

MEDICAL RELIEF AND SUPPLIES

13.1 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

The Government of India (Allocation of Business) Rules, 1961 has entrusted the responsibility of providing medical care to the Central Government Servants, to the Department of Health and Family Welfare, Ministry of Health and Family Welfare. At Sr. No. 14 of the list of business allocated to the Department of Health and Family Welfare, it provides as under:

"Concessions of medical attendance and treatment for Central Government Servants other than (i) those in Railway services (ii) those paid from Defence Service Estimates (iii) officers governed by the All Indian Services (Medical Attendance) Rules 1954 and (iv) officers governed by the Medical Attendance Rules, 1956"

Central Government Health Scheme (CGHS) is a health scheme mainly for serving/retired Central Government employees and their families. The scheme was started in 1954 in Delhi. Over time it has spread to 25 cities and twelve more cities are to be covered soon. 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.

13.1.1 Organizational set up

CGHS is a Central Sector Scheme administered by the Department of Health and Family Welfare. The organization is headed by Additional Secretary & Director General, CGHS.

13.1.2 Facilities available to CGHS beneficiaries are as follows:

- OPD treatment and medicines from CGHS Wellness Centres;
- Specialist Consultation at Government Hospitals;
- Hospitalization at Government and CGHS empanelled hospitals;
- Investigations at Government and empanelled Diagnostic centres;
- Reimbursement of expenses incurred for purchase of Hearing Aid, Hip/Knee Joint implants, Artificial Limbs, Pacemakers, ICD/Combo device, CPAP, BiPAP, Oxygen Concentrator etc., as per the CGHS ceiling rates and guidelines;
- Medical consultation and dispensing of medicines in Ayurveda, Homeopathy, Unani and Siddha systems of medicine (AYUSH);
- In case of emergency, CGHS beneficiaries can go to any hospital, empanelled or non-empanelled and avail medical treatment. Reimbursement of expenses for treatment in private unrecognized hospitals in case of emergency;

- The beneficiary can go to any CGHS Wellness Centre in the country;
- Pensioners and other identified beneficiaries have facility for cashless treatment in empanelled hospitals and diagnostic centres;
- Family Welfare & MCH Services and
- Issue of Medicines for upto 3 months in respect of treatment of chronic illnesses on the basis of valid prescription of Government Specialist.

13.1.3 Eligibility for joining CGHS:

- All Central Government employees drawing their salary from Central Civil Estimates and their dependent family members residing in CGHS covered areas;
- Central Government Pensioners receiving pension from Central Civil Estimates and their eligible family members;
- Hon'ble Members of Parliament;
- Ex-members of Parliament;
- Ex-Governors & Lt. Governors;
- Freedom Fighters;
- Ex-Vice Presidents;
- Sitting Retired Judges of Supreme Court;
- Retired judges of High Court;
- Employees and pensioners of certain autonomous/statutory bodies which have been extended CGHS facilities in Delhi;
- Journalists accredited with PIB (in Delhi);
- Delhi Police Personnel residing 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 pro-rata pension from Central Civil Estimates.

13.1.4 CGHS Beneficiaries

CGHS has a beneficiary base of 36,67,795. The break-up of the current membership profile is given in the table below:

Category	Total No. of Beneficiaries
Serving	26,59,980
Pensioners	9,62,253
MPs	2,437
Ex-MPs	4,805
Freedom Fighters and Others (includes autonomous bodies and Family Permit cards)	38,320
Total	36,67,795

13.1.5 Subscription rates for CGHS membership

Revised monthly contributions for availing CGHS facility (w.e.f. 01.06.2009): (After implementation of Sixth Pay Commission's Report)

S.N.	Grade Pay drawn by the officer	Contribution (Rupees per month)
1.	Upto Rs. 1650/- per month	50/-
2.	Rs. 1800/-, Rs. 1900/-, Rs. 2000/-, Rs. 2400/- and Rs. 2800/- per month	125/-
3.	Rs. 4200/- per month	225/-
4.	Rs. 4600/-, Rs. 4800/-, Rs. 5400/- and Rs. 6600/- per month	325/-
5.	Rs. 7600/- and above	500/-

13.1.6 Entitlement of CGHS beneficiaries

CGHS beneficiaries access the same services from CGHS dispensaries irrespective of the subscription rates paid by them. However, for in-patient treatment, entitlement forward accommodation is

linked to their Basic pay in the Pay Band, as explained below:

(A) Entitlement of wards in private hospitals empanelled under CGHS

S.N.	Ward Entitlement	Pay Drawn in Pay Band
1.	General Ward	Upto Rs. 13,950/-
2.	Semi Private Ward	Rs. 13,960/- to 19,530/-
3.	Private Ward	Rs. 19,540/- and above

(B) Pay Slab for determining the entitlement of accommodation in AIIMS, New Delhi

S.N.	Pay (in the Pay Band)/Pension/Family Pension drawn per month	Ward Entitlement
1.	General Ward	Upto Rs. 13,950/-
2.	Semi Private Ward	Rs. 13,960/- to 19,530/-
3.	Private Ward	Rs. 19,540/- and above

13.1.7 Details of CGHS Hospitals/Wellness Centres according to different systems of medicine

CGHS has a large network of 273 Allopathic, 85 AYUSH dispensaries, 19 Polyclinics, 73 labs, 74 Dental Clinics and 4 Hospitals (*Appendix-I*). In addition CGHS has also taken over 19 Postal dispensaries w.e.f. 1st August, 2013 in 12 cities, where CGHS is in operation. CGHS has also empanelled 359 Private Hospitals, 215 Eye Clinics, 74 Dental Clinics and 148 Diagnostic/Imaging Centres (Total-896) (*Appendix-II*) across the country in cities/locations where CGHS is in operation to provide inpatient medical treatment to its beneficiaries.

13.1.8 Expenditure on CGHS

Details of expenditure on CGHS for the years 2013-14, 2014-15 is as under:

(Rs. in crore)

S.N.	Financial year	Total expenditure on medicines
1.	2013-14	977.30
2.	2014-15 (upto October 2014)	675.03

13.1.9 Medical facilities to Central Government employees and pensioners not covered under CGHS beneficiaries

The medical needs of serving central government employees living in non-CGHS areas are presently met under Central Services (Medical Attendance) Rules [CS(MA) Rules]. Under this scheme, such serving employees receive both OPD treatment and IPD treatment through government (State/Central Government) doctors and governments hospitals and also through private doctors appointed as Authorized Medical Attendants (AMAs) and private hospitals empanelled under CS(MA) Rules and also those empanelled under CGHS in cities wherever available. CS(MA) Rules are applicable to all serving employees except in 25 cities where CGHS is in operation.

Pensioners are not covered under CS(MA) Rules. Pensioner staying in Non-CGHS areas are entitled to a Fixed Medical Allowance (FMA) of Rs.500/- per month. Such pensioners have the option to obtain a CGHS card from a nearby CGHS covered city of his choice.

13.1.10 Facilities to CGHS beneficiaries residing in Non-CGHS covered areas

Pensioners, who are eligible for availing CGHS benefits and living in Non-CGHS covered areas have the option to obtain a CGHS card from a nearby CGHS covered city.

In view of the difficulties faced by such CGHS beneficiaries living in Non-CGHS covered areas, they permitted to obtain in patient treatment and follow up treatment from CS (MA) approved hospitals and ECHS (Ex-Servicemen Contributory Health Scheme) empanelled hospitals (in addition, to the government hospitals) and claim the reimbursement at CGHS rates from AD/JD of CGHS city, where the CGHS card is registered.

13.1.11 The Ministry has taken following recent initiatives for improvement of CGHS:

i) Renewal of CGHS Cards

The validity period of CGHS cards which are due for replacement after completion of five years was extended to enable the card holders to get their cards replaced in time. CGHS facilities will continue to the eligible card holders during this period.

ii) Simplification of CGHS card renewal Form

The process of renewal of CGHS cards has been further simplified with introduction of a single page Renewal Form with requirement of minimum information.

iii) Extension of CGHS facility to the Retired employees of Autonomous/Statutory Bodies

The Ministry has decided to extend CGHS facilities to the retired employees of such Autonomous/Statutory Bodies whose serving employees are already covered under CGHS in Delhi NCR on cost-to-cost basis.

iv) Issue of medicines to CGHS beneficiaries at the time of discharge from empanelled private hospitals

With a view to alleviate the inconvenience to CGHS beneficiaries in getting the medicines immediately after discharge from CGHS empanelled private hospitals, the Ministry has decided that CGHS beneficiaries who had taken inpatient medical treatment from a CGHS empanelled private hospital will be issued medicines from the treating private hospital at the time of discharge, for a period up to seven (7) days.

v) Fresh empanelment of Private Health Care Organizations and revision of package rates applicable under CGHS Delhi/NCR and other CGHS covered cities

The Ministry has recently empanelled 359 Private Hospitals and revised the package rates to be paid to the HCOs.

vi) Consultation for Senior Citizens of general Public at CGHS Wellness Centers on Pilot basis

The Ministry has decided to provide free OPD consultation facilities to Senior Citizens (60 years and above) on all working days from 1.30 to 3.00 pm at 20 Allopathic and 6 AYUSH Wellness Centers in Delhi on a pilot basis.

vii) Opening of new CGHS Wellness Centres

The Ministry has decided to open CGHS Wellness Centres at the following locations:

Raipur, Shimla, Agartala, Imphal, Gandhinagar, Puducherry, Itanagar, Aizwal, Kohima, Gangtok, Panaji and Indore.

viii) Restoration of the Status

The Ministry has decided to relax the conditions and restore the status existing prior to the issue of the Office Memorandum No. 2-2/2014/CGHS HQ/PPT/CGHS (P) dated the 25th August 2014 such as if the prescribed medicines are not available in CGHS formulary, but are essential for the treatment of patient, they can be issued/indented by the doctors of the CGHS Wellness Centre on the basis of a valid prescription of the authorized specialist, medicines under CGHS can be issued for up to 3 months at a time in chronic diseases on the basis of a valid prescription and for up to 6 months for those beneficiaries who are going abroad etc.

Details of CGHS Hospitals/Wellness Centres according to different systems of medicine

Sr. No	City	Allopathic Dispensaries	Poly Clinics	Labs	AYUSH
1	Ahmedabad	8	1	1	2
2	Allahabad	7	1	1	2
3	Bengaluru	10	1	3	4
4	Bhopal	2	--	--	0
5	Bhubaneswar	3	--	1	1
6	Chandigarh	1	--	--	0
7	Chennai	14	2	4	4
8	Dehradun	2	--	--	0
9	Delhi	94	4	34	36
10	Guwahati	5	--	--	1
11	Hyderabad	13	2	2	6
12	Jabalpur	4	--	1	0
13	Jaipur	7	1	4	2
14	Jammu	2	--	--	0
15	Kanpur	9	--	3	3
16	Kolkata	18	1	5	4
17	Lucknow	9	1	3	3
18	Meerut	6	--	2	2
19	Mumbai	26	2	4	5
20	Nagpur	11	1	1	3
21	Patna	5	1	1	2
22	Pune	9	1	2	3
23	Ranchi	3	--	1	0
24	Shillong	2	--	--	0
25	Thiruvananthapuram	3	--	--	2
	Total	273	19	73	85

Statement showing the details of CGHS empanelled Private Hospitals/Diagnostic Centres

S.N.	City Name (1)	Hospitals (2)	Eye Clinics (3)	Dental Clinics 1+2+3	Total Centres	Diagnostic
1.	(i) Delhi	56	73	33	162	55
	(ii) Faridabad	5	2	-	7	1
	(iii) Gurgaon	12	8	6	26	3
	(iv) Ghaziabad	11	5	3	19	-
	(v) Noida	10	3	2	15	-
	Total	94	91	44	229	59
2.	Ahmedabad	6	3	-	9	1
3.	Allahabad	20	3	4	27	5
4.	Bengaluru	5	25	3	33	5
5.	Bhopal	13	2	-	15	3
6.	Bhubaneswar	5	1	1	7	-
7.	Chandigarh	9	7	2	18	6
8.	Chennai	10	4	1	15	5
9.	Dehradun	2	4	-	6	3
10.	Guwahati	3	-	-	3	4
11.	Hyderabad	20	6	1	27	3
12.	Jabalpur	17	6	4	27	4
13.	Jaipur	19	11	4	34	1
14.	Jammu	-	1	-	1	-
15.	Kanpur	31	9	1	41	8
16.	Kolkata	4	1	-	5	9
17.	Lucknow	11	4	1	16	9
18.	Meerut	14	5	2	21	3
19.	Nagpur	26	17	2	45	11
20.	Patna	13	4	2	19	3
21.	Pune	34	7	2	43	4
22.	Ranchi	2	2	-	4	-
23.	Shillong	-	-	-	-	-
24.	Thiruvananthapuram	1	2	-	3	2
	Total	359	215	74	648	148

List is available on CGHS site at <http://msotransparent.nic.in/cghsnew/index.asp>

13.2 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Financial Assistance up to maximum of Rs. 1,00,000/- is available to the poor indigent patients from the Health Minister's Discretionary Grant to defray a part of the expenditure on Hospitalization/treatment in Government Hospitals in cases where free medical facilities are not available. The assistance is provided for treatment of life threatening diseases i.e. Heart, Cancer, Kidney, Brain-tumor etc. During the year 2013-14, financial assistance totaling Rs. 249.81 lakhs was given to 327 patients. A provision of Rs. 250.00 lakhs has been made during the current financial year i.e. 2014-15. Till November, 2014 a sum of Rs. 172.80 lakhs has been released to 216 patients.

13.3 RASHTRIYA AROGYA NIDHI (RAN)

Rashtriya Arogya Nidhi was set up under Ministry of Health & Family Welfare 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. The Grants-in-aid released to these funds since 2001-02 have been shown in the *Appendix-A*. 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 (RAN).

In order to provide immediate financial assistance, to the extent of Rs.1,00,000/- (Rs. One Lac) per case, to critically ill, poor patients who are living Below Poverty Line (BPL) and undergoing treatment, the Medical Superintendents of Dr. Ram Manohar Lohia Hospital, New Delhi, Safdarjung Hospital, New Delhi, Lady Harding Medical College and Smt. Sucheta Kriplani Hospital, New Delhi, All India Institute of Medical Sciences, New Delhi, Post Graduate Institute Medical Education and Research (PGIMER), Chandigarh, Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Puducherry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Chittaranjan National Cancer Institute (CNCI), Kolkata, Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow, Regional Institute of Medical Sciences (RIMS), Imphal and North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong have been provided with a revolving fund of Rs.10-40 lakhs. The financial assistance to the poor (BPL) patients up to Rs. 1.00 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 headquarter where the amount of financial assistance exceeds Rs. 1.00 lakh. The revolving fund is replenished after its utilization. For cases requiring financial assistance above the Rs. 1.00 lakh per case, the applications are processed in the Department of Health & Family Welfare through a Technical Committee headed by Special 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 year 2013-14, financial assistance totaling Rs. 1263.71 lakh was given directly to 335 patients under Rashtriya Arogya Nidhi (Central fund) and further, the revolving fund of amount Rs. 330.00 lakh has also been given to the above hospitals/Institutes. A provision of Rs. 1600.00 lakhs has been made during the current financial year i.e. 2014-15 and till November, 2014, a sum of Rs. 1120.13 lakh has been released to 243 patients and further the revolving fund of amount Rs. 270.00 lakh has also been released to the above Institutes/hospitals.

13.4 HEALTH MINISTER'S CANCER PATIENT FUND (HMCPF) WITHIN RASHTRIYA AROGYANIDHI (RAN)

"Health Minister's Cancer Patient Fund" (HMCPF) within the Rashtriya Arogya Nidhi (RAN) has also been set up in 2009. In order to utilize the HMCPF, the revolving fund as under RAN, has been

established in the various Regional Cancer Centres (RCCs). Such step would ensure and speed up financial assistance to needy cancer patients and would help to fulfil the objective of HMCPF. The financial assistance to the cancer patient up to Rs. 1.00 lakh would be processed by the concerned Institutes/Hospitals at whose disposal; the revolving fund has been placed. Individual cases which require assistance more than Rs. 1.00 lakh but not exceeding Rs. 1.50 lakhs to be sent to the concerned State Illness Assistance Fund of the State/UT to which the applicant belongs or to this Ministry in case no such scheme is in existence in the respective State or the amount is more than Rs. 1.50 lakh. Initially 27 Regional Cancer Centres (RCCs) were proposed at whose disposal revolving fund of Rs. 10.00 lakh was placed (List of RCCs is at *Appendix-B*). An amount of Rs. 440 lakh was released to 16 Institutes during the year 2013-14. Till November, 2014, a sum of Rs. 405.00 lakh has also been released to 13 Institutes (RCCs) during the current financial year 2014-15.

Appendix-A

Year – wise Details of Budget Estimate and grant released to States/UTs

(Rs. in crores)

Year	Revised Estimate	States/UTs to which grant released	Amount
2001-02	4.00	Chhattisgarh Andhra Pradesh	0.50 2.50
2002-03	2.80	NCT of Delhi Jharkhand Rajasthan	0.40 1.50 1.00
2003-04	3.50	Uttaranchal Jharkhand Jammu & Kashmir Kerala Rajasthan NCT of Delhi	0.25 0.50 0.24 1.00 1.01 0.50
2004-05	3.20	Chhattisgarh Karnataka Goa NCT of Delhi Puducherry	2.05 1.00 0.90 0.25 0.25

Year	Revised Estimate	States/UTs to which grant released	Amount
2005-06	3.00	Rajasthan Mizoram Tamil Nadu Haryana NCT of Delhi	1.00 0.15 1.05 0.50 0.30
2006-07	3.00	Andhra Pradesh Jammu & Kashmir Kerala Tamil Nadu Rajasthan NCT of Delhi	0.65 0.125 0.275 0.95 1.00 0.25
2007-08	5.00	West Bengal Goa Himachal Pradesh Madhya Pradesh Rajasthan Punjab NCT of Delhi Puducherry	1.1025 0.30 0.27 0.8750 1.00 0.4525 0.70 0.25
2008-09	5.00	Punjab Kerala Uttar Pradesh Goa Sikkim	0.0475 2.00 2.50 0.30 0.4750
2009-10	5.00	West Bengal Chhattisgarh Haryana	2.156 1.8750 0.25
2010-11	5.00	Tamil Nadu Goa West Bengal Haryana Manipur	2.50 0.25 1.25 0.25 0.75
2011-12	8.00	Haryana Uttarakhand Manipur West Bengal Kerala Tamil Nadu	0.25 0.6375 1.25 3.8378 0.75 1.27
2012-13	8.98	Tamil Nadu Haryana Assam Arunachal Pradesh Odisha	1.23 0.25 1.50 0.50 5.00
2013-14 (as on 30.09.2013)	11.00	Sikkim Goa	0.50 0.45
2014-15 (up to Nov., 2011)	11.00	Odisha	2.50

List of 27 Regional Cancer Centre (s)

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, Ahmedabad, 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, Rajashtan.
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. Govt. Arignar Anna Memorial Cancer Hospital, Kancheepuram, Tamil Nadu.
27. Cancer Hospital, Tripura, Agartala.

13.5 VARDHMAN MAHAVIR MEDICAL COLLEGE (VMCC) & SAFDARJUNG HOSPITAL, NEW DELHI

Safdarjung Hospital was founded during the Second World War in 1942 as a base hospital for the allied forces. It was taken over by the Government of India Ministry of Health in 1954. Until the inception of All India Institute of Medical Science in 1956, Safdarjung Hospital was the only tertiary care hospital in South Delhi. Based on the needs and developments in medical care the hospital has been regularly upgrading its facilities from diagnostic and therapeutic angles in all the specialties. The hospital when started in 1942 had only 204 beds, which has now increased to 1531 beds. The hospital provides medical care to millions of citizens not only of Delhi but also the neighboring states free of cost. Safdarjung Hospital is a Central Government Hospital under the Ministry of Health & Family Welfare and is receives its budget from the Ministry. Safdarjung Hospital has a Medical College associated with it named Vardhman Mahavir Medical College.

Vardhman Mahavir Medical College was established at Safdarjung hospital in November 2001 and on 20th November 2007, the Vardhman Mahavir Medical College building was dedicated to the nation. The first batch of MBBS students joined the college in February 2002. The college has recognition by the Medical Council of India (MCI). The college is affiliated to Guru Govind Singh I P University, Delhi. From 2008 onwards the post-graduate courses are also affiliated to GGSIP which were with Delhi University.

13.5.1 The Services Available

The hospital provides services in various specialties and Super Specialties covering almost all the major disciplines like Neurology, Urology, CTVS, Nephrology, Respiratory Medicine, Burns & Plastics, Pediatric Surgery, Gastroenterology,

Cardiology, Arthroscopy and Sports Injury Clinic, Diabetic Clinic, Thyroid Clinic. Further, it has two Whole Body CT Scanner, MRI, Color Doppler, Digital X-ray, Cardiac Cath. Lab, Multi load CR system and Digital OPG X-ray Machine. A Homoeopathic OPD and Ayurvedic OPD are also running with in this hospital premises.

13.5.2 OPD Services:

OPD Services are running in New OPD Building of VMCC & Safdarjung Hospital.

- Patients coming to OPD of Safdarjung Hospital find a congenial and helpful atmosphere. Various Public Friendly Facilities exist in the OPD Registration Area of the New OPD Building like the '*May I help You*' Counter, Computerized Registration Counters, which are separately marked for Ladies, Gents, Senior Citizens and Physically Challenged. A special Counter for senior citizens, physically handicapped patients and hospital staff was opened in Central Dispensary to avoid inconvenience to these patients and general hospital working. Additional Counter for Clinic patients was opened from the existing strength of Pharmacists in order to minimize waiting time of the patients.
- The hospital has an ever increasing attendance of 27,02,264 in the year 2014. To cater to this load and for convenience of the patients a new OPD Block was commissioned in August, 1992. All departments run their OPD in the new OPD block. There are several disciplines for which the OPD Services are provided daily. The OPD complex has a spacious registration hall with 18 registration windows. The OPD registration services have been computerized and the new system is functional since mid-February 2005. The first floor of the OPD complex caters to the Department of General Medicine and allied Super-specialties; the

second floor caters to the Department of General Surgery and allied super-specialties; the third floor is occupied by Pediatrics, Psychiatry and Homeopathy; the fourth floor houses the ENT & EYE OPD's and the fifth floor is occupied by the Department of Skin & STD. The out-patient attendance for the last 6 years are as under (Jan to Dec):-

Year	OPD Attendance
2007	21,19,980
2008	22,18,294
2009	23,13,585
2010	23,21,526
2011	23,22,152
2012	25,84,186
2013	26,90,497
2014	27,02,264

13.5.3 OPD Block Development

- New May I Help You Counter has been made functional;
- Addition of 15 wheel chairs and trolleys for the patients;
- 10 new LED installed in OPD for patients education programme;
- 100 new three seaters steel chairs kept for patients and
- Forced ventilation work under process for the benefit of patients.

13.5.4 In-Patient Services: The hospital has total bed strength of 1531 including bassinets. There are in addition observation beds for medical (Ward A) and surgical (Ward B) patients in the first and second floor of the main causality building. There are 10 beds in the casualty for observation. As a policy the hospital does not refuse admission if indicated to any patient in the causality. As a major shift in policy

decision, the casualty is now run by post graduate doctors. Senior Residents from the disciplines of Medicine, Surgery, Pediatrics, Orthopedics and Neuro-Surgery are available round the clock in the causality to provide emergency care.

The administrative requirements of the causality are taken care of by a Chief Medical Officer (CMO) and specialist (nodal officer) who are also posted in the causality from various Departments by rotation. There is a 24 hour laboratory facility besides round the clock ECG. Ultrasound, X-ray & CT Scan services. The Departments of Obst. & Gynecology and the burns have separate, independent causalities.

Several New Super Specialty Departments of Endocrinology, Medical Oncology, Nephrology, Nuclear Medicine and Hematology) are also being run in this hospital.

Department of Nephrology: The Department of Nephrology offers an integrated and comprehensive service covering all aspects of renal disorders from the early phases of renal disease to patients presenting with end stage renal disease.

The various sub-specialty services include:

Clinical Nephrology:

- Diagnosis and treatment of glomerular diseases, hypertension, diabetic nephropathy, renal stone disease, urinary tract infections, acute kidney injury and chronic kidney disease;
- Nephrology ward has 13 beds for inpatient management of various renal diseases and more than 369 patients have been admitted for treatment from January 2014 to December 2014;
- Kidney biopsy are done free of cost for diagnosis and evaluation of renal diseases and
- Referral service for assisting in management of patients with renal dysfunction admitted in other specialties.

Hemodialysis facility:

- The dialysis unit is equipped with 11 dialysis machines and is providing hemodialysis facility for patients with AKI and CKD admitted to the hospital;
- Supportive therapy in patients admitted in other specialties for various diseases or interventions;
- Provides acute renal replacement therapy for critically ill Intensive Care Unit (ICU) patients including SLED;
- More than 4636 dialysis have been done from January 2014 to December 2014 and
- The Department also provides facility for permacath insertion for patients requiring long term dialysis.

Plasmapheresis:

- Plasmapheresis is provided for various indications for patients admitted in the hospital and
- From January 2014 to December 2014, 55 patients have been taken up for plasmapheresis in our unit.

Peritoneal Dialysis:

- The Department is involved in placement of CAPD catheters, initiation of CAPD and follow up of patients on peritoneal dialysis.

Renal Transplantation Service:

- The Department of Nephrology and Urology have initiated Renal Transplant programme at Safdarjung Hospital;
- The first transplant has been conducted successfully on 8th Oct, 2013;
- Facilities are provided for investigation and treatment of patients with transplant rejection and complications;
- Dedicated transplant OT and separate isolation room for post-transplant care are available and
- Department of Nephrology has supervised 14 Renal Transplants till now.

Research & Academics:

- Teaching of post graduate students form medicine department and
- Supervision of thesis and research in the field of Nephrology.

Developments in Department of Medicine:

- ART Clinic Project of NACO in Safdarjung Hospital;
- Ebola Ward at Casualty Block;
- 18 bedded High Dependency Unit (HDU) in Medicine Wards is under process;
- Geriatric clinic for Senior Citizen;
- Procedure Room/Demonstration Room & Class room at Medical Wards;
- Renovation of Emergency Ward A & Medicine Office & Seminar Room;
- Centralized Air conditioning work at Ward 11, 12 & 13 is under process and
- Endoscopy started (Both upper & Lower GI).

Teaching activities of Medicine Department include MD, Post-graduate teaching, DNB, Undergraduate teaching, teaching Junior and Senior Residents and conducting of MBBS Students.

Department of Burns, Plastic & Maxillofacial Surgery:

- Construction of new OPD block of Plastic Surgery;
- Addition of Lasers in the Department which has an important role in management of Burns & Plastic Surgery patients. They are Diode, Co2 & NdYag lasers costing more than 1 crore;
- Procured an operating microscope costing 72 lakhs;
- Research lab is developed which resulted in regular training of Mch plastic surgery students;
- Micro vascular workshop was organized with international faculty;

- Department has organized Annual conference of National Academy of Burns, India (NABICON) 2014;
- Department has organized many CME updates & Workshops;
- Dr. Karoon Agrawal, Director Professor & Head of Department, elected as the President elect of Association of Plastic Surgeons of India;
- Passing out result of all 10 MCh students was 100% in first attempt and
- Dr. Karoon Agarwal, Director Professor & Head of Department is publishing a national journal Cleft lip palate and craniofacial anomalies.

Department of Nuclear Medicine:

- Latest Gamma Camera (SPECT/CT) & Thyroid Uptake probe have been installed in the Department of Nuclear Medicine.

These provide functional imaging & data of various organs of human body.

- 131- Radioiodine (Low dose) Therapy and
- This department is duly approved by the Atomic Energy Regulatory Board (AERB), Department of Atomic Energy, Government of India to carry out Nuclear Medicine procedures.

OPD/Data (from 1.01.2014 to 31.12.2014)

- Total Scans/tests performed : 1553
- 131- Radioiodine (Low dose) Therapy given : 19

The total number of deliveries conducted in the Department of Obst. & Gyane. during the year 2014 is 26608.

	2009	2010	2011	2012	2013	2014
Lab. Examination	3698191	4239160	3560900	5558335	6495570	6034597
X-ray Examination	248211	256432	282865	299006	313319	353911

13.5.5 Central Server Room: Developments/ activities in the past year

Vardhman Mahavir Medical College & Safdarjung Hospital was among the first hospitals of the Central

Academic/Teaching/Training activities of the Department:

- Thesis of postgraduate student of Dept. of Surgery on lymphoscintigraphy has been supervised;
- Thesis of postgraduate student of Dept. of Surgery on Tc99m-SestaMIBI Scintimammography is being supervised and
- Regular Journal clubs and Seminars and teaching of Junior & Senior resident doctors are being organized in the Department.

Total no. of Operations Conducted: Total No. of In-Patients admitted and operations conducted in this hospital for the last 6 years is as under (Jan to Dec):-

OPERATIONS

Years	Admissions	Major	Minor	Total
2009	128175	23354	69091	92445
2010	125192	23096	70544	93650
2011	129349	24197	72469	96666
2012	140818	27882	91554	119436
2013	147797	25979	69424	95403
2014	149523	28635	68704	97336

Government to start computerization of health services. A humble start was made in 2005 by computerization the OPD registration, admission, clinical biochemistry, laboratory medicine, casualty,

radiology and the medical stores. To manage all these IT activities, a "Central Server Room" is located in the 1st floor of the H-Block extension.

13.5.6 IT-Cell

In order to cater the essential IT needs at this institution a comprehensive proposal for creation of IT-Cell (Information Technology cell as suggested by C-DAC) along with posts for the additional facilities developed/functioning has submitted to the administration for onward transmission to MoHFW/DGHS.

13.5.7 HMIS

A status report of IT services at this institution was submitted to the office of the Secretary on 30.05.14 with a request to take note and initiate the action on the already submitted "Detailed Project Report (DPR)" on HMIS of C-DAC. The sanction from the Ministry is awaited for implementation of the new HMIS.

13.5.8 Website

In order to make the hospital website user friendlier for the differently abled persons (level A of WCAG 2.0) as per the current Govt. of India guidelines, the website is redesigned. The audit is over and a 'Completion Certificate' handed over to NICS and the hosting of the site in bilingual is expected very shortly.

13.5.9 Internet Services

An audit questionnaire was filled and submitted to Sr. Audit Officer of CAG over the NKN services installed at this institution on 16.10.14. In order to complete the NKN ring as proposed by the NIC, the NIC has been asked to depute some technical personal to make study & functional the laid LAN Services to the users within the LAN network.

13.5.10 e-Mail ID

A 2nd list of 37 official e-mail IDs are created with

the help of NIC and issued to the concerned officials of this institution for their day-to-day official activities. This is in addition to the earlier 62 ids.

13.5.11 Feedback Reply ID

A dedicated "e-Mail ID" (without reply back option) was put into activation to forward the replies of the concerned in-charge/department/section to the users who lodge their feedback/complaint/grievance on hospital website.

13.5.12 Training and Teaching

Teaching of Post-graduate Degree & Diploma to the students enrolled through GGSIP University are conducted in the Departments of Medicine, Surgery, Orthopedics, Obst. & Gynae, Pediatrics, Anesthesia, Radio-Diagnosis, Radiotherapy, Ophthalmology, ENT, Dermatology, PMR, Physiology, Anatomy, Community Medicine, Microbiology, Biochemistry, Pathology, Pharmacology is undertaken.

Compulsory Hours Training to the Dietetics Degree/Diploma holder, Pharmacy Diploma holder Pre-hospital trauma Technician course and Medical Record Technician Training course (MRT) and Medical Record Officer Course O.T. Assistant training course and short term laboratory training programmes for all MLT are being conducted regularly.

13.5.13 Research Activities

Besides the regular clinical work various research activities are undertaken on a regular basis in the different Departments of the hospital. A number of these are published in National and International medical journals. A few journals are also published from Safdarjung Hospital. The research activities are often in coordination with ICMR, DST & WHO.

New works carried out by CPWD in Safdarjung Hospital in year 2014-15 (Completed or near completion)

- Construction of New OPD Block of Burns & Plastic Department;
- Extension/Construction of Dental Department;
- Extension of Physical Medicine Rehabilitation Building first floor;
- Installation of Gene Expert Machine for diagnosis of Tuberculosis and multi drug;
- Resistance patients (Tubercular) in 2 hours; this is the first of its kind in Central Government Hospital;
- Construction of Organ Retrieval Operation Theatre for National Organ Tissue Transplantation Organization near Casualty Block;
- New Family Planning Operation Theatre (Renovation);
- Construction/renovation of Radiotherapy Ward;
- Construction of High Dependency Unit in Orthopaedic Department with Central Oxygen Supply, Monitors and ventilators;
- To provide the safe and adequate drinking water facility to staff, patients and adequate in the entire hospital;
- To provide "May I Help You" Help Desk and Public Addressable System in OPD and Causality area;
- New Colour Coding Scheme for bed-sheets to be implemented, each day one different colour bed sheet shall be provided to the patients. It will enable every day changing of bed sheets and shall be easily identifiable;
- Procurement of chairs in OPD for patients for waiting purpose;
- Cafeteria for resident doctors;
- Covering the area in front of ENT OPD into seminar room;
- Renovation of HDU's in medicine wards 11,12 & 13 of H-Block;
- Renovation of Laundry Department;
- Conversion of ward-3 in to HDU in Gynae. block;
- Up-gradation of wards 27, 28 & 29 for 6 bedded 3 Nos. HDUS in Ortho Department;
- Creation with renovation of private rooms of CTVS Department;
- Renovation of Pediatric-Surgery ward 19 to pediatrics ICU;
- Extension of central air conditioning of Obst. & Gynae. Department;
- Renovation of remaining rooms of Blood bank;
- Renovation of electrical work in ward-31 and blood bank;
- Development of harvesting tank;
- Providing Refrigerator system at various Departments;
- Renovation of Pathology Department;
- Alteration and renovation of ENT OPD;
- Making provision for changing room and shoe rake for MTOT, Gynae block;
- Addition/Alteration for skill lab near HOD office, Gynae block;
- Renovation of attached toilet at Nurses Hostel;
- Providing split AC in Room No. 19 at Central Collection Centre;
- Providing split AC at Doctor Hostel canteen;
- Expansion of existing IRIs EPABX system;
- Recarpeting of Road of SJH campus;
- Alteration and renovation of ENT OPD;
- Renovation of Ward-A;
- Providing & fixing water coolers in OPD block;
- Renovation of Surgical Department Basement & seminar room;
- Renovation of radio diagnosis in H-Block;

- Renovation of seminar room of Medicine Department in H-Block at ground Floor;
- Renovation of MRTC;
- Repair to damage AC sheet & kota stone flooring under gynae casualty connecting corridor and workshop area;
- Repair to defects & deficiencies of VMMC;
- Providing and fixing drop gate and grills in opening of corridors at OPD building;
- A/A in newly allotted Nursing College;
- Renovation of Hindi diary and dispatch and bank of baroda;
- Repairing of broken cooking platform in main kitchen;
- Renovation of HOD Office and other senior doctors room false ceiling and other misc. work in ward-31 and
- Repair/Renovation toilet block of lecture Hall No. 1 & 2.

New Initiatives (with status)

- Drawings of Additional Infrastructure project has been submitted by CPWD to NDMC;
- Drawings of Dwarks Land project has been approved & submitted to CPWD for preparation of submission to relevant agencies;
- IVF center–SFC ready. Design ready. Work is ongoing and
- The hospital is planning to upgrade the 40 staff quarters of Madangir.

Redevelopment (Phase-I) Works under Process

- Super Specialty Block (with 430+125 beds), state of art private block (206+22 ICU beds), Emergency Block (500 beds). The project has started with foundation stone laid on 21st February 2014. 3 floors underground + 6 floors (upper) out of 9 floors have been completed and air-conditioning work is in progress.

13.5.14 Library

The library of VMMC & Safdarjung Hospital is a three storied building having a total areas of 2700 sq. feet. The ground floor of the library building houses reading room which is open round the clock for the students & faculty of the college & hospital. On the 1st and 2nd floor is the main library which has a huge collection of approx. 17050 books covering all subjects of medical education, nursing and laboratory technicians. The librarians give 18 days practical training/Project work in Library Information Science to three students of Meera Bai Institute of Technology, Maharani Bagh, New Delhi.

The library procures 176 journals (128 International and 48 Indian) and has collection of journals for more than 47 years. The study materials of the library are protected by tattle tape electromagnet strips. The library has 3 M's security system and has CCTV surveillance. The Library has recently procured new Furniture Study tables 30 Nos, Study Chairs 74 Nos, Books Shelves Double Side 50 Nos, Books Shelves Single Side 20 Nos, Book Supporter Steel 500 Nos, Revolving Book Display rack 10 Nos, News Paper Display Stand 2 Nos, for study and efficient management of library collection and services.

Our library also provides the facility of photocopy, internet and computer lab. The computer lab has 21 thin clients and provides access to ERMED consortium which provides access to approximately 2000 International and Indian journals. The issue return of the books is computerized. The library also provides the facility of Book Bank to economically weak medical students.

13.5.15 Telephone Exchange

Telephone services are provided by the department round the clock for interconnection and

communicability both within and outside the institution which is essential in dealing with emergency situations and day to day affairs effectively and efficiently. For this purpose, telephone operators are posted in shift duties throughout day and night including holidays. Currently New Electronic EPABX Exchange has been installed with the capacity of 2000 EPABX extensions expandable up to 5000 EPABX lines and starts functioning. Besides more Direct Telephone lines EPABX lines and internet services have been provided in different Departments as per requirements with the kind consideration of competent Authority.

Staff Strength as at the end 31.12.14

Group	Sanctioned	In Position	Vacant
Group A	455	355	100
Group B Gazette	45	23	22
Group B Non Gazatted	1452	1274	178
Group C	2175	1799	376
Resident Doctors/PGs, DNB	1290	975	315
Interns	200	195	5
Total	5617	4621	996

13.6 DR. RAM MANOHAR LOHIA (RML) HOSPITAL

The Hospital, originally known as Willingdon Hospital and Nursing Home, renamed as Dr. Ram Manohar Lohia Hospital, was established by the British Government in the year 1933. The hospital has thus surpassed over 79 years of its existence and also emerged as a Centre of Excellence in Healthcare under the Government Sector Hospitals. Its Nursing Home was established during the years 1933-35 out of donations from His Excellency Marchioner of Willington. Later, its administrative control was transferred to the New Delhi Municipal Committee, now Council (NDMC). In the year

1954, this hospital was taken over by the Central Government. The Old Building portion of the hospital was declared as a Heritage Building.

Starting with 54 beds in 1954, the hospital has been expanded from time to time to meet the ever-increasing demand and now it is a 1216 bedded hospital, spread over an area of 37 acres of land. The hospital caters to the needs of CGHS beneficiaries and Hon'ble MPs, Ex-MPs, Ministers, Judges and other V.V.I.P. dignitaries besides other general patients. The mandate of the hospital is to provide utmost patient care and the hospital authorities have been making all out efforts to fulfill the bestowed upon. The hospital provides comprehensive patient care including specialized treatment to CGHS beneficiaries and General Public. Nursing Home facilities are available for entitled CGHS beneficiaries. The Nursing Home, including Maternity Nursing Home, has 75 beds for the CGHS and other beneficiaries. The hospital is one of the most prestigious Government Hospitals not only because locational advantage but also due to availability of expertise and super specialties. The Government of India has chosen this Hospital for NABH accreditation, an international hallmark for health care service provider, through the Quality Council of India (QCI). The accreditation application has already been made to QCI for undertaking inspection to get the accreditation and to become the first NABH accredited Central Government Hospital. The hospital provide health care services to approx. Rs. 17.46 lakh outdoor patients and admitted around 66279 indoor patients during the period from January, 2014 to December, 2014. About 2.73 lakh patients were attended in the Emergency and Casualty Department.

The hospital has round-the-clock emergency services and does not refuse any patient requiring emergency treatment irrespective of the fact that beds are available or not. All the services in the hospital are free of cost excepting Nursing Home

treatment and some nominal charges for specialized tests.

The number of operation, number of emergency cases, number of medical board cases, number of Lab. Tests carried out during the period Jan, 2014 to Dec, 2014 were 6947,3802, 1445, 8633 & 9591216 respectively.

13.6.1 The Services Available

The hospital provides services in the following Specialties and Super Specialties covering almost all the major disciplines:

Clinical Services:

- Accident & Emergency Services;
- Anesthesia Services;
- Dermatology, STD & Leprosy;
- Eye;
- ENT;
- Family Welfare;
- General Medicine;
- General Surgery;
- Gynecology & Obstetrics;
- Orthopedics;
- Pediatrics;
- Psychiatry;
- Physiotherapy;
- Physical Medicine and Rehabilitation and
- Dental.

Super Specialty Departments/Units:

- Neuro-Surgery;
- Burns & Plastic Surgery;
- Cardiology;
- Cardio Thoracic & Vascular Surgery;
- Gastroenterology;
- Neurology and
- Pediatrics Surgery.

Urology:

- Nephrology;
- Endocrinology;
- Rheumatology and
- Respiratory Medicine.

Departmental Special Clinics:

- Diabetic Clinic;
- Asthma Clinic;
- Pre Anesthetic Clinic;
- ART Clinic and
- ARC Clinic.

Paediatrics & Neonatology Specialty Clinics:

- Neonatology & Well Baby Clinic;
- Follow-up Clinic;
- Neurology Clinic;
- Nephrology Clinic;
- Rheumatology Clinic;
- Asthma Clinic;
- Thalassemia Clinic and
- Nutrition Clinic.

Gynecology & Obstetrics:

- Antenatal Clinic and
- Infertility Clinic.

Skin:

- Leprosy Clinic, STD Clinic and
- Leukoderma.

Eye:

- I.O.L;
- Glaucoma and
- Retina.

Psychiatry:

- Child Guidance Clinic;
- Drug De-addiction Clinic;
- Marriage Counseling;

- Psycho-Sexual Clinic;
- Geriatric Psychiatry Clinic;
- Tele Medicine;
- BMW;
- Mortuary Services;
- Yellow Fever Vaccination;
- Yoga Centre for cardiac and other patients Unani OPD (Daily);
- Ayurveda clinic and Homeopathy clinic have been planned and
- Blood Bank Services.

Dental:

- Dental Fracture

Diagnostic Services:

- Hematology;
- Pathology;
- Microbiology;
- Histopathology & Cytology;
- Biochemistry and
- Radiology including CT Scan, Digital X-ray, Color Doppler, Ultrasound & MRI.

Support Services:

- State of the art Library;
- C.S.S.D;
- Laundry;
- Pharmacy;
- Bank;
- Post Office;
- ISD, STD, PCO Booth;
- Mortuary including Hearse Van;
- Hospital Waste Management Facilities;
- Departmental Canteen and
- Ambulance Services.

13.6.2 Emergency & Trauma Care Services

This hospital has well-established Emergency

services including round- the-clock services in Medicine, Surgery, Orthopedic and Pediatrics while other specialties are also available on call basis. All services like laboratory, X-Ray, CT-Scan, Ultra-sound, Blood Bank and Ambulances are available round the clock. A well-established Coronary Care Unit (CCU) and an Intensive Care Unit (ICU) exist in the hospital for serious Cardiac and Non-Cardiac patients. The hospital has a well laid down disaster action plan & disaster beds, which are made operational in case of mass casualties and disasters. A Disaster Management Unit is also functioning in the Casualty Department to attend the serious patients with the desired care.

The Hospital has a comprehensive trauma care facility with 74 beds at the Trauma Care Centre in readiness to shoulder the added responsibility of providing comprehensive & timely emergency medical care to victims of trauma in the event of any accidents occurring in Delhi especially in Lutyen's Delhi.

During the current financial year, Capacity Building for Development Trauma Care Facilities in Government hospitals on national highways is on under the centrally sponsored scheme.

13.6.3 Sanitation & Environmental Concern in Hospital Campus

The hospital has given high importance to sanitation and beautification of entire campus to create a nature friendly ambience. Under a Special Drive, remodeling of Plants, landscaping of Central Park Lawns, relaying of grass, creation of Artificial Water Falls with colorful lights & fountains and a beautiful Herbal Garden in the Nursing Home Block have been undertaken to give a refreshing look to the visitors and the patients alike. Special Sanitation Drives are undertaken at regular intervals to ensure proper cleanliness and hygienic atmosphere in the hospital. The Hospital has been adjudged by the FICCI as the best Hospital under the environmental concern category in 2010.

Special drive has been initiated in the Dr. RML Hospital to clean the hospital premises. Public awareness campaign has also been initiated through palpaté and public announcement service. Nodal Officers have also been appointed to monitor the cleanliness in and around hospital premises.

13.6.4 Resident Hostels for Doctors & Nurses

The hospital has provided accommodation to Resident Doctors as well as Nurses/Nursing students to improve the Healthcare Services by ensuring their availability on duty in the campus at the time of requirement. There are 143 rooms in the Doctors Hostel and 100 rooms in the Nurses Hostel.

13.6.5 Benefits/Activity for persons with disability

The Hospital has facilitated, by setting up ramps and wheel chair service through porters, the persons with disability.

13.6.6 Recent Achievements of the Hospital

The following are the latest additions of the patient care facilities in the hospital;

- **Renal Transplant:** Renal Transplant has been started on live related donors and from January, 2014 to December, 2014 67 Renal Transplant Surgeries have been done.
- **General Maternity Ward and Neonatal Ward in the Hospital:** Apart from Maternity services available to nursing home entitled, the hospital has attended 911 general maternity cases from January, 2014 to December, 2014.
- **College of Nursing:** The Hospital's School of Nursing was set up in 1963 with intake of 25 students per year has been now upgraded into College of Nursing with a capacity of 50 students per year. The construction work of the new campus of college has been completed and the teaching classes have been started in the New Campus in the year 2010.
- **Dharamshala:** Dharamshala has been constructed to accommodate the attendants of patients coming from different parts of the country for treatment in this hospital on a land measuring 1 acre near the Birla Mandir. However, the completion certificate is awaited from the local authorities which is likely to be received soon.
- **Computerization:** The computerization of centralized OPD Registration was started from 2005 to facilitate the outdoor patients to get their registration done from any of the 20 Counters in the OPD Block through NICSI. There are separate Registration Counters opened for Senior Citizens, physically handicapped persons and the staff. The computerization of Administration & Accounts and cash handling work have also been started for easy retrieval of information/record. NIC has undertaken the comprehensive e-Hospital Project at an approved cost of Rs. 14.28 crores to cover all the activities under its umbrella. OPD registration & repeat visits, IPD registration & ward allotment, casualty registration, transfer and discharges under e-Hospital software have been implemented. e-Hospital implementation covers all aspects of patient care, Labs, Human Resources of the Hospital, Inventory Control System for the Hospital and IT induction. Online monitoring of lab tests has since been made operational. The project has now been completed and taken over by the Dr. RML Hospital.
- **Construction of New Emergency Care Building:** In order to provide state of the art Emergency Medical Care, a new Emergency Care Building has been completed with the provision of 284 beds including 57 ICU Beds and 3 OTs. It is likely to be commissioned shortly.

- **Improvements in the Super Specialty Services:** The hospital has focused attention towards the patient care and improved services. Many new and sophisticated types of equipments have been procured in the hospital to update the hospital services. In order to strengthen the super specialty services to the patients. This will considerably improve the patient care services and also reduce the waiting time for the patients. Several new disciplines are also planned to be added in proposed New Super Specialty Block.
- **Citizen Charter & Public Grievance Redressal:** The Hospital has adopted a Citizen Charter since 1998 and as per the directives of Hon'ble High Court of Delhi, Public Grievance Redressal Machinery has also been set up to inform the patients about the facilities available and also for redressal of their grievances, if any. There are 19 Complaint & Grievance Boxes placed at various strategic locations which are opened periodically and put up before a High Powered Committee headed by a Consultant & HOD & reviewed by a designated Addl. MS and also by the Medical Superintendent. The complainants are given an opportunity to speak in person to the CMO in charge and a written reply of the outcome of the complaint is also sent to the complainant. The Hospital is revising the Citizen Charter under the scheme "*Sarvotam*".
- **Advance Trauma Life Support (ATLS) Training:** The Hospital started an intensive ATLS Training Programme for the Senior Doctors to train them on latest advancement in the Trauma life support systems. Ten batches, each with 16 trainees have since been conducted in the Hospital training centre equipped with latest equipments required for ATLS. In India this course is conducted only at Lok Nayak Jai Prakash Narayan, Apex Trauma Centre of AIIMS and at Trauma Care Centre of Dr. Ram Manohar Lohia Hospital.
- **Distance Education Learning Programme:** The Hospital has started e-diploma course DHLS (Diploma in Hearing and Learning Speech) in association with All India Institute of Speech and Hearing (AIISH) Mysore in which 20 students are trained each year. Till now, the Hospital has conducted three courses.
The Hospital has also started a PG Diploma in Hospital Administration (PGDHA) in collaboration with IGNOU on distance learning basis. This is one year diploma course in which 30 students are admitted. This is sixth (2013) course in a row.
- **Construction of Maternal Care Centre & Lady Doctors Hostel:** Construction of Maternal Care Centre in the 2.01 acre plot and Lady Doctors Hostel in the 0.89 acre plot both recently allotted to Dr. RMLH by the Land & Development Office, M/o Urban Development are proposed. Efforts are now being made to get these land vacated by juggis dwellers.
- **Post Graduate Institute of Medical Research (PGIMER):** Post Graduate Institute of Medical Education and Research started functioning from the Academic year 2008-09 with an objective to provide post graduate teaching in the science of modern medicine and other allied sciences, including physical and biological sciences and also to facilitate research in the various branches of such sciences. This Institute is presently affiliated to Guru Gobind Singh Indraprastha (GGSIP) University, Delhi. In the year 2008, the Government sanctioned a total of 28 PG Degree/Diploma seats and 2 seats in Super-speciality courses. At present, it has 101 seats of PG Degree/Diploma Courses and 28 seats for Super Speciality course. The number of seats have gradually enhanced on the recommendations of the High Powered Committee (HPC) from the Directorate General of Health Services and in pursuance of the revised guidelines of Medical Council of India.

The details of number of seats available in various courses are given below:

Post Graduate Medical Degree Courses

S. N.	Name of Department	Total Number of Seats	No. of Students admitted in the current Academic Year
1.	MD Microbiology	5	3
2.	MD Pathology	9	5
3.	MD Anesthesiology	5	5
4.	MD General Medicine	23	23
5.	MD Pediatrics	8	7
6.	MD Psychiatry	3	3
7.	MD Dermatology	6	6
8.	MD Radio Diagnosis	7	7
9.	MD Obstetrics & Gynecology	4	4
10.	MS ENT (Ear, Nose & Throat)	6	5
11.	MS General Surgery	10	7
12.	MS Ophthalmology	4	4
13.	MS Orthopaedics	6	6
	Total	96	85

13.6.7 Setting Up of Molecular Lab

PGIMER, Dr. RML Hospital has signed Memorandum of Understanding (MoU) with Institute of Genomics and Integrative Biology (IGIB), New Delhi a subordinate office of Council of Scientific and Industrial Research (CSIR) on 17.12.2013 to set-up state-of-art Molecular Laboratory in clinical environment to catalyse Medical Research and to improve patient healthcare by advancing the research knowledge generation and investigations. IGIB is a leading research institute in Genomics and other Trans-disciplinary areas of Clinical and Systems Biology,

Skin Biology & Genome Informatics in India. The institute has vast knowledge base in its expertise domain and highly skilled manpower and state-of-art infrastructure with array of sophisticated high-end equipment and facilities required to carry out research activities.

IGIB has submitted the estimated cost of the project as Rs. 12,72,64,000. Dte. GHS, vide letter dated 07.10.2014 has been requested to grant the in-principal approval for the project. The same is awaited.

13.6.8 Financial Allocations:- The financial allocations made to the hospital during the last five financial years are given below:

Year	Final Estimate (Figures in lakhs)	Expenditure (Figures in lakhs)
2010-2011		
Plan	11551.7	11557.35
Non Plan	12097.00	12081.95
2011-2012		
Plan	13508.00	13246.20
Non Plan	13248.60	13226.50
2012-2013		
Plan	18037.00	17227.20
Non Plan	14430.00	14424.32
2013-14		
Plan	16370	16050.72
Non Plan	17380	17372.51
2014-2015 (Upto 31st Dec, 2014)		
Plan	17600	12171.45
Non Plan	18500	15232.29

13.7 INDIAN RED CROSS SOCIETY (IRCS)

The Indian Red Cross Society (IRCS) is the largest statutory, independent humanitarian organization in India established by the IRCS Act, 1920 of the Parliament. It reaches out to the community through

more than 700 State/UT, district and sub district branches spread throughout the country to reduce vulnerability and empower the community for disaster response. IRCS has more than 12 million volunteers and members in all the branches.

The Hon'ble President of India is the President of the IRCS and the Hon'ble Minister of Health and Family Welfare, Government of India the Chairman. The Hon'ble Governor/Lt Governor/ Administrator of the State/UT are the Presidents of the respective State and UT IRCS branch and the District Commissioners/Magistrates are the Presidents of the respective district branch.

It has myriad activities aimed at assisting the needy and vulnerable. It has always been at the forefront to alleviate suffering at the time of any man made or natural disaster.

13.7.1 Disaster Management

During the monsoon floods in 2014 IRCS NHQ provided non-food family kits consisting of saris, gents' dhotis, mosquito nets, plastic buckets, blankets, towels, kitchen sets and tarpaulin sheets to the following state branches:

1. Bihar and Madhya Pradesh	500 nos. each,
2. West Bengal	1500
3. Assam	5000
4. Odisha	3000

The total cost of the relief operation was about Rs. 2.30 crore.

Relief items were also issued to the Andhra Pradesh state branch in support of the victims of cyclone Hudhud. Jammu & Kashmir saw unprecedented floods in 2014 that saw heavy loss of lives, livestock and property. In response Indian Red Cross Society released relief items worth over Rs. 6.00 crores and deployed its National Disaster Response Teams and 8 water-purification units that provided 150,000 litres of clean drinking water to the victims of the disaster.



13.7.2 Disaster Management Programme

The Disaster Management programme was implemented in Assam, Andhra Pradesh, Andman and Nicobar Islands, Tamil Nadu, Tripura, Odisha, West Bengal, Gujarat, Bihar, Uttarakhand, Himachal Pradesh, Manipur, Uttar Pradesh, Chhattisgarh. The programme is being implemented to create a cadre of First Medical Responders (FMRs) in 3 districts and state HQ. In the year 2013, 33 Master trainers for FMRs and 1446 FMR volunteers including instructors were inducted. In 2014, 28 Master trainers received training at IRCS National HQ and 1138 FMR volunteers are to be inducted.

13.7.3 Health Services

Blood Services: In the year 2013-14, Indian Red Cross Society Blood Bank collected a total of 29834 units of blood out of which 23624 units were collected from voluntary blood donors. During the year 312 Blood Donation Camps were also conducted.

Besides supplying 6260 units of whole blood, the blood bank prepared FFP-10866 units, PRP-1470 units, Platelet Concentrate-10015 units, Packed Cells-23574 units and platelet aphaeresis-16 units. During the year, 61579 Blood/Blood components were issued out of which 55521(90.2%) units of blood/blood components were issued free of cost to the patients admitted in Government Hospitals,

thalassaemic and haemophilic patients and 6058 (9.8%) units of blood/blood components were issued against processing charges to the patients in private hospitals/nursing homes.

World Blood Donor Day was celebrated on 21st of June 2014 in which Hon'ble Union Minister of Health and Family Welfare, the then Chairman of IRCS felicitated regular blood donors and blood donation camp organisers.

Tuberculosis Programme: The IRCS supports the RNTCP programme of the Ministry of Health, Government of India through the TB programme. Patients, who are put DOTS treatment and do not take full course of treatment become more susceptible to develop more dangerous forms of the disease and place their own as well as that of their contacts lives at great risk. The Red Cross volunteers motivate, visit and encourage patients to continue with the drug regime and complete it. The project is being implemented in Bihar covering 200 patients, in addition to Gujarat, 230 patients and Karnataka, Punjab, Uttar Pradesh, Haryana, and Odisha which have 150 patients each. Emphasis is laid tracing and bringing back to DOTS centre, patients from a list provided by the district and state TB officer. In 2014, 608 patients were enrolled in the TB project. 598 patients adhered to the DOTS programme (98.8%) against the total enrolled patients.

13.7.4 IRCS-ICRC Co-operation Activities

Under the project branches of IRCS conducted 20 training programmes to prepare a cadre of first medical responders and first-aiders. About 800 staff and volunteers were covered. About 10 induction sessions for 400 staff and volunteers were also held.

13.7.5 Courses

a) Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation

Indian Red Cross Society is working towards having a cadre of qualified trainers through Post

Graduate Diploma Course in Disaster Preparedness and Rehabilitation (PG DP&R) at its National Headquarters which is affiliated to the GGSIP University since September 2006. Eight batches have successfully completed the course till the end of August 2014. The classes for the ninth batch have started on 17 October, 2014. The course participants in the current batch are from diverse backgrounds, including staff and officers from government Ministries and Departments.

So far a total of 335 students have been admitted including the present batch out of which 268 have been sponsored from different Government and International Organizations.

b) Health Promotion through Ayurveda & Yoga

Indian Red Cross Society, in association with Ministry of AYUSH, Government of India, Central Council of Research in Ayurveda & Siddha (CCRAS) & Morarji Desai National Institute of Yoga (MDNIY) is conducting certificate course on "Health Promotion through Ayurveda & Yoga" (50 hours certificate course of 3 months duration, part time, twice a week, on Tuesdays & Thursdays, 6-8 PM.)



The aim of the course is to improve life style management for better healthy living at the individual & community level. This course is being run since February 2010. So far 15 batches have completed the course. The preparation to start the 16th batch is underway.

At the end of each course, a valedictory function is held to distribute certificates and feedback from the

participants is obtained. The candidates have been satisfied with the course regarding the course content, teaching faculty, arrangements for theory & practical classes and have confirmed overall improvement in their health.

c) New Partnerships

- The Indian Red Cross has collaborated with the Belgian Red Cross to develop the Evidence based Indian First Aid Guidelines which will form the basis for the newer version of the First Aid manual in the near future. The "Indian First Aid Guidelines - Evidence based" has since been launched on 21st October 2104.
- New partnerships have been forged with Irish Red Cross Society and Qatar Red Crescent Society to collaborate in the programme for "Management of Tuberculosis including MDR-TB" to be implemented in selected districts of Punjab and Gujarat states.

13.8 ST JOHN AMBULANCE (INDIA)

Ambulance Wing: St John Ambulance India is a grass root level voluntary organization. It has 23 State centres, 10 railway centres, 3 union territory centres, 670 regional, district & local centres and 27 State brigade wings with over two thousand six hundred and seventy nine divisions and corps comprising more than 57000 trained personnel.

During the financial year 2013-14, the association wing trained about 4.00 lakh of people in first-aid, home nursing, hygiene & sanitation and mother craft and child welfare. The break up indicates that 3.75 lakh qualified for association certificate in first-aid and others in home nursing, hygiene & sanitation and in mother craft & child welfare. Also about 15000 holders of first-aid and home nursing certificates qualified in re-examination to obtain voucher, medallion, label and pendent certificates. About 500 lecturer's training courses were conducted.

Brigade Wing: The brigade wing works as a para-medical force to provide first-aid cover and transportation service to the sick and wounded through first-aid posts. The brigade units organized and participated in blood donation and eye donation campaigns, awareness programmes on safe drinking water, HIV/AIDS, literacy, drug de-addiction and other social and national subjects. Hundreds of trained first-aiders and instructors have also joined the first medical responders network in the country.

Annual General Meeting of Indian Red Cross Society And St John Ambulance (India)

Shri Pranab Mukherjee, President of Indian Red Cross Society and St John Ambulance (India), the Hon'ble President of India, presided over the Ceremonial session of the Annual General Meeting (AGM) of both organisations that was held on 18th November, 2014 at Rashtrapati Bhawan. The Business session of the AGM, chaired by Shri J. P. Nadda, Chairman of the two organizations and the Hon'ble Minister of Health & Family Welfare, Government of India, was held at Dr. D.S. Kothari Auditorium, DRDO Bhawan on the same afternoon. The Hon'ble President in his address on the occasion lauded the efforts of IRCS in reaching out to the affected people at the time of disaster.



In the ceremonial session, Hon'ble President also gave away 23 medals and shields to the volunteers as

well as branches of IRCS and St. John Ambulance (India) for their significant contribution to the society at the time of distress. Gujarat state branch of the society won the annual running shield for collecting highest units of voluntary blood for the year 2013-14 and Dadra & Nagar Haveli branch won the shield for maximum blood donation *vis-à-vis* its population. Andhra Pradesh won the fund raising and membership shield for enrolling highest number of members and the Chandigarh branch came first in the union territory category.

In the Business session Shri J P Nadda, Hon'ble Chairman after completing the statutory tasks that included, among others, adoption of the annual report & accounts 2012-13 and 2013-14, passing of the budget and appointment of statutory auditors; opened the floor for interaction with delegates. The assembly resonated with ideas, suggestions and aspirations for the betterment of the two organisations.

13.9 e-HEALTH (TELEMEDICINE)

13.9.1 Evolution of Telemedicine in India: Brief summary

- A task force for Telemedicine was constituted in 2005 and in 2006, Planning Commission approved budget for e-Health including Telemedicine in the 11th Five Year Plan.
- In 2007, School of Telemedicine and Bio-informatics at SGPGIMS, Lucknow was made National Resources Centre for Telemedicine and Biomedical Informatics by DeitY, Government of India.
- Ministry of Health and Family Welfare, Government of India supported Tele-ophthalmology Project Onco-NET Project in many parts of the country.
- Several States have undertaken various ICT initiatives in Telemedicine and have been supported under the National Health Mission (NHM) framework. States like Odisha, Tripura,

Punjab, Rajasthan and Karnataka have introduced pilot projects in the area of Telemedicine.

S. No.	State	Health Centre	Medical College to which connected
1.	Andhra Pradesh Vishakhapatnam	PHC-Vada Cheepurupalli, Vishkhapatnam	King George Hospital,
2.	Rajasthan	PHC-Fatehgarh, Ajmer	JLN Medical College & Hospital, Ajmer
3.	Tripura	CHC-Panisagar, North Tripura	G.B. Pant Hospital, Agartala

13.9.2 Telemedicine Initiatives undertaken by Ministry of Health and Family Welfare (MoHFW)

1. Establishment of National Medical College Network (NMCN) Project

- MoHFW is in the process of establishment NMCN wherein 41 Government Medical Colleges are being networked in the first phase riding over NKN (National Knowledge Network-high speed bandwidth connectivity) with the purpose of e-Education and e-Healthcare delivery;
- The scheme amounting to Rs. 103.99 crore was approved in Feb. 2014 and under Phase-I of the scheme a National-cum-Regional Resource Centre (SGPGI, Lucknow), Five Regional Resources Centres (AIIMS, New Delhi), PGIMER (Chandigarh), JIPMER (Puducherry) and NEIGRIHMS (Shillong) and KEM (Mumbai) and 35 other medical colleges having connectivity provided by National Knowledge Network (NKN) shall be networked for Tele-education, Tele-CME, Tele-specialist

consultations, Tele-follow-up and access to Digital Library etc.;

- Remaining Medical Colleges shall be taken up in the next phase as per further financial sanctions;
- Standards Operating Procedures (SoP) for operation of NMCN has been formulated by NRC;
- For implementation of the NMCN, the Technical Evaluation Committees (TEC) has been constituted under the chairmanship of DG, Cert-In-DietY;
- Out of approved proposed 58 Medical Colleges, MoHFW has shortlisted 35 Medical Colleges based on the nominations by various States and the level of IT readiness and
- Based on inputs and outcomes of Pilot Projects, National Telemedicine Network shall be scaled-up all over country utilizing NKN (National Knowledge Network-high speed bandwidth connectivity), SWAN (State Wide Area Network) and NOFN (National Optical Fibre Network) bandwidth Connectivity.

2. Activities Planned in next Five Year

- Implementation of first phase of NMCN in 35 chosen medical colleges;
- Initiation of second phase of establishment of NMCN in remaining 150+ Government Medical Colleges;
- Establishment of National Telemedicine Grid to provide Telemedicine services to the far flung areas of the country and
- Pilot initiatives will be scaled up by linking tertiary care institutions (Medical Colleges) to District and Sub-District hospitals which provide secondary care facilities for specialist consultation.

3. Financial support provided to States for Telemedicine under NHM flexipool to all States/UT for current Financial Year (2014-15)

In Five Year 2014-15, Rs. 1150.16 lakhs was allocated to three States (As per RoPs)

- Himachal Pradesh : Rs. 482.69 lakh
- Maharashtra : Rs. 415.47 lakh
- Tripura : Rs. 251.73 lakh

13.10 SPORTS INJURY CENTRE (SIC), SAFDARJUNG HOSPITAL, NEW DELHI

- Sports Injury Centre (SIC) is a unique centre of its own kind in India. It was established with aim to provide integrated surgical, rehabilitative and diagnostic services under one roof for the management of sports injuries and related joint disorders. Sports Injury Clinic was started as a specialized clinic at Central Institute of Orthopaedics, Safdarjung Hospital which was upgraded to a full-fledged Sports Injury Unit in 2004.
- The Centre comprises of two separate distinct and highly specialized units working in two different fields i.e. early Sports Injuries (Arthroscopy Unit-I) and late sequel of Sports Injuries (Arthritis and Joint Replacement Surgery Unit-II).
- Both units are supported by dedicated staff consisting of Orthopaedic Surgeons, Anaesthetists, Staff Nurses, Technicians and Physiotherapists, who are fully trained and possesses requisite expertise in management of sports injuries.
- One of the unique features of this Centre relates to Physiotherapy Unit, which is well equipped to provide physiotherapy/rehabilitative services to

the indoor/outdoor patients with specialised treatment through Hydrotherapy, Biochemical and Isokinetic.

- State of the art Modular Operation Theatre and Gas Manifold System made operational and surgeries undertaken.
- The latest and modern diagnostic and Laboratory facilities under one roof, comprising of Pathological/Laboratory examinations and Radiological Imaging Services including MRI, CT Scan, Digital X-Ray, Bone Densitometer have been outsourced under Public Private Partnership mode on revenue sharing basis in the ratio of 26% & 74% with M/s Mahajan Imaging and 31.5% & 68.5% with M/s P. Bhasin Path Lab. These tests/Radiological and Imaging examinations are conducted on CGHS approved rates for all patients. The services are being provided round the clock.
- The Centre is approved by International Society of Arthroscopy Knee Surgery and Orthopaedic Sports Medicine for further training and/or exposure to arthroscopy, knee surgery and orthopaedic sports medicine. The centre is visited by observers from all over the country and abroad. Also regular workshops are held where young orthopaedic surgeons from all over the country and abroad come to acquire skills in basic and advanced arthroscopic procedures.
- Faculty of Sports Injury Centre is recognised nationally for their expertise in Arthroscopic surgeries and are regularly invited for demonstration surgeries at number of institute's and conferences.
- The Centre has been approved for award of a fellowship (FNB) by the National Board of

Examinations which is first of its type in the Country. This fellowship is offered to Post Graduate in Orthopedics who wish to pursue further Super Specialty training in the field of Arthroscopy and Sports Medicine. The Central Government has also approved starting of MD (Sports Medicine) Course at SIC with annual intake of four students from the academic year 2015-16.

- Centre also has a Bio-mechanical Lab which has simulators for the training of budding arthroscopic surgeons. The lab also boasts of an Isokinetic machine which is valuable for monitoring post-operative rehabilitation and also aids in diagnosis of various conditions associated with sports medicine.
- SIC in a very short span of time has achieved a rare feat and established itself as Centre of National repute in providing integrated and dedicated comprehensive service under one roof. The details regarding OPD attendance, physiotherapy, casualty, Psychology clinic and the number of surgeries and minor surgical procedures performed during the current financial year 2014-15 (up to 31st December, 2014) are as under:-

S. N.	Sports Injury Centre (Department)	2014-15 (Up to 31 st Dec., 14)
1.	OPD Attendance Including Casualty attendance	61504
2.	Inpatient Attendance	1543
3.	No. of surgeries undertaken	1766
4.	Minor Surgical procedure	3158
5.	Physiotherapy	45098
6.	Psychology Clinic	1040

13.11 NATIONAL ORGAN TRANSPLANT PROGRAMME (NOTP)

National Organ Transplant Programme (NOTP) scheme has been approved by Expenditure Finance Committee (EFC) with a budget of Rs. 149.5 crore for 12th Five Year Plan for carrying out the activities as per Transplantation of Human Organs and Tissues Act (after amendment in 2011), training of manpower and promotion of organ donation from deceased persons. The Programme aims to improve access to the lifesaving or transforming transplantation for needy persons by promoting deceased organ donation. The main objectives of the programme is to organise a system of deceased Organ & Tissue procurement and distribution for transplantation, to promote deceased organ and tissue donation and prevent organ trafficking.



Under the programme, National Organ and Tissue Transplant Organization (NOTTO) having components of National networking, National Registry, National Biomaterial Centre and facility of cadaver organ and tissue retrieval is being set up at Safdarjung Hospital, New Delhi under the aegis of Directorate General of Health Services. Similar networking system and tissue banks are proposed to be developed on regional basis at five places namely

Mumbai, Chennai, Kolkata, Chandigarh and Guwahati and State level networking organisations are also planned to be developed in new AIIMS like institutions and major States. A website (www.notto.nic.in) has been made operational for providing information with regards to the organ donation and transplantation and registering pledges for Organ and Tissue Donation after death.

Organ Donation Day to promote organ and tissue donation from deceased donors is being organized annually since 2010. An organ donation run was also organized by Dr. RML Hospital in March 2014. Awareness activities was also organized during the trade fair 2014 to promote the programme.

13.12 CLINICAL ESTABLISHMENT (CE) ACT 2010 AND NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENT

The Clinical Establishments (Registration and Regulation) Act was passed by Parliament in August 2010 and has come into force in the four states of Arunachal Pradesh, Himachal Pradesh, Mizoram and Sikkim and six Union Territories of Andaman & Nicobar Islands, Chandigarh, Daman & Diu, Dadra and Nagar Haveli, Lakshadweep and Puducherry on 1st March, 2012. National Council for Clinical Establishments was notified on 19th March, 2012 and Central Rules under the Section 52 of the Act were notified on 23rd May, 2012. Model State Rules under (Section 54) of the Act have been drafted and circulated among the concerned States/UTs.

The Act initially came into force in the 4 States of Sikkim, Mizoram, Arunachal Pradesh & Himachal Pradesh and six Union Territories on 1-3-2012. Subsequently 5 more states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand and Rajasthan have adopted the Act. Online registration facility has been made operational through a dedicated website of the Act (www.clinicalestablishments.nic.in). So

far, more than 7000 Clinical Establishments of different recognized systems of medicine have registered on line as per table given below:-

State/UT	Allopathy	Ayurveda	Unani	Siddha	Homoeopathy	Yoga	Naturopathy	Sowa-Rigpa	Total
Andaman & Nicobar Islands (UT)	186	21	1	1	30	4	1	0	207
Chandigarh (UT)	1	0	0	0	0	0	0	0	1
Daman & Diu (UT)	49	12	0	0	14	0	0	0	61
Himachal Pradesh	3706	1563	144	24	203	29	44	8	5028
Jharkhand	1728	47	10	1	33	5	2	0	1771
Total	5670	1643	155	26	280	38	47	8	

Achievements of National Council for Clinical Establishments and its subcommittees with respect to the mandate given under the Act are as below:-

Mandate	Achievements
Categorization & Classification of Clinical Establishments	Completed and approved by National Council
Standard Format for Minimum standard	Completed and approved by National Council
Development of Minimum Standards for Clinical Establishments	Developed drafts for most specialties/super-specialties and major categories of allopathic clinical establishments and 7 categories of AYUSH and the same have been put up on uploaded on website for comments/suggestions.
Information & Statistics to be provided by Clinical Establishments	Formats Drafted for: 1. Outpatient Departments of Clinical Establishments 2. Clinical Establishments having inpatient departments 3. Lab and Imaging
Standard Treatment Guidelines (STG's)	STG's for 20 medical domains developed and AYURVEDA uploaded on the website

Budget for implementation of the Act is provided through NRHM State Programme Implementation Plan. Details of budget provided in the current financial year are given as under:-

Budget given to States/UTs for implementation of CE act 2010 (as on 31.12.2014)

Under Clinical Establishment Act 2010

Under Budget Head-

Implementation of Clinical Establishment Act

States/UTs	Proposed Budget 2014-15 (in lakhs)	Approved Budget 2014-15 (in lakhs)
Arunachal Pradesh	64.35	63.16
Himachal Pradesh	0	84.00
Jharkhand	Proposal made Nil	0.00
Sikkim	12.48	7.1
Mizoram	81.04	33.64
Rajasthan	36.58	0
Uttar Pradesh	Proposal made Nil	0
Bihar	124.8	93.6
Uttarakhand	76.06	0
Andaman & Nicobar Islands	44.64	13.7
Daman & Diu	Proposal made Nil	0
Dadra & Nagar Haveli	17	0
Lakshadweep	14	0
Chandigarh	14.14	11.92

13.13 NATIONAL PROGRAMME ON PREVENTION AND MANAGEMENT OF BURN INJURIES (NPPMBI)

13.13.1 Pilot Project during the 11th Five Year Plan: PPPBI

A pilot programme was initiated in the year 2010 by Ministry of Health & Family Welfare in the name of "Pilot Programme for Prevention of Burn Injuries" (PPPBI) with a total budget of Rs. 29 crore. The programme was initiated in the following three Medical Colleges and six Districts Hospitals:

- **Haryana:** Post Graduate Institute of Medicals Sciences Rohtak; General Hospital, Gurgaon; Civil Hospital, Panipat.
- **Himachal Pradesh:** Dr. Rajendra Prasad Medical College, Tanda at Kangra, District Hospital, Hamirpur; Zonal Hospital, Mandi.
- **Assam:** Guwahati Medical College; District Hospital, Nagaon; District Hospital, Dhubri.

The Goal of PPPBI was to ensure prevention of Burn Injuries, provide timely and adequate treatment in case burn injuries do occur, so as to reduce mortality, complications and ensuing disabilities and to provide effective rehabilitative interventions if disability has set in.

13.13.2 National Programme during the 12th Five Year Plan:

- The proposal for continuation of pilot project as full-fledged programme was approved by EFC on 17.05.2013 and subsequent to this approval, CCEA approved the programme on 6th February, 2014;
- NPPMBI will now be an ongoing programme and will cover 67 State Govt. Medical Colleges and 19 District Hospitals during the 12th Five Year Plan. The District Hospital component will be undertaken under NHM/NRHM and

- The programme will no more be a 100% centrally sponsored scheme during the 12th plan. The programme will be part of the "Human resource in Health and Medical Education Scheme" and assistance to be provided to the states will be governed by the norms set under this parent scheme. One of the important criteria under the scheme is that the assistance proposed under the programme for various components will be shared between the centre and state Governments in the ratio of 75:25 (For North Eastern and hill States of Uttarakhand, Himachal Pradesh and Jammu and Kashmir, this ratio will be 90:10).

13.13.3 The main objectives of the programme are:

- To reduce incidence, mortality, morbidity and disability due to Burn Injuries;
- To improve awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers;
- To establish adequate infra structural facility and network for Behaviour change communication, burn management and rehabilitation interventions and
- To carry out Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based programme planning for Burn Injuries, monitoring and subsequent evaluation.

13.13.4 The Programme has following main components:

- Prevention Programme (IEC);
- Treatment;
- Rehabilitation;
- Training;
- Monitoring and Evaluation and
- Research.

13.13.5 12th Five Year Plan Proposal

- **Budget provision and proposed expenditure:** A total of Rs. 500 crore has been allocated for the National Programme for Prevention & Management of Burn Injuries. Out of which Rs. 50 crore has been allocated under NRHM for the district hospital component and Rs. 450 crore is for the Medical college component.
- **Medical College Component:** During the 12th Five Year Plan, the Programme is to be expanded to cover 67 Medical Colleges across the country in a phased manner. The unfinished work of the 3 Medical colleges taken up during 11th plan under pilot project will also be taken up along with 67 new medical colleges. Hence total medical colleges will be $(67+3)=70$.
- **Synergy with NRHM- District Component:** During the 12th five year plan, the District Hospital component will be considered under NHM/NRHM. The Programme is proposed to be expanded to cover 19 District Hospitals across the country in a phased manner. The unfinished work of the 6 district hospitals taken up during 11th plan under pilot project will also be taken up along with 19 new district hospitals. Hence total district hospitals will be $(19+6)=25$ for consideration of grant.

13.13.6 Achievements during 2014-15:

- MoU for 12th Five-year plan has been finalized and concurred by IFD. MOU has been circulated to States and UTs;
- Operational Guidelines for the Programme have been finalized;
- Proposals have been received from 23 States for establishing Burn Units under the NPPMBI. Of these, 31 Hospitals/Medical

colleges have been inspected to assess the feasibility of establishing Burn Units;

- The Practical Handbook/Manual for Burn Injury management developed during the 11th FYP has been revised;
- The Burn Data Registry and Quarterly report formats have been finalized;
- A monitoring cell (Burn cell) has been established under the Programme;
- CHEB has been entrusted with the IEC activities to be carried out under the Programme in 12th FYP. The IEC material (5 Audio-spots, 3 Video-spots, posters and charts) developed during the 11th FYP is being revised based on the inputs from Experts;
- The list of equipment, manpower and the architectural design of the proposed burn unit/ward to be established in the State Govt. Medical Colleges/District Hospitals has been revised in an expert group meeting and
- A screening committee for Trauma & Burn Schemes has been formed. The terms of reference of the committee is to screen proposals of the Schemes, prioritize the sites across the States, UTs and monitor the physical and financial progress made in the development of Trauma Care Facilities & Burn Units.

13.14 INSTITUTE OF SEROLOGY, KOLKATA

Institute of Serology Kolkata, is a sub-ordinate office of Directorate General of Health Services under the Ministry of Health & Family Welfare.

Objective of the Institute:

- Production of various quality diagnostic reagents like VDRL Antigen, species specific Antisera, Anti H Lectin etc. and supply to the Government and Non-Government

Institutions like Forensic Science Laboratories and Hospitals all over the country;

- Forensic Serology for determination of origin of species of different biological exhibits which have already been send to this Institute from different FSLs & RFSLS and also to undertake blood group serology in case the species origin is human. This Medicolegal Report is accepted as expert opinion in court of law;
- Reference centre for A, B, O Blood grouping & Rh typing from different government hospitals of Kolkata;
- The V. D. Serology Section provides its service to Govt. Medical colleges & hospitals of Kolkata. Besides, many projects for diagnosis of STI in sex workers were initiated by several NGOS & Govt. aided bodies and we had supported them by providing diagnostic test results. It also works for internal quality control of the VDRL antigen and standardization of VDRL Antigen produced in Antigen Production (A.P) section;
- Regional STD Reference Laboratory for East Zone under NACO has been functioning from 1983;
- Training of Laboratory Technicians in various fields of Serology and Sexually Transmitted Diseases and imparting training in Forensic Serology to post graduate students of MD (FSM);
- To involve our department with National & State run health projects where our laboratory's role is very useful like National AIDS Control Programme and Polio Eradication Programme etc.;
- Isolation of Polio Virus from stool samples of AFP cases from Eastern & NE Region and part of Bihar, Jharkhand by National Polio Laboratory under the WHO and NPSP.

Isolation of Polio virus from environmental samples (drain water) from some municipal corporation areas in Kolkata is being done;

- Intratypic differentiation of Polio Virus by ITD Laboratory using PCR technique and
- National Measles Laboratory for detection of Measles from Eastern and North Eastern states and part of Jharkhand, Bihar.

Forensic Serology

Forensic Serology from April 2014 to September, 2014

Total No. of cases received	369
Total No. of exhibits received	1649
Total No. of cases analysed and reported	383
Total No. of items tested for species determination	1597
Total No. of cases examined for grouping	326

V.D. Serology

V.D. Serology from April 2014 to September, 2014

Source	No. of Samples Received	No. of Samples Tested VDRL	No. of Sample Positive VDRL
Antenatal Cases (Nos)	-	-	-
STD Clinic	1726	1726	70
Total	1726	1726	70

Antibody Section

Antibody Section from April 2014 to September, 2014

Month	Production of Antisera	Supply of Antisera	Supply of Anti H Lectin
April'14 to September'14	ml	ml	ml
3560	3540	2090	
Total	3560	3540	2090

Quality Control & Diagnostic Laboratory

Quality Control & Diagnostic Laboratory from April 2014 to September, 2014	
Examination Performed	No. of Samples
Standardization of Anti H Lectin	72 Lots
Standardization of Species Antiserum	10
Standardization of VDRL Antigen	02

BGRC Section

BGRC/Production Section from April 2014 to September, 2014	
Total No. of Blood Group	248 Nos.
Rh-Negative Cases	17 Nos.
Production of	Quantity in ml.
Anti H Lectin (Freeze Dried)	3600 ml

Measles Laboratory

Measles Laboratory from April 2014 to September, 2014	
Measles	
Total sample tested	678 Nos.
Total sample positive	319 Nos.
Total sample negative	359 Nos.
Total sample equivocal	0 Nos.
Rubella	
Total sample tested	293 Nos.
Total sample positive	179 Nos.
Total sample negative	114 Nos.
Total sample equivocal	0 Nos.

Antigen Production Section

Antigen Production Section from April 2014 to September, 2014	
Total VDRL Antigen Production	1470 Amps
Total Supply of VDRL Antigen	1400 Amps
Direct Sale	1400 Amps
Department Use	0 Amps

National POLIO Laboratory

National Polio lab from April 2014 to September, 2014	
Total cases/sample received	9555
NPEV	1008
L20 B Positive	53

STD/Bacteriology

STD/Bacteriology from April 2014 to September, 2014			
Sl. No.	Laboratory test	Nos. Tested	Nos. of Positive
Syphilis	VDRL	1552	58
	One step syphilis Anti-TP test	1552	88
	Trepolisa 3.0 (IgA/IgM/IgG)	460	41
Candida	Direct Smear (Gram Stain)	728	101
	Culture	728	124
Gonorrhoea	Direct Smear (CD+UD)	710	10
	Culture	710	01
B.Veginosis	KOH/Gram Stain of VD	728	127
Hepatitis B	HBs Ag ELISA	1563	8
	Immunocromatographic Method	8	8
HCV	HCV(IgM) Elisa	524	3
HSV-2	HSV-2 (IgM) Elisa	460	30
Tricomonas Vaginalis(TV)	Wet Mount	728	158
	Culture	728	298
PAP Stain	Endo &Ecto Cervical Smear	645	---
Herpetic Syndrome	Giemsa Stain	45	10
Non Herpetic Syndrome	Giemsa Stain	43	5
CMV	CMV(IgM) ELISA	368	3
Chlamydia	Chlamydia Trachomatia (IgM) Elisa	92	12

Budget Provision and Utilization in 2014-15

	Total Budget	Expenditure upto the end of September, 2014.
Non Plan	Rs. 560 lakh	Rs.256.83 lakh.
Plan	Rs. 50 lakh	Rs. 1.17 lakh.

13.15 EMERGENCY MEDICAL RELIEF (EMR)

13.15.1 Health Sector Disaster Management

Emergency Medical Relief Division (EMR) of Directorate General of Health Services, Ministry of Health & Family Welfare (MoHFW) is mandated for prevention, preparedness, mitigation and response to disasters pertaining to health sector. For such purpose, EMR Division coordinates with National Disaster Management Authority, concerned Central Ministries/Departments and the State Governments/UT Administrations.

13.15.2 Preparedness and Response for Disasters

- a) **Preparedness for disasters:** Crisis Management Plan for Biological Disasters and the Emergency Support Function Plan were reviewed in January 2015 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 for crisis management at Hqrs. and field level, resource inventory etc. This plan also contained instructions regarding deployment of resources in the event of disasters.
- b) **Response:** Ministry of Health and Family Welfare was represented in the central assessment teams of the Ministry of Home Affairs that visited Jammu & Kashmir (Flash Floods) for damage assessment. Relief was recommended in terms of norms under National Disaster Response Fund.

13.15.3 Jammu & Kashmir Floods

Action Taken by MoHFW:

- Hon'ble Union Minister of Health & Family Welfare along with senior officers of the Ministry visited Jammu three times in the month of September, 2014 to review the

ongoing relief activities there;

- The MoHFW participated in all the meetings of National Crisis Management Committee (NCMC) held under the Chairmanship of Cabinet Secretary and the meetings of National Executive Committee (NEC) held under the Chairmanship of Home Secretary to review the situation and relief works. All the directions of NCMC and NEC for relief works in the aftermath of floods in Jammu & Kashmir were compiled by MoHFW;
- A team comprising Special DGHS, Additional Secretary and Joint Secretary went to Srinagar on 10th September, 2014 for a first hand assessment of the situation and to facilitate coordination for health related relief;
- The public health teams were positioned in Jammu and Srinagar for Rapid Health Assessment and to prevent/control public health exigencies. Total 33 Public Health Specialists were deputed on rotational basis in the State till 2nd November 2014;
- 170 Specialist doctors (Medicine, Obs. & Gyanae, Pediatrician and Anesthetist) from various Central Government Institutions were deputed on rotation in the State till 5th November 2014;
- Psycho-social teams for psycho social need assessment were also deployed from National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bengaluru till the month of November, 2014;
- An Expert from National Vector Borne Disease Control Programme (NVBDCP) was deputed by the Ministry to assess the requirement for combating vector borne disease and fumigation in particular, in Srinagar;
- A two member team of Experts from Central Govt. Institutions were deployed in Srinagar to assess the damage to the tertiary care medical

centres & their equipments;

- A total of 170 metric tons of medicines including IV fluids, Oral Rehydration Salt, anti-pyretic, anti-emetics, anti-diarrheal, antibiotics were supplied to the State of J&K. In addition, 35 lakh chlorine tablets, 13.25 lakh doses of measles vaccine, 7.5 lakh doses of Oral Polio Vaccine, 30000 bottles of Vitamin-A, 3000 doses of anti-rabies vaccine, 500 vials of Anti Snake Venom and 25 MT of bleaching powder and one lakh Sanitary Napkins were also sent to the State of J&K and
- Indian Red Cross Society also supplied relief materials like tents (each to accommodate eight people), tarpaulins, kitchen sets and blankets etc. Two large water purification units, each having a capacity of purifying 50,000 litres of water per day and six small water purification units (14000 litres/day) were deployed by Indian Red Cross Society (along with trained manpower).

13.15.4 Ebola Virus Disease

Action taken by Ministry of Health and Family Welfare (MoHFW) following Ebola Virus Disease in West Africa

- A Suo Moto statement by the Health Minister was laid on the Table of both the Houses of Parliament on 6th August 2014;
- The Cabinet Secretary took a meeting of National Crisis Management Committee (NCMC) on 12th August 2014 and held video conferencing with the Chief Secretaries of the States on 16th October, 2014. Three Review meetings of the Committee of Secretaries were held in November, 2014. The Cabinet Secretariat regularly monitored the situation;
- Initially, passengers from the affected countries arriving at 18 International Airports and 9 major Ports were screened [started on 10th August, 2014]. Subsequently, on 24th

November, 2014 Ministry of Civil Aviation took a decision to re-route passengers from affected countries to 7 International Airports namely, Delhi, Mumbai, Kolkata, Chennai, Bengaluru, Hyderabad and Kochi. Since then screening mechanism has been strengthened at these seven Airports. However, the other airports are also kept on vigil. All passengers arriving from affected countries are to fill up the health card. 42670 passengers were screened up to 7th January 2015;

- Immigration Officers were trained in all the Airports, where connecting flights arrived from the affected countries;
- The Integrated Disease Surveillance Programme (IDSP) was geared up for tracking and monitoring passengers from affected countries who were at higher risk. A cumulative number of 784 passengers were tracked by IDSP up to 7th Jan. 2015. Most of them were in the States of Maharashtra, Kerala, Tamil Nadu, Gujarat, West Bengal and Delhi. 4304 passengers exited the Surveillance;
- All States identified Nodal Officers and Isolation facilities/Hospitals for Ebola virus disease. The Ministry of Health and Family Welfare conducted trainings for Master Trainers and the State Rapid Response Teams (RRT) of all the States/UTs for public health preparedness and response to Ebola Virus disease. Mock drills were conducted covering teams from 25 States;
- All guidance documents, fact sheet and frequently asked questions were put up on the website of Ministry of Health;
- Personal Protection Equipment (PPE) Kits were provided to the States and Airport Health Organizations by the Medical Store Organization;
- National Centre for Disease Control (NCDC), Delhi and National Institute of Virology

(NIV), Pune tested clinical samples for Ebola Virus Disease. 11 additional laboratories were identified for testing Ebola Virus Disease. Over 100 samples have been tested at these two laboratories upto 07.01.2015;

- The Multi-Disciplinary Central teams conducted surprise inspection of all the 18 Airports and isolation facilities. The State Principal Secretaries of Health were requested to conduct regular visits of the Airports and Isolation facilities;
- India committed following assistance to strengthen international efforts to combat Ebola crisis (i) Contribution of 10 Million USD to UN Ebola Trust Fund (ii) Contribution of 0.50 Million USD to WHO (iii) Medical supplies worth 50000 USD each to Liberia, Sierra Leone and Guinea and (iv) Protective gear worth 02 Million USD and
- The Control Room cum Helpline of MoHFW is functioning on 24x7 basis.

13.15.5 Influenza AH1N1

The Pandemic Influenza virus continued to circulate as seasonal influenza virus. From January 2014 to 29th December 2014, there had been 902 laboratory confirmed cases with 216 deaths. The states which reported sporadic outbreaks with large number of cases and deaths are Gujarat, Karnataka, Maharashtra and Rajasthan.

Government of India is continuing its effort initiated from 2009 to mitigate the impact of Influenza A H1N1. Surveillance to detect clusters of influenza like illness is being done through Integrated Disease Surveillance Project. Laboratory network, strengthened for the Pandemic continued to test for Influenza A H1N1 virus. The diagnostic reagents were provided free of cost to the 28 laboratories under this network. Sufficient stock of Oseltamivir, the drug to treat Influenza, is being maintained by Ministry of Health. The affected States were

provided Oseltamivir as per their requirement. In addition personal protective equipments, N-95 masks and surgical masks were also provided as per requirement of States.

13.15.6 Avian Influenza

Ministry of Health and Family Welfare, Government of India 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. Avian Influenza outbreaks were notified by Department of Animal Husbandry in Kerala and Chandigarh. The contingency plan for containment was implemented in all these locations. Rapid Response teams from Ministry of Health assisted the concerned States in implementing the micro plan. States were provided logistic support in terms of Oseltamivir, Personal protective equipments and masks.

13.15.7 Outbreak Investigations

Central multi-disciplinary expert teams were deputed to investigate disease outbreaks in the State of West Bengal (for Japanese encephalitis), Kerala & Chandigarh (Avian influenza), Gujarat (Influenza A H1N1). Based on the recommendations of the Central Team, public health measures were instituted.

13.15.8 Medical Care Arrangements on Special Occasions

Medical care arrangements were organized by the Directorate General of Health Services for Republic Day and Independence Day celebrations. Medical care arrangements were made for the Heads of States of Japan, Germany, Bahrain, Canada, Saudi Arabia, People's Republic of China, Afghanistan, Bhutan, Bangladesh, Russia, Socialist Republic of Vietnam, Australia and Head of States of SAARC countries during their India visit. Medical care arrangements were also made for newly elected members of Lok Sabha as well as on various other occasions i.e. conferences and seminars.