in addition to the existing wellness centres at Guwahati and Shillong. CGHS Wellness Centre at Itanagar shall also be opened shortly.
- **Transfer of same CGHS card to other cities in respect of Pensioners:** In case of shifting residence to another city, CGHS cards of pensioner beneficiaries are transferred online and the same cards can be used in another city.
- **Option to apply for CGHS Pensioner Card 6 weeks prior to superannuation:** Serving employees have the option to apply for CGHS pensioner card six weeks prior to superannuation through the concerned Ministry/Department.
- **Validity period of permissions for diagnostic tests extended upto six months:** CGHS beneficiaries undergoing treatment for some chronic disease conditions viz. diabetes, hypertension and other cardiac diseases, dialysis and cancer require diagnostic tests and follow up treatment at regular intervals were required to obtain prior permission from the competent authority on every occasion causing inconvenience to them. The system has since been simplified and they can now be granted permission valid for six months period to get the diagnostic tests done on regular intervals as prescribed by a Government doctor during the validity period of upto six months. This

will help them in avoiding frequent visits to the dispensary for obtaining requisite permission for diagnostic tests. An Office Memorandum has been issued in this regard on 1st October, 2012.

- **Promoting generic medicines:** With a view to promote use of generic medicines, instructions have been reiterated to CGHS doctors to follow the guidelines of MCI and prescribe medicines by generic name. Instructions have also been issued to educate and sensitize the CGHS beneficiaries of the efficacy of generic medicines.
- **Special Provision for CGHS beneficiaries aged 80 years and above:** Instructions have been issued to CGHS Wellness centres to examine CGHS beneficiaries aged 80 and above to examine without the need to stand in queue and also to enquire about their health once in a month by telephone or domiciliary visit. The medical claims of CGHS pensioner beneficiaries are also processed out of turn.
- **OPD Consultation and Primary care medicines to General Public with dengue fever and Chikungunya and Dengue like symptoms:** Instructions have been issued to CGHS Doctors to provide OPD consultation and primary medical care to general public with Dengue fever & Chikungunya and symptoms, primarily high fever.
- **Decentralization and delegation of powers:** Ministries/Departments have been delegated powers to handle all cases of reimbursement claims if no relaxation of rules is involved. Earlier, claims beyond Rs. 2.00 lakh needed approval by the MoHFW.

Under CGHS, financial power has already been delegated to the Addl. Directors of cities and zones to settle medical claims of pensioner beneficiaries upto Rs. 7 lakh, if no relaxation of rules is involved.

Powers for condonation of procedural lapse and power for grant of permission for treatment in non-empaneled hospitals has been delegated to Addl. Directors of CGHS in respect of

pensioners, etc. and HOD in case of serving employees.

- **Accreditation of private hospitals and diagnostic centres with NABH/NABL:** With a view to provide better quality of services to its beneficiaries, CGHS has directed private hospitals and diagnostic centers empaneled with it to obtain accreditation with National Accreditation Board for Hospitals & Healthcare Providers (NABH)/National Accreditation Board for Testing & Calibration Laboratories (NABL) to continue to be empaneled under CGHS. NABH and NABL are accreditation bodies under the Quality Council of India set up by the Ministry of Commerce & Industry and the Department of Science and Technology respectively. However, in view of the limited number of NABH and NABL accredited Institutions in the country non-accredited institutions are also empaneled and they are inspected by Quality Council of India for confirming to CGHS prescribed guidelines and infrastructure.
- **Setting up of stand-alone dialysis unit:** CGHS and Alliance Medicorp (India) Limited, a joint venture Company of Apollo Health and Life Style Limited have jointly set up a stand-alone dialysis unit as a pilot project in CGHS dispensary at Sadiq Nagar, New Delhi, to provide dialysis facilities for CGHS beneficiaries. The stand-alone dialysis unit has started functioning from 6th September, 2010. The unit provides services to 21 patients per day. The initiative has proved to be very successful.
- **Holding of Claims Adalats:** Claims Adalats and Claims day are held in all the four zones of CGHS, Delhi, where old pending unsettled claims are reviewed and settled in accordance with the extant rules and instructions issued by CGHS. Other cities have also been directed to hold claims adalats and claim days.
- **Local Advisory Committees:** As a Grievance Redressal mechanism, Local Advisory Committees have been constituted at the CGHS Wellness centre level to aid and advise CGHS

in addressing the problems of the beneficiaries at the ground level and suggest improvements in the services. Meeting of the Committee is held on second Saturday of every month under the chairmanship of CMO in charge of the dispensary, in which Area Welfare Officer and representative of pensioners' association participate to discuss local problems faced by the beneficiaries and dispensaries in order to resolve such issues.

- ***Simplification of procedures under referral System and Reimbursement:***

- a. Submission of medical claims has been simplified by doing away with the requirement of verification of bills by the treating doctor and essentiality certificate.

- b. Specific guidelines have been issued for examining requests for full reimbursement of claims. The requests for full reimbursement are considered by the Secretary, Health & Family Welfare, on the recommendations of Standing Technical Committee in consultation with IFD. Requests in such cases in respect of Hon'ble Members of Parliament and Sitting Judges and Former Judges of Hon'ble Supreme Court of India are considered by Raja Sabha Secretariat/ Lok Sabha Secretariat and Secretary General of Supreme Court of India respectively.

- ***Reimbursement from two-sources:*** Instructions were issued in February, 2009 regarding reimbursement under CGHS and health insurance scheme. As per the revised guidelines, beneficiaries have the option to submit the original bills under the Health Insurance Scheme and claim the balance amount from CGHS/Department subject to the condition that the reimbursement (balance amount) from CGHS/Department shall be as per CGHS rates and regulations.

- ***Health Check-Up of Beneficiaries above 40 Years in Delhi:*** A pilot project was introduced in 2 wellness centres, namely, Sector 8 and Sector 12 in Ramakrishna Puram, New Delhi for the Preventive Health Check-up of the beneficiaries above the age of 40 years in Delhi. The same

has been extended to eight dispensaries in Delhi & NCR (two in each zone).

30 beneficiaries per day are registered in advance – online and undergo a list of identified investigations. Beneficiaries undergo a clinical check up on the date of appointment along with investigation report and the doctor prescribes the required medication wherever required alongside counseling him/her about healthy lifestyle to keep himself/herself fit and healthy. The health check is proposed to identify risk factors including lifestyle related diseases for prevention/early identification for further follow-up and treatment, if required.

- ***Engagement of Bill Clearing Agency (BCA):***

The major grouse of private hospitals and diagnostic centres empaneled under CGHS was that settlement of bills sent to CGHS in respect of treatment given to pensioner CGHS beneficiaries took unduly long time, which was one of the reasons why hospitals and diagnostic centres were showing their unwillingness to provide credit facility to CGHS beneficiaries. In order to overcome this difficulty, CGHS has appointed UTI – TSL as the Bill Clearing Agency, by signing a MOA with it. Under the procedure, presently in vogue UTI-ITSL processes the hospital bills online for admissibility and CGHS after online verification releases.

- ***Outsourcing of sanitation services in dispensaries:***

As there was shortage of Class IV Staff in a large number of dispensaries/wellness centres in Delhi, it was decided to outsource cleaning work with mechanized cleaning to a private agency. This initiative has been appreciated by the beneficiaries as the sanitation in the CGHS Wellness Centres has improved.

- ***Procedure for referral to empaneled hospitals for medical treatment:***

Treatment in private empaneled hospitals can be undertaken only with prior permission of CMO Incharge in case of pensioner beneficiary and the department concerned in case of serving employee, except in case of medical emergency.

Permission is granted for specific treatment procedure as advised by CMO or a government specialist. CGHS beneficiary has the option to seek permission to avail treatment procedure at any of the empaneled hospital/diagnostic centres of his/her choice.

- ***Distribution of life saving drugs from the CGHS Wellness Centres in the NCR locations of Noida, Gurugram, and Faridabad:*** The patients suffering from chronic diseases

like cancer etc. require costlier medicines for treatment. These were supplied against indents placed through MSD, Delhi and the medicines were to be collected from the MSD, the following day by the patient or his family member. Arrangements have now been made for distribution of the Life Saving drugs/MSD items at the dispensary level in NCR locations outside Delhi. The system has since become functional in Noida, Gurugram and Faridabad.

11.1.12 BUDGET under CGHS

(Rupees in Crores)

YEAR	NON-PLAN (RE)	PLAN (RE)	PORB (RE)	TOTAL (RE)	TOTAL Expenditure
2015-16	815	139.00	1065.00	2019.00	1976.59
2016-17	890	115	1240	2245	2206.52
	Revenue	Capital Head	PORB	Total	
2017-18 (BE)	1202.79	43.70	1402.79	2649.28	

11.2 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Financial assistance up to a maximum of Rs. 1,25,000/- 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 RAN 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 tumor etc. During the FY 2016-17, financial assistance totalling Rs. 2,88,64,075/- was given for treatment of 343 patients. During the current Financial Year 2017-18 (till 31.12.2017) a sum of Rs. 1,95,58,475/- has been released for 217 patients.

11.3 RASHTRIYA AROGYA NIDHI (RAN)

Rashtriya Arogya Nidhi 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 Governments 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. Other States/Union Territories have been requested to set up the Fund, as soon as possible.

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 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: 1. Dr. Ram Manohar Lohia Hospital, New Delhi, 2. Safdarjung Hospital, New Delhi, 3. Lady Hardinge Medical College and Smt. Sucheta Kriplani Hospital, New Delhi, 4. All India Institute of Medical Sciences, New Delhi, 5. Post Graduate Institute Medical Education and Research (PGIMER), Chandigarh, 6. Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Puducherry, 7. National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, 8. Chittaranjan National Cancer Institute (CNCI), Kolkata, 9. Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow, 10. King George Medical College (K GMC), Lucknow 11. Regional Institute of Medical Sciences (RIMS), Imphal, 12. Sher-E-Kashmir Institute of Medical Sciences (SKIMS), Srinagar, 13. North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong and 14. Sree Chitra Tirunal Institute for Medical Sciences & Technology (SCTIMST), Thiruvananthapuram; have been provided with a revolving fund of up to Rs.50 lakhs and authority to sanction assistance up to the extent of Rs. 2.00 Lakh per case and up to 5.00 lakh in emergency cases. The financial assistance, to the poor (BPL) patients, up to Rs. 2.00 lakh is processed by the concerned institute on whose disposal the revolving fund has been placed and all the institutes refer the cases to the RAN headquarters where the amount of financial assistance exceeds Rs. 2.00 lakh. The revolving fund is replenished after its utilization. For cases requiring financial assistance above the Rs. 2.00 lakh per case, the applications 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.

During the FY 2016-17, financial assistance totalling Rs. 20,77,28,959/- was given for treatment of 465 patients. Additionally, an amount of Rs. 4.8 crore had also been given to replenish the revolving fund at the hospitals/institutes. During the current FY 2017-18 (till 31.12.2017) a sum of Rs. 25,50,13,582/- has been released for 530 patients and further an amount of Rs. 2.3 crore has also been released to the institutes/hospitals.

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. In order to utilize the HMCPF, revolving fund under RAN within 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 patients 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. Individual cases which require assistance of more than Rs.2.00 lakh is processed by the MoHFW. Till date, 27 institutes have been notified as Regional Cancer Centres (RCCs).

List of 27 Regional Cancer Centres:

- 1) Kamala Nehru Memorial Hospital, Allahabad, Uttar Pradesh.
- 2) Chittaranjan National Cancer Institute, Kolkata, West Bengal.
- 3) Kidwai Memorial Institute of Oncology, Bengaluru, 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) Puducherry 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.
- 26) Government Arignar Anna Memorial Cancer Hospital, Kancheepuram, Tamil Nadu.
- 27) Cancer Hospital, Tripura, Agartala.

During the FY 2016-17, financial assistance totalling Rs. 11,07,04,765/- was given for treatment of 221 patients. Additionally an amount of Rs. 9.2 crore had also been given to replenish the Revolving Fund at the hospitals/institutes. During the current Financial Year 2017-18 (till 31.12.2017) a sum of Rs. 1,10,95,000/- has been released for 21 patients and further an

amount of Rs. 3.65 crore has also been released to the institutes/hospitals.

Health Minister's Cancer Patient Fund – CSR

The MoHFW has 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 has been created. 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 (RCC), as per guidelines as applicable under HMCPF. Funds upto 50 lakhs are placed at their 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.

In the FY 2016-17, an amount of Rs. 7.00 crore was released to specific RCCs. During the Financial Year 2017-18 (till December, 2017), an amount of Rs. 2,46,03,841/- has been received from various GoI, PSUs (Rs. 1,81,33,841/- from IRCTC Ltd., Rs. 50,00,000/- from NSC Ltd. and Rs. 14,70,000/- from IRCON Ltd.) as donation for this scheme. An amount of Rs. 4.7 crore has been released as Revolving Fund to Specific RCCs.

11.5 INDIAN RED CROSS SOCIETY (IRCS)

The Indian Red Cross is the largest independent 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 has a huge family of 12 million volunteers and over 3500 members and staff. It reaches out to the community through 700 branches spread throughout the country.

11.5.1 Disaster Response

During the year 2017, the IRCS National Headquarters released relief materials and deployed its National Disaster Response Teams & Water Sanitation Response Teams in the calamity affected areas. Shri J P Nadda, Union Minister of HFW and Chairman



Release of Relief Supplies to Flood Affected Areas by Hon'ble Union Minister for Health & Family Welfare Shri J.P. Nadda in presence of Hon'ble Union Minister of State for the Ministry of DONER, PMO, Dr. Jitendra Singh on 2nd August, 2017



Hon'ble Union Minister for Health & Family Welfare Shri J.P. Nadda delivering Keynote Address at IRCS-HQ on 2nd August, 2017 for release of Relief Supplies to flood affected areas

IRCS released one lot of relief supplies in support of the victims in August, 2017. The total expenditure on the response has been over Rs. 6.35 crore.

11.5.2 World Red Cross Day, 2017

The World Red Cross Day, 2017 was celebrated at Birla auditorium Jaipur on 8th May, 2017. Shri

Kalyan Singh, President of the IRCS Rajasthan State Branch and Governor of Rajasthan was the chief guest and Shri J. P. Nadda, Union Minister of Health & Family Welfare and Chairman IRCS presided over the function. In his tribute to the founder of the Red Cross, Henry Dunant, whose birthday is celebrated on the day, Sh. Nadda said, "A person with commitment



Hon'ble Union Minister for Health & Family Welfare Shri J.P. Nadda delivering Keynote Address on World Red Cross Day at IRCS Jaipur on 8th May, 2017 in presence of Hon'ble Governor of Rajasthan

and vision can create a worldwide movement. And, Mr. Dunant was such a visionary.” A pledge was administered to promote organ donation.

A special cover (Red Cross envelope) was released through the Rajasthan postal department in which the theme and mission of the Red Cross have been printed.

The IRCS, NHQ also launched its online Central Volunteer Registry on the occasion. Now schools, colleges and individuals would be able to register/enroll as Red Cross volunteers.

The Chairman also inaugurated a philately and photo exhibition. Online essay and photography competitions were also held and the winners were felicitated.

11.5.3 Social Emergency Response Volunteers (SERV)

The programme prepares local response teams to respond to any eventualities. The Programme is being implemented in 15 States in the country. The total budget allocation for the year is Rs 1.30 crores.



11.5.4 Blood Services

During 2017, the blood bank of Indian Red Cross Society has so far collected a total of 22946 units of blood. A total of 285 blood donation camps have been conducted in Educational Institutions, Corporate Houses, Religious & Social Organizations.

11.5.5 Strategic Development Plan 2020 and beyond

The IRCS is going to complete 100 years of its existence in the year 2020. The Managing Body has decided to dedicate the next strategic document



of the Society for setting targets and preparation of a road map for the future to achieve humanitarian objectives. Keeping this in mind, four Regional Secretaries meetings were held and inputs for the strategic directions of the society were collected from the participants. Based on their inputs, with the help of volunteer consultants, a strategic document has been drafted that was reviewed in a National Level Secretaries Conference held on 29th and 30th August, 2017 at New Delhi. The final document is now under print.

11.5.6 Induction to Managing Body members

A two day induction programme for all the 18 Managing Body members which included the elected as well as nominated members was conducted by the IRCS, NHQ at New Delhi on 5-6 September, 2017. The objective of this induction programme was to ordain the members with Red Cross history, statutes of the Red Cross movement and arm them with the information that is needed to take policy decisions and guide the society for better humanitarian response.



11.5.7 Courses

- **PG Diploma in Disaster Preparedness & Rehabilitation.**

The 11th batch of the PG Diploma Course in Disaster Preparedness & Re-affiliated to the GGSIP University, Delhi has been completed. The admission process for the 12th batch has also been started. The objective of this course is to create trained and experienced leaders in the field of disaster management in the country. Majority of the course participants are from the Ministries and Departments of the Government of India and the State Governments.

- **Health Promotion through Ayurveda & Yoga**

During this year, the Society conducted three batches consisting of nearly 150 participants in this 50 hours part time certificate course titled, “Health Promotion through Ayurveda & Yoga”. The objective behind running this programme is to achieve health for all by promoting indigenous system of medication and wellbeing, as envisioned by WHO.



Health Promotion through Yoga by IRCS

11.5.8 TB Project India supported by IFRC and Irish Red Cross

Indian Red Cross Society is implementing TB programme through five State branches of Punjab, Haryana, Karnataka, Uttar Pradesh and Gujarat since 2009, supplementing the efforts of the RNTCP. The total budget for the programme for 2017 is Rs 1.29 crore.

11.5.9 IRCS –ICRC Cooperation Activity

The IRCS-ICRC cooperation project is supported by ICRC, to conduct activities for dissemination of proper use of Red Cross Emblem, conduct awareness

programmes on fundamental principles and Geneva Conventions, safer access, implementation of First Medical Responders (FMR) programme, livelihood programme and family news service.

In the year 2017, the IRCS-ICRC cooperation programme was approved for 14 States to conduct Emergency Preparedness & Response Programme (EPR), youth programme, livelihood programme, family news services, Safer Access Framework (SAF), Social Emergency Response Volunteers (SERV), First Aid, IHL, communication and physical rehabilitation.

The programme is being implemented in the States of Assam, Chhattisgarh, Jammu & Kashmir, Maharashtra, Manipur, Nagaland, Odisha, Uttar Pradesh, Andhra Pradesh, Meghalaya, Gujarat, West Bengal and Tamil Nadu. Total budget for the year is over Rs. 5 crores.

11.6 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.

The President of India is the President of the St. John Ambulance (India) and the Union Health Minister is the Chairman of the St. John Ambulance (India). The Vice Chairman is elected amongst the members of the National Council (the Governing Body) of St. John Ambulance(India).

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 mines, scouts, NCC, community projects, factories, railways, drivers and conductors, civil defence and home guards, 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.

This is the largest humanitarian organisation which is always on the forefront whenever and wherever there is a call to mitigate the sufferings of people. Its volunteers provide first aid cover in large public congregation at the request of the Government of India, State Government, public and private sectors, NGOs and different communities on the occasion of sports, melas including Kumbh Melas, festivals, guru parvas, Eid, Ram Lilas, Republic and Independence Day celebrations etc. and in emergencies like accidents, fires, floods, earthquakes and other catastrophic situations. The Brigade wing provides advance training to its volunteers with emphasis on handling of mass casualties, improvisations, care of patients in transit to hospitals, etc.

First Aid Course

During the period April 2016 to September 2017, the St. John Ambulance (India) trained more than 6.88 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. Enhancements of security features, revised Indian first aid manual in collaboration with Belgian Red Cross (Flander) are major achievements of the year.

11.7 EMERGENCY MEDICAL RELIEF (EMR)

11.7.1 Health Sector Disaster Management

Emergency Medical Relief Division (EMR) of DGHS is mandated for prevention, preparedness, mitigation and response to health consequences of disasters. For such purpose, EMR Division coordinates with National Disaster Management Authority, concerned Central Ministries/Departments and the State Governments/UT Administrations.

11.7.2 Preparedness and Response for Disasters

(A) Preparedness for disasters: The Central Sector Scheme “Health Sector Disaster Preparedness and Response” has been approved for continuation for the period 2017-20 with an outlay of Rs. 488.5 crores. Capacity building activities initiated in the previous plan period are continuing. This includes

(i) countrywide training of managers for managing public health emergencies and hospital managers for managing hospital emergencies. (ii) training of trainers for psycho-social care in disaster settings, for which four regional workshops were organized in collaboration with NIMHANS, Bengaluru. A total of 95 master trainers were trained (iii) training of Medical Officers working in the medical facilities covered in the offsite plans of the nuclear power plants are being implemented in collaboration with Nuclear Power Corporation of India Limited. A major component of the said scheme is to build capacities to manage medical aspects of disasters including those from Chemical, Biological, Radiological and Nuclear (CBRN) disasters. In this context, an agreement was signed with Govt. of Tamil Nadu to develop a tertiary care CBRN Medical Management Centre at Stanley Medical College, Chennai. HLL Infra Tech Services Limited (HITES) has been selected as the consulting agency to develop the detailed project report. Further, to respond efficiently to health consequences of disasters, Emergency Operation Centre (EOC) are being planned in the health departments of disaster prone States. States are in the process of identifying suitable locations.

Crisis management plan for biological disasters and the emergency support function plan were reviewed in August, 2017 and were circulated to all concerned. 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. This plan also contained instructions regarding deployment of resources in the event of disasters.

(B) Response

(i) **Seasonal Influenza:** The pandemic influenza virus continued to circulate as seasonal influenza virus. EMR Division continued to monitor the countrywide situation. As compared to 2016, the year 2017 witnessed much higher number of cases and deaths, reported mainly from the State/UTs of Gujarat, Maharashtra, Uttar Pradesh, Tamil Nadu, Karnataka, Rajasthan and Delhi. In all, from January, 2017 to 5th November, 2017, there had been 38004

laboratory confirmed cases with 2147 deaths reported from 31 States/UTs.

MoHFW reviewed the preparedness of the States/UTs to deal with outbreak of seasonal influenza, ahead of the ensuing winter season (2018). Advisory has been issued to all the States and UTs. The guidelines on risk categorization, clinical management, home care, use of masks, vaccination etc. have been updated and made available on the website of the Ministry and also made available to the States/UTs. Laboratories to test samples have been identified. Stocks of drug Oseltamivir, laboratory reagents and personal protective equipment have been procured & kept with institutions under MoHFW to support States/UTs reporting Seasonal Influenza outbreaks.

- (ii) **Avian Influenza:** MoHFW took adequate measures to contain the human cases of Avian Influenza if it is to happen. The Joint Monitoring Group under the Chairmanship of DGHS reviewed the situation and preparedness measures regularly. During the period reported upon, avian influenza outbreaks were notified by Department of Animal Husbandry in Angul and Sundargarh districts (Odisha), Ahmedabad district (Gujarat) and Daman district (Daman & Diu). The contingency plan for containment was implemented in all these locations. Rapid Response teams from MoHFW assisted the concerned States in implementing the micro plan. No human case of Avian Influenza was reported.
- (iii) **Zika Virus Disease:** Though Zika virus disease ceased to be a Public Health Emergency of International Concern (PHEIC), there is a continued vigil and Central Government is monitoring the situation including conducting proactive surveillance. In addition to National Institute of Virology, Pune and NCDC, Delhi, 25 laboratories have been strengthened by Indian Council (ICMR) of Medical Research for laboratory diagnosis. The ICMR has tested over 45,000 human samples and 20000 mosquito samples for the presence of Zika virus. As of now, only 4 laboratory confirmed

cases have been reported in India (Three from Ahmedabad, Gujarat and one from Krishnagiri District, Tamil Nadu) and all these cases have recovered. At both these locations containment measures were undertaken to prevent further spread of this disease. The Child Health Division under NHM is monitoring microcephaly from 55 sentinel sites. No unusual increase in microcephaly cases has been observed.

11.7.3 Deployment of Rapid Response Team

Central teams were deployed in Avian Influenza affected Angul and Sundargarh districts (Odisha), Ahmedabad district (Gujarat) and Daman district (Daman & Diu) for assisting States/UTs in their response and control activities. Central multi-disciplinary expert teams were also deputed to investigate disease outbreaks in the State of Andhra Pradesh [(i) febrile illness outbreak in Chittoor, (ii) rising trend of seasonal influenza cases; and (iii) increasing chronic kidney diseases from Srikakulam District], State of Kerala, UT of Puducherry and Tamil Nadu (for Dengue fever outbreak), State of Maharashtra and Telangana (for investigating rising trend of seasonal influenza cases). These teams provided guidance to these States on the required public health measures.

11.7.4 Floods in Assam

The State of Assam witnessed floods in the month of July-August, 2017. The situation was monitored during post flood period for outbreak of epidemic prone diseases.

11.7.5 Humanitarian Assistance to Countries

Ministry of External Affairs in collaboration with Ministry of Health & Family Welfare has evolved a Standard Operating Procedure (SOP) for procurement and dispatch of medical supplies to countries requiring humanitarian assistance. As per the SOP, MOHFW is facilitating procurement and dispatch of drugs, equipment and consumables to 11 Countries (Yemen, Syria, Kenya, Somalia, Mozambique, Ukraine, Madagascar, Libya, Tanzania, Namibia and Myanmar).

11.7.6 Medical Care Arrangements on Special Occasions/events

Medical care arrangements were made for Republic Day Celebrations, 2017, Independence Day Celebrations, 2017, 2nd Meeting of National Platform on Disaster Risk Reduction (NPDRR) and World Food Festival, 2017. Medical care arrangements were also made for Paryatan Parv from 23rd to 25th October 2017 [organized by Ministry of Tourism].

MoHFW provided support to Jammu & Kashmir in planning and implementing medical care arrangements for Shri Amarnathji Yatra, 2017. Over 100 doctors (71 specialists and 29 General Duty Medical Officers) and 44 pharmacists from Central Government hospitals/CGHS were posted en-route Shri Amarnathji Yatra for medical relief.

11.7.7 Visiting Head of States

Medical care arrangements were made for the Heads of States/Government of Kenya, Portugal, Malaysia, Bangladesh, Australia, Nepal, Cyprus, Turkey, Palestine, Mauritius, Bhutan, Kazakhstan, Switzerland, Japan, Belarus, Italy, Armenia, Latvia and Belgium. Medical cover was also provided to Chief of Royal Court, Jordan, Crown Prince of Abu Dhabi and Prince of Wales.

11.7.8 Emergency Medical Services

The Central Sector Scheme on 'Human Resource Development for Emergency Medical Services' was approved for continuation for the period 2017-2020 with an outlay of Rs. 422.25 crore. The overall objective is to establish human resource capacities for providing Emergency Medical Services. Under this project, Skill Centres are to be established in 140 Medical Colleges/Institutions across the country to impart training to doctors, nurses and para – medical personnel in emergency life support. Grant-in-Aid has been provided to 14 Medical Colleges/Institutes for establishment of Skill Centres. In addition, 45 Medical Colleges/Institutions have been assessed on their feasibility to set up such Skill Centres. An indigenous course, namely, National Emergency Life Support Course (NELS) has been developed for doctors and undergoing pre-testing and further refinement. Similar course suitable for nurses and paramedics is under development.

11.8 CLINICAL ESTABLISHMENT ACT 2010 (CEA 2010) & NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENT (NCCE)

The primary responsibility to regulate the health care sector rests with the State/UT Governments. However, the GoI has enacted the Clinical Establishments (Registration and Regulation) Act, 2010, to provide a legislative framework for registration and regulation of clinical establishments in the country and to improve the quality of health services by prescribing minimum standards of facilities and services which may be provided by them. The Act, initially, came into force in 4 States namely Sikkim, Mizoram, Arunachal Pradesh and Himachal Pradesh and all Union Territories on 1-3-2012 except Delhi. Subsequently, 6 more States namely Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Rajasthan and Assam have also adopted this Act. Thus, as on date, the Clinical Establishments Act is applicable in 10 States and 6 Union Territories.

11.8.1 Benefits of Clinical Establishment Act

Clinical Establishments Act, 2010 envisages creation of a comprehensive digital registry of clinical establishments which shall help in better policy formulation, better surveillance, response and management of outbreak and public health emergencies and engagement with private providers. It envisages to have uniform standards for a specific category of clinical establishments throughout the country. Act is expected to lead to better regulation of healthcare providers with transparency in the process of registration with registered data available in public domain. The Act provides institutional mechanisms at National, State and District levels in the form of National Council, State Council and District Registration Authority respectively with multi stakeholder participation at each level. Wherever the Act is implemented, no one can run a clinical establishment without registration. Only clinical establishments providing services in recognized systems of medicines [Allopathic (medical & dental), Ayurveda, Unani, Siddha, Homoeopathy, Yoga, Naturopathy and Sowa Rigpa] are allowed to register under this Act. This provision acts as deterrent against quackery. Implementation of minimum standards, standard treatment guidelines under provisions of Act is expected to improve quality of health care,

avoidance of unnecessary investigation. Further Clinical Establishments are required to display charges of procedures & services.

11.8.2 Steps taken for implementation

- Dedicated website (www.clinicalestablishments.gov.in) has been made operational with online registration facility.
- Designated Nodal Officers in the States and provision of posts of coordinators at States and district level for implementation of this Act.
- Secretariat for National Council has been set up in MoHFW.
- Budget for implementation of the provision of the Act is provided through state PIP through National Health Mission (NHM).
- Major preparatory work for starting permanent registration has been completed and has been approved by National Council.
- Operational Guidelines for implementation of the Act have been sent to the States and also available on the website of the Act.
- Advocacy cum training workshops for implementation of the Act and training in online registration, have been conducted in Rajasthan, Sikkim, Puducherry, Dadra and Nagar Haveli, Assam, Chandigarh, Andaman & Nicobar Islands, Arunachal Pradesh and Jharkhand in



National Council meeting in progress

the last two years.

11.8.3 Standard Treatment Guidelines

Formulation of Standard Treatment Guidelines (STGs) for proper health care for 227 medical conditions belonging to 21 clinical specialties and also for Ayurveda, formulation of minimum standards for all 7 recognized systems of medicine under AYUSH namely Ayurveda, Unani, Siddha, Homoeopathy, Yoga, Naturopathy, Sowa Rigpa, devising of formats for collection of Information & Statistics from Clinical Establishments, formulation of list of standard medical procedures and a standard template of costing of procedures which have also been shared with the States and UTs, and STGs prescribed under National Health Programmes.

11.8.4 Status of Registration

Online registration, at present, is functional in 10 States/UTs viz. Himachal Pradesh, Rajasthan, Jharkhand, Assam, Arunachal Pradesh, Chandigarh, Daman & Diu, Dadra & Nagar Haveli, Andaman & Nicobar and Puducherry. As on 31.10.2017, 13374 Clinical Establishments have been registered online forming part of the Digital National Register and 1951 have been registered offline.



Advocacy cum training workshop at Ranchi (Jharkhand) in progress

**Statement Showing the Details of CGHS Hospitals/Wellness Centres
According to Different Systems of Medicines**

Sl. No.	City	CGHS Hospitals	CGHS Wellness Centres					
			Allopathy	Ayurvedic	Homeopathy	Unani	Siddha	Yoga
1	Agartala		1	0	0	0	0	0
2	Ahmedabad		5	1	1	0	0	0
3	Aizawl		1	0	0	0	0	0
4	Allahabad		7	1	1	0	0	0
5	Bengaluru		10	2	1	1	0	0
6	Bhopal		1	0	0	0	0	0
7	Bhubaneswar		2	1	0	0	0	0
8	Chandigarh		1	0	0	0	0	0
9	Chennai		14	1	1	0	2	0
10	Dehradun		1	0	0	0	0	0
11	Delhi* (Incl. Seven Satellite Towns in UP and Haryana)	4	95	13	13	5	1	4
12	Gandhinagar		1	0	0	0	0	0
13	Gangtok		1	0	0	0	0	0
14	Guwahati		3	0	1	0	0	0
15	Hyderabad		13	2	2	2	0	0
16	Imphal		1	0	0	0	0	0
17	Indore		1	0	0	0	0	0
19	Jabalpur		3	0	0	0	0	0
20	Jaipur		5	1	1	0	0	0
21	Jammu		1	0	0	0	0	0
22	Kanpur		9	1	2	0	0	0
23	Kohima							
24	Kolkata		18	1	2	1	0	0
25	Lucknow		6	1	1	1	0	0
26	Meerut		6	1	1	0	0	0
27	Mumbai		26	2	3	0	0	0
28	Nagpur		11	2	1	0	0	0
29	Patna		5	1	1	0	0	0
30	Puducherry		1	0	0	0	0	0
31	Pune		7	1	2	0	0	0
32	Ranchi		2	0	0	0	0	0
33	Shillong		1	0	0	0	0	0
34	Thiruvanthpuram		3	1	1	0	0	0
35	Visakhapatnam		1	0	0	0	0	0
	TOTAL	4	285	33	35	10	3	4

(*Seven Satellite towns of NCR of Delhi are Noida, Greater Noida, Indirapuram, Sahibabad, Ghaziabad, Faridabad and Gurugram)

Annexure - II

List of the HCOs empaneled under CGHS in all CGHS Cities

Sl. No.	Name of the City	Hospitals (a)	Eye Clinics (b)	Dental Centres (c)	Diagnostic Centres (d)
1	Allahabad	18 (0)	1 (0)	2 (0)	2 (0)
2	Ahmedabad	14 (6)	4 (1)	1 (0)	1 (0)
3	Bengaluru	16 (4)	33 (4)	4 (0)	6 (4)
4	Bhopal	13 (1)	2 (0)	Nil	3 (0)
5	Bhubaneshwar	10 (2)	1 (1)	1 (0)	Nil
6	Chandigarh	7 (5)	5 (0)	2 (0)	1 (1)
7	Chennai	15 (3)	6 (1)	3 (0)	5 (1)
8	Dehradun	08 (0)	4 (0)	Nil	4 (0)
9	Delhi	116 (75)	99 (13)	46 (5)	62 (52)
10	Guwahati	3 (1)	Nil	Nil	2 (0)
11	Gandhi Nagar	Nil	Nil	Nil	Nil
12	Hyderabad	41 (27)	10 (0)	1 (0)	5 (5)
13	Indore	2	Nil	Nil	2
14	Jaipur	24 (6)	12 (0)	2 (0)	4 (0)
15	Jabalpur	18 (1)	7 (0)	5 (1)	4 (0)
16	Jammu	Nil	Nil	Nil	Nil
17	Kanpur	39 (4)	9 (0)	1 (0)	10 (2)
18	Kolkata	6 (3)	4 (0)	Nil	10 (7)
19	Lucknow	9 (0)	12 (1)	3 (0)	10 (3)
20	Meerut	19 (2)	6 (0)	3 (0)	1 (0)
21	Mumbai	24 (4)	15 (2)	3 (0)	1 (0)
22	Nagpur	39 (4)	19 (1)	4 (0)	12 (5)
23	Pune	19 (6)	10 (1)	1 (0)	3 (0)
24	Patna	16 (0)	4 (0)	4 (0)	3 (1)
25	Puducherry	Nil	Nil	Nil	Nil
26	Ranchi	2 (0)	2 (1)	Nil	Nil
27	Trivandrum	1 (1)	3 (0)	Nil	3 (2)
28	Shillong	Nil	Nil	Nil	Nil
29	Shimla	Nil	Nil	Nil	Nil
30	Vishakhapatnam	10(5)	3	Nil	2
	Total	489 (155)	271 (24)	86 (6)	156 (71)

Figures in bracket indicates number of NABH/NABL accredited HCOs.

