

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:-

“Concession 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 India Services (Medical Attendance) Rules, 1954 and (iv) officers governed by the Medical Attendance Rules, 1956”

CGHS was constituted vide Ministry of Health's OM dated 1.5.1954. In accordance with para 6 of the said O.M., CGHS facilities are admissible to all the Central Government Servants who are paid their salary/ pension from the Civil Estimates of the Central Government.

Central Government Health Scheme (CGHS) is a health scheme for serving / retired Central Government employees and their families. The scheme was started in 1954 in Delhi. The scheme was intended to be only for serving Central Government employees who had difficulty in getting reimbursement on account of OPD medicines (today CGHS dispensaries are giving OPD medicines). The fact that there were not many private hospitals at that point of time was also one of the reasons for starting the scheme. This was not envisaged to be an all India scheme. In fact, the stretch of this scheme to 25 cities over the years has put a heavy strain on limited resources

available for the purpose. The scheme was extended to Mumbai in 1963, Allahabad in 1969, Kanpur, Kolkata and Ranchi in 1972, Nagpur in 1973, Chennai in 1975, Patna, Bangalore and Hyderabad in 1976, Meerut in 1977, Jaipur, Lucknow and Pune in 1978, Ahmedabad in 1979, Bhubaneshwar 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 Facilities available under CGHS

- i. OPD Treatment including issue of medicines
- ii. Specialist Consultation at Govt. Hospitals
- iii. Hospitalization at Government and Empanelled Hospitals
- iv. Investigations at Government and Empanelled Diagnostic Centres
- v. Pensioners and other identified beneficiaries have facility for cashless treatment in empanelled hospitals and diagnostic centres.
- vi. Reimbursement of expenses for treatment under emergency in Private unrecognized hospitals under emergency.
- vii. Reimbursement of expenses incurred for purchase of Hearing Aid , Artificial Limb ,etc.
- viii. Family Welfare & MCH Services

13.1.2 Eligibility for joining CGHS

- All Central Govt. employees and their dependant family members residing in CGHS covered areas.

- Central Govt. Pensioners and their eligible family members getting pension from Central Civil Estimates
- Sitting and Ex-Members of Parliament
- Ex-Governors & Lt. Governors
- Freedom Fighters
- Ex-Vice Presidents
- Sitting and Ex-Judges of Supreme Court & High Courts
- Employees and pensioners of certain autonomous organizations in Delhi
- Journalists (in Delhi) accredited with PIB (for OPD & hospitalization facilities at Dr. RML Hospital, New Delhi)
- Delhi Police Personnel in Delhi only
- Railway Board employees
- Central Government Servants who (through proper channel) got absorbed in Central Public Sector Undertakings/Statutory Bodies/Autonomous Bodies, and are in receipt of pension from Central Civil Estimates.

13.1.3 CGHS – Categories of Beneficiaries

CGHS has 10.26 lakh card holders with a beneficiary base of 33,59,445. The break-up of the current membership profile is given in the table below:

Category	Total Number in the Country (approx.)	Covered under CGHS	
		Card Holders	Beneficiaries (Card holders and their eligible dependants)
Serving	17 Lakh	6,21,703	24,86,331
Pensioners	10 Lakh	3,87,776	8,42,943
Freedom Fighters		12,014	18,838
MPs		784	2,437
Ex-MPs		1,010	2,593
Journalists		241	520
Others (includes Autonomous Bodies and Family Permit cards)		2,582	5,783
Total	27 Lakh	10,26,110	33,59,445

13.1.4 Subscription rates for CGHS membership

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

S. No.	Grade pay drawn by the officer	Contribution (Rupees per month)
1	Upto Rs. 1,650/- per month	50/-
2	Rs. 1,800/-; Rs. 1,900/-; Rs.2,000/-; Rs.2,400/-; and Rs.2,800/- per month	125/-
3	Rs. 4,200/- per month	225/-
4	Rs. 4,600/-; Rs.4,800/-; Rs.5,400/-; and Rs. 6,600/- per month	325/-
5	Rs. 7,600/- and above per month	500/-

13.1.5 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 for ward 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	Up to 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.	Up to Rs. 19,540/-	General Ward
2.	Rs. 19,540/- and above	Private Ward

13.1.6 CGHS Wellness Centres across the country

A statement showing the details of CGHS hospitals / wellness centres according to different systems of medicines is at **Appendix-I**.

13.1.7 Expenditure on CGHS

The details of actual expenditure during the last three years are as under :

Sl. No.	Year	PORB	CGHS	Total Expenditure
1.	2009-10	449.74	666.90	1116.64
2.	2010-11	645.49	669.05	1314.54
3.	2011-12	837.93	731.45	1569.38

13.1.8 List of CGHS wellness centres / poly clinics / dental units / empanelled hospitals and diagnostic centres

State	City	Wellness Centres	Poly Clinics	Dental Units	Labs.	Empanelled	
						Hospitals	Diagnostic Centres
Delhi	Delhi & NCR	128	4	5	34	134	34
Andhra Pradesh	Hyderabad	19	2		2	48	9
Assam	Guwahati	4				3	5
Bihar	Patna	7	1	1	1	8	3
Gujarat	Ahmedabad	7	1	1	1	3	3
Karnataka	Bengaluru	14	1	1	3	31	6
Jammu & Kashmir	Jammu	1				0	0
Jharkhand	Ranchi	2			1	3	1
Kerala	Thiruvananthapuram	5				3	2
Madhya Pradesh	Bhopal	1				12	2
	Jabalpur	3			1	22	9
Maharashtra	Mumbai	31	2	3	4	23	9
	Nagpur	14	1	1	1	28	5
	Pune	10	1	1	2	36	5
Meghalaya	Shillong	1				0	0
Odisha	Bhubaneswar	3			1	4	1
Rajasthan	Jaipur	7	1	1	4	24	4
Tamil Nadu	Chennai	18	2	1	4	18	2
Uttarakhand	Dehradun	1				5	5
Uttar Pradesh	Allahabad	9	1		1	13	3
	Kanpur	12	0	1	3	28	14
	Lucknow	9	1	1	3	18	9
	Meerut	8		1	2	16	2
West Bengal	Kolkata	22	1	1	5	11	5
Chandigarh (UT)	Chandigarh	1				7	5
Total		337	19	19	73	498	143

13.1.9 Empanelment of private hospitals and diagnostic centres under CGHS

As CGHS does not have adequate facilities to offer medical treatment to its beneficiaries in Government hospitals, it empanels private hospitals and diagnostic centers in all CGHS covered cities. For this purpose, tenders were floated in 2009 calling for private hospitals and diagnostic centers interested in being empanelled under CGHS to offer their rates for various procedures / tests, etc. Based on the rates quoted by the private hospitals and diagnostic centers, the lowest rates in respect of each procedure / test were offered to the private hospitals and diagnostic centers and the private hospitals and diagnostic /imaging centers which accepted the rates have been empanelled under CGHS in Delhi and all other CGHS cities.

Keeping in view of the continued lack of sufficient private hospitals / diagnostic centres on CGHS panel in these cities, applications have again been invited from private hospitals and diagnostic laboratories under extended continuous empanelment scheme for further empanelment under CGHS in **Mumbai, Thiruvananthapuram, Dehradun, Guwahati and Shillong** with some relaxation in respect of NABH accreditation. The hospitals under seeking empanelment under the category of General purpose and Selective specialities shall be considered, if they provide an undertaking to apply for NABH accreditation within six months of empanelment as decided by the Committee of Secretaries (COS). The earlier condition was the hospitals seeking empanelment must have at least applied for NABH accreditation.

In view of the inadequate number of new hospitals, existing hospitals were permitted to continue at old rates till further orders in **Mumbai, Thiruvananthapuram, Dehradun, Guwahati and Shillong**.

Private hospitals and diagnostic centers, which were empanelled under CGHS have signed MOAs with the CGHS. Any violation of the provisions of the MOA meant that fines would be levied on these private hospitals and diagnostic centers and bank guarantee could also be encashed.

13.1.10 Special Provision for cities of Thiruvananthapuram, Mumbai and Shillong

Since not many private hospitals/ diagnostic centres came up for empanelment under the CGHS in these cities, the

facilities were found to be inadequate for beneficiaries of these cities and in view of demand of these beneficiaries they have been allowed to take prescribed treatment/ diagnostic procedure at any of the private hospitals/ diagnostic centres in the city, with the prior permission of the Ministry/ Department concerned in respect of serving beneficiaries, or CGHS authorities in case of pensioner beneficiaries. In all such cases, medical reimbursement will be restricted to the prescribed CGHS rates for the city.

13.1.11 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 have been permitted to obtain in-patient /hospitalization 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 the AD/JD of CGHS city, where his CGHS card is registered.

13.1.12 Issue of medicines prescribed by specialists

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

13.1.13 Filling up of vacancies of Medical Officers on contract basis

The CGHS was finding it difficult to fill up the vacancies of medical officers as the majority of the doctors recommended by the Union Public Service Commission did not assume charge in the CGHS for various reasons.

To overcome the problem of unfilled vacancies, it has been decided to appoint, on contract basis, doctors who had retired from Government service. As a result of this decision, 51 retired allopathic, 17 Ayurvedic and 4 Homeopathic doctors are serving CGHS on contract basis. All necessary steps have been taken to fill up the vacant posts of doctors on regular basis through UPSC.

13.1.14 Provision for Cancer treatment

For providing better cancer treatment facilities to CGHS beneficiaries, one private hospital in Hyderabad and 10 Private hospitals in Delhi have been empanelled in June 2011 under CGHS exclusively for Cancer treatment as per the rates of Tata Memorial Hospital for Cancer Surgery.

In addition, provision already exists (since September 2009) that CGHS beneficiaries can avail cancer treatment at approved rates from any hospital, where facilities for cancer treatment are available. Cancer treatment can also be obtained from any Government / Regional Cancer Hospital.

13.1.15 Initiatives taken by CGHS to improve its functioning

- (i) **Computerisation:** To keep pace with the modern times, computerisation of CGHS has been completed in all allopathic dispensaries in collaboration with the National Informatics Centre. Computerisation has brought about the following improvements in functioning of CGHS:
- CGHS Wellness Centers have become more user friendly;
 - Indented medicines are available **next day** as against 3-4 days earlier. Penalties are imposed for late supply of medicines by authorised local chemists;
 - Better inventory management at Wellness Centres(WCs) and CGHS(MSD);
 - Online indents to CGHS(MSD);
 - Procurement in bulk of commonly prescribed medicines at competitive rates based on data of consumption of medicines, resulting in ready availability of medicines to beneficiaries at

dispensaries and lesser dependence on local purchase;

- Access to collect medicines from any Wellness Centre;
- Easy access to medical records of beneficiaries;
- Computerisation of Ayush Wellness Centres / Units / Medical Store in Delhi & NCR is in progress.
- **Option to avail CGHS facilities from any CGHS wellness centre**

As a result of computerization and online connectivity of all CGHS Wellness Centres in India, CGHS beneficiaries are now able to avail CGHS benefits from any Wellness Centre across the country. This is one of the revolutionary benefits accrued due to computerization. This initiative of CGHS has been widely welcomed and appreciated by the beneficiaries.

(ii) Accreditation of private hospitals and diagnostic centres with NABH / NABL

With a view to provide better quality of services to its beneficiaries, CGHS has directed all private hospitals and diagnostic centers empanelled with it to obtain accreditation with *National Accreditation Board for Hospitals & Healthcare Providers (NABH)* / *National Accreditation Board for Testing & Calibration Laboratories (NABL)* to continue to be empanelled under CGHS. NABH and NABL are accreditation bodies under the Quality Council of India set up by the Ministry of Commerce & Industry and the Department of Science and Technology respectively. NABH and NABL have prescribed certain conditions for hospitals and diagnostic centres to be fulfilled before they are given accreditation certificates.

(iii) Setting up of stand-alone dialysis unit

CGHS and Alliance Medicorp (India) Limited, a joint venture Company of Apollo Health and Life Style Limited have jointly set up a stand-alone dialysis unit as a pilot project in CGHS dispensary at Sadiq Nagar, New Delhi, to provide dialysis facilities for CGHS beneficiaries. The stand-alone dialysis unit has started functioning from 6th

September, 2010. The unit provides services to 21 patients per day. The initiative has proved to be very successful.

(iv) Holding of Claims Adalats

Claims Adalats and Claims day are held in all the four zones of CGHS, Delhi, where old pending unsettled claims are reviewed and settled in accordance with the extant rules and instructions issued by CGHS. Other cities have also been directed to hold claims adalats and claim days.

(v) Local Advisory Committees

As a Grievance Redressal mechanism, Local Advisory Committees have been constituted at the CGHS Wellness Centre level to aid and advise CGHS in addressing the problems of the beneficiaries at the ground level and suggest improvements in the services. Meeting of the Committee is held on Second Saturday of every month under the chairmanship of CMO in-charge of the dispensary, in which Area Welfare Officer and representative of pensioners' association participate to discuss local problems faced by the beneficiaries and dispensaries in order to resolve such issues.

(vi) Simplification of procedures under referral System and Reimbursement

- a. Submission of Medical claims has been simplified by doing away with the requirement of verification of bills by the treating doctor and Essentiality Certificate.
- b. Specific guidelines have been issued for examining requests for full reimbursement of claims. The power for relaxation of rules is vested with the Ministry of Health & Family Welfare, except in case of Hon'ble Members of Parliament and Sitting Judges and Former Judges of Hon'ble Supreme Court of India.

(vii) Reimbursement from two sources

Instructions were issued in February 2009 regarding reimbursement under CGHS and Health Insurance Scheme. As per the revised guidelines, beneficiaries have the option to submit the original

bills under the Health Insurance Scheme and claim the balance amount from CGHS / Department subject to the condition that the reimbursement (balance amount) from CGHS/ Department shall be as per CGHS rates and regulations.

(viii) Bulk Procurement of Commonly Indented Medicines from Manufacturers / Suppliers

Based on the data generated by computers, a list of 272 medicines commonly indented through Authorised Local Chemists (ALCs) was prepared.

Based on the success of a pilot project in Delhi to procure these commonly indented medicines directly from manufacturers / suppliers on a monthly basis, the same has been replicated in 16 cities namely Ahmedabad,, Allahabad, Bangalore, Bhubaneshwar, Chennai, Guwahati, Hyderabad, Jabalpur, Jaipur, Kolkata, Lucknow, Mumbai, Nagpur, Patna, Pune, and Ranchi. The advantage of this initiative is that medicines are readily available at the dispensary for issue to beneficiaries instead of indenting through ALC. manufacturers / suppliers offer a better discount on rates as compared to ALCs.

(ix) Health Check-Up of Beneficiaries Above 40 Years in Delhi

A pilot project was introduced in 2 Wellness Centres, namely, Sector 8 and Sector 12 in Ramakrishna Puram, New Delhi for the Preventive Health Check-up of the beneficiaries above the age of 40 years in Delhi. The same has been extended to eight dispensaries in Delhi & NCR (two in each zone)

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

(x) Out sourcing of Dental Services

Dental services in 13 dispensaries in Delhi have so far been outsourced to a private service provider.

(xi) Decentralization and delegation of powers

Ministries / Departments have been delegated powers to handle all cases of reimbursement claims if no relaxation of rules is involved. Earlier, claims beyond Rs. 2.00 lakh needed approval by the Ministry of Health & Family Welfare.

Under CGHS, financial power has already been delegated to the Addl. Directors of cities and zones to settle medical claims of pensioner beneficiaries upto Rs. 5 lakh if, no relaxation of rules is involved.

(xii) Increasing the level of Imprest Money at dispensary level

Imprest money available with the Chief Medical Officer in charge of dispensaries were very low resulting in CMOs not being able to attend to minor items of work. In order that minor items of work do not get delayed, the quantum of Imprest Money available with CMO in charge of each dispensary has been increased to Rs. 20,000/- (Rupees Twenty thousand only) per annum. Instructions have been issued to declare Chief Medical Officers in charge of dispensaries as Heads of Office under provisions of the Delegation of Financial Power Rules.

(xiii) Engagement of Bill Clearing Agency (BCA)

The major grouse of private hospitals and diagnostic centres empanelled under CGHS was that settlement of bills sent to CGHS in respect of treatment given to pensioner CGHS beneficiaries took unduly long time, which was one of the reasons why hospitals and diagnostic centres were showing their unwillingness to provide credit facility to CGHS beneficiaries. In order to overcome this difficulty, CGHS has appointed UTI – TSL as the Bill Clearing Agency, by signing a MOA with it. Under the procedure, hospitals and diagnostic centres are required to submit their bills electronically to UTI – TSL after discharge of the patient, followed by forwarding of bill physically. UTI – TSL is required to pay to the hospitals the

applicable amount as per package rates for the treatment within ten days of receipt of the bill physically. To enable UTI – TSL to make payments to hospital, an advance of Rs. 70 crore has been given to it by the CGHS. After UTI-TSL makes payments to the hospitals, it submits the bills to CGHS periodically for recouping the money paid to hospitals.

(xiv) Outsourcing of sanitation services in dispensaries

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

(xv) Appointment of Authorized Local Chemists (ALC)

- To facilitate easy and faster availability of medicines which do not figure in the Formulary, Authorised Local Chemists have been appointed, through tender system for a period of two years, for all dispensaries in all cities for procurement of non-formulary medicines prescribed by specialists requiring to be indented.
- All dispensaries in Delhi and ALCs have been linked in network and all indents are raised online, in such cases, ALCs are required to supply indented medicines the next day.

(xvi) Procedure for referral to empanelled hospitals for medical treatment

Treatment in private empanelled hospitals can be undertaken only with prior permission of CMO In charge in case of pensioner beneficiary and the Department concerned in case of serving employee, except in case of medical emergency.

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

(xvii) Minor Children of Widowed /Separated / Divorced daughters now eligible for the purpose of CGHS facilities as dependent member of family

Based on the recommendation of the 6th Central Pay Commission, it has now been decided to expand the definition of ‘family’ under Central Government Health Scheme (CGHS) to include minor children of widowed/separated daughters who are dependent upon the CGHS beneficiary. The upper-age limit of that dependents for the purpose of being eligible for CGHS medical facilities will be 18 years, the age of their becoming major and should be normally residing with the Government servant/pensioner.

(xviii) Recent Achievements and Initiatives taken by CGHS for the beneficiaries

1. Validity period of permissions for diagnostic tests extended upto six months.

The CGHS beneficiaries undergoing treatment for some chronic disease conditions viz. Diabetes, Hypertension and other cardiac diseases, Dialysis and Cancer require diagnostic tests and follow up treatment at regular intervals were required to obtain prior permission from the competent authority on every occasion causing inconvenience to them. The system has since been simplified and they can now be granted the permission valid for six months period to get the diagnostic tests done on regular intervals as prescribed by a Government doctor during the validity period of upto six months. This will help them in avoiding frequent visits to the dispensary for obtaining requisite permission for diagnostic tests. An Office Memorandum has been issued in this regard on 1st October, 2012.

2. Requirement of prior permission for diagnostic tests - dispensed with

The Ministry has been receiving suggestions from various quarters for doing away with the mandatory requirement of prior permission from the CMO in charge of the dispensary in case of pensioner beneficiary and the Department in case of serving beneficiaries of CGHS in view of hardship being

faced by them in obtaining the same. It has now been decided to dispense with the mandatory requirement of prior permission for undertaking the diagnostic tests as prescribed by a CGHS doctor/ Government specialist. This decision to liberalise the procedures will help the beneficiaries in getting the requisite treatment timely and conveniently. It will also reduce the workload of dispensary and the doctors would be able to serve the beneficiaries more efficiently. An Office Memorandum has been issued in this regard and it has come into effect from 1st January, 2013.

3. Introduction of ‘SMS-Alert’ system to check misuse of CGHS cards and pilferage of medicines

With a view to exercise an effective check the possibility of misuse of CGHS cards by non-holders and pilferage of medicines from the CGHS Wellness Centres, an ‘SMS-Alert’ system has been introduced in July, 2012 by CGHS. Under this system, whenever a CGHS card is used for issue of medicines from the CGHS dispensary, a system generated message is sent to the CGHS beneficiary indicating that he has been issued medicines from the CGHS dispensary. It alerts a CGHS beneficiary and provides a check on unauthorised use of a CGHS card by any other person and helps in checking pilferage of medicines by some unscrupulous elements. Instructions have also been issued in October, 2012 making it mandatory for the CGHS Wellness Centre to record /update the Mobile no. of the CGHS beneficiary in its computer database before dispensing the medicines.

4. Opening of new dispensaries

CGHS has since opened new dispensaries at Sarita Vihar, Vasant Kunj, Greater Noida, Rohini Sector-16 and Gurgaon on 23rd November, 2012, 30th November, 2012, 12th December, 2012, 14th December, 2012 and 14th December, 2012 respectively. The new CGHS Wellness Centres have since become functional. Efforts are also being made to open a dispensary at Sahibabad at the earliest. In addition, Ashok Vihar CGHS Wellness Centre has moved to its own newly

constructed dispensary building. Construction activities at two other places namely, Yamuna Vihar and Mayur Vihar-I has also commenced. For other places in Delhi NCR where CGHS has its own land, actions are underway to get the necessary approval so that construction work can begin early.

5. Issue of CGHS Cards

The system of preparation of CGHS cards and its delivery to the beneficiaries concerned has since been reviewed and CGHS has taken the responsibility of sending the cards to beneficiaries either by post or through courier. The situation has improved significantly and the pendency has been brought to zero. The beneficiaries are now getting timely delivery of CGHS cards at their home by Speed Post. This, also in a way, acts as a verification of the address of beneficiaries. Complaints of delay in card making have come down drastically. Beneficiaries are now getting their CGHS cards within two weeks, which earlier used to take few months.

6. Promoting Generic Medicines

With a view to promote use of Generic Medicines, Expressions of Interest (EOIs) have been called from the software solution providers which can indicate generic equivalent to a branded medicines simultaneously to help the doctor in prescribing generic medicines of same chemical composition and therapeutic value, against a more popular but expensive branded medicine. This will help in containing the expenditure on medicines. Four responses have come which are under evaluation.

7. Rotation Policy

A rotation policy for transfer/posting of staff and officers of CGHS has been initiated. As a first step, transfer/posting of pharmacists in Delhi/ NCR have been made recently. Transfer orders in respect of 146 pharmacists have been issued. The pharmacists who had completed 3 years in a dispensary have been transferred to other dispensaries. Those who had completed 10 years in a zone have been posted in another zone. It will also be implemented for other technical and non-technical staff and officers

of CGHS. Rotational transfers of doctors are also proposed to be done shortly.

8. Distribution of Life Saving drugs from the CGHS Wellness Centres in the NCR locations of NOIDA, GURGAON, and FARIDABAD.

The patients suffering from chronic diseases like cancer etc. require costlier medicines for treatment. These were supplied against indents placed through Medical Store Depot (MSD), Gole Market and the medicines were to be collected from the MSD, the following day by the patient or his family member. Arrangements have now been made for distribution of the Life Saving drugs/MSD items at the dispensary level in NCR locations outside Delhi. The system has since become functional in NOIDA, Gurgaon and Faridabad.

9. Cashless Facility for the pensioner beneficiaries at AIIMS and other Central Government Hospitals namely, Dr. RML Hospital, Safdarjung Hospital and Lady Harding Hospital in New Delhi.

As a fresh initiative for the benefit of the CGHS pensioner beneficiaries, it has been decided to offer cashless facility to them and their eligible family members in the Central Government Hospitals in New Delhi. For this purpose CGHS is in process of providing Advance of Rs. 5 crore to AIIMS, Rs. 1 crore each to Dr. RML Hospital and Safdarjung Hospital and Rs. 50 Lakh to Lady Harding Hospital in New Delhi. Detailed instructions containing modalities have already been issued and it is in the process of implementation.

10. Delegation of Power for appointing retired Govt. doctors

CGHS has been facing shortage of doctors at several places. To provide its services to the beneficiaries, CGHS has been appointing retired Government doctors on contract basis to bridge the gap between the requirement and availability of regular doctors. The powers for appointing retired Government doctors have now been delegated to the Additional /Joint Directors, CGHS of the cities to expedite the process of appointment.

STATEMENT SHOWING THE DETAILS OF CGHS HOSPITALS/WELLNESS CENTRES ACCORDING TO DIFFERENT SYSTEMS OF MEDICINES

Sr. No.	City	State	CGHS						Total	
			Hospitals	Allopathy	Ayurvedic	Homeopathy	Unani	Siddha		Yoga
1	Ahmedabad	Gujarat		5	1	1	0	0	0	7
2	Allahabad	Uttar Pradesh		7	1	1	0	0	0	9
3	Bangalore	Karnataka		10	2	1	1	0	0	14
4	Bhopal	Madhya Pradesh		1	0	0	0	0	0	1
5	Bhubaneshwar	Odisha		2	1	0	0	0	0	3
6	Chandigarh			1	0	0	0	0	0	1
7	Chennai	Tamil Nadu		14	1	1	0	2	0	18
8	Dehradun	Uttrakhand		1	0	0	0	0	0	1
9	Delhi		4	92	13	13	5	1	4	128
10	Guwahati	Assam		3	0	1	0	0	0	4
11	Hyderabad	Andhra Pradesh		13	2	2	2	0	0	19
12	Jabalpur	Madhya Pradesh		3	0	0	0	0	0	3
13	Jaipur	Rajasthan		5	1	1	0	0	0	7
14	Jammu	Jammu & Kashmir		1	0	0	0	0	0	1
15	Kanpur	Uttar Pradesh		9	1	2	0	0	0	12
16	Kolkata	West Bengal		18	1	2	1	0	0	22
17	Lucknow	Uttar Pradesh		6	1	1	1	0	0	9
18	Meerut			6	1	1	0	0	0	8
19	Mumbai	Maharashtra		26	2	3	0	0	0	31
20	Nagpur			11	2	1	0	0	0	14
21	Patna	Bihar		5	1	1	0	0	0	7
22	Pune	Maharashtra		7	1	2	0	0	0	10
23	Ranchi	Jharkhand		2	0	0	0	0	0	2
24	Shillong	Meghalaya		1	0	0	0	0	0	1
25	Thiruvanthapuram	Kerala		3	1	1	0	0	0	5
Total			4	252	33	35	10	3	4	337

13.2 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Financial assistance up to maximum of Rs.50,000/- is available to the poor indigent patients from the Health Minister's Discretionary Grant to defray a part of the expenditure on Hospitalisation/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 2011-12, financial assistance totaling Rs.137.19 lakh was given to 316 patients. A provision of Rs.135.00 lakh (after 10% cut on B.E of amount Rs.150.00 lakh provided) has been made during the current financial year 2012-13. Till September, 2012, a sum of Rs.73.65 lakh has also been released to 171 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 and NCT of Delhi and Puducherry. The Grants-in-aid released since 2001-02 to these funds have 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.

In order to provide immediate financial assistance, to the extent of Rs.1,00,000/-(Rs. one lakh) 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 & Smt.Sucheta Kriplani Hospital, New Delhi, All India Institute of Medical Sciences, New Delhi, Post Graduate Institute Medical Education & Research (PGIMER), Chandigarh, Jawaharlal Institute of Post Graduate Medical Education & Research(JIPMER), Puducherry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, Citaranjan 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 lakh. The financial assistance to the poor (BPL) patient up to Rs.1.00 lakh would be processed by the concerned Institute on 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 lakh is 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. The revolving fund is replenished after its utilization. For cases requiring financial assistance above the 1,00,000/- (Rs. one lakh only) 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 2011-12, financial assistance totaling Rs.810.58 lakh was given directly to 207 patients under Rashtriya Arogya Nidhi (Central fund.) and further, the revolving fund of amount Rs.465.00 lakh has also been given to the above hospitals/Institutes. A provision of Rs.10.80 crore (after 10% cut on B.E Rs.12.00 crore amount provided) has been made during the current financial year 2012-13. Till September, 2012, a sum of Rs.420.21 lakh has been released to 123 patients and further the revolving fund of amount Rs.305.00 lakh has also been released to the above Institute/hospitals.

Year wise details of Budget Estimate & grant released to States/UTs

(Rs. in crore)

Year	Budget Estimate (B.E)	States/ UTs(to which grant released)	Amount
2001-02	4.00	Chhattisgarh	0.50
		Andhra Pradesh	2.50
2002-03	2.80	NCT of Delhi	0.40
		Jharkhand	1.50
		Rajasthan	1.00
2003-04	3.50	Uttaranchal	0.25
		Jharkhand	0.50
		Jammu & Kashmir	0.24
		Kerala	1.00
		Rajasthan	1.01
		NCT of Delhi	0.50
2004-05	3.20	Chhattisgarh	2.05
		Karnataka	1.00
		Goa	0.90
		NCT of Delhi	0.25
		Puducherry	0.25
2005-06	3.00	Rajasthan	1.00
		Mizoram	0.15
		Tamil Nadu	1.05
		Haryana	0.50
		NCT of Delhi	0.30
2006-07	3.00	Andhra Pradesh	0.65
		Jammu & Kashmir	0.125
		Kerala	0.275
		Tamil Nadu	0.95
		Rajasthan	1.00
		NCT of Delhi	0.25
2007-08	5.00	West Bengal	1.1025
		Goa	0.30
		Himachal Pradesh	0.27
		Madhya Pradesh	0.8750
		Rajasthan	1.00
		Punjab	0.4525
		NCT of Delhi	0.70
		Puducherry	0.25

2008-09	5.00	Punjab	0.0475
		Kerala	2.00
		Uttar Pradesh	2.50
		Goa	0.30
		Sikkim	0.4750
2009-10	5.00	West Bengal	2.156
		Chhattisgarh	1.8750
		Haryana	0.25
2010-11	5.00	Tamil Nadu	2.50
		Goa	0.25
		West Bengal	1.25
		Haryana	0.25
		Manipur	0.75
2011-12	8.00	Haryana	0.25
		Uttarakhand	0.6375
		Manipur	1.25
		West Bengal	3.8378
		Kerala	0.75
		Tamil Nadu	1.27
2012-13 (as on Sept.2012)	7.20	Tamil Nadu	1.23
		Haryana	0.25
		Assam	1.50
		Arunachal Pradesh	0.50
		Odisha	3.72

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

“Health Minister’s Cancer Patient Fund” (HMCPF) within the Rashtriya Arogya Nidhi (RAN) 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 Centre(s) (RCCs). Such step would ensure and speed up financial assistance to needy cancer patients and would help to fulfill the objective of HMCPF. The financial assistance to the cancer patient up to Rs.1.00 lakh would be processed by the concerned Institute on 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 lakh is 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 on proposal revolving fund of Rs.10.00 lakh was placed (List of RCCs is at **Appendix- B**). An amount of Rs.510.00 lakh was released to 17 Institutes during year 2011-12. Till September, 2012 a sum of Rs.350.00 lakh have also been released to 16 Institute (RCCs) during the current financial year 2012-13.

List of 27 Regional Cancer Centre and Financial Assistance provided to them from Health Minister Cancer Patient Fund (HMCPF) within Rashtriya Arogya Nidhi.

Amount released (Rs. in lakh)

Sl. No.	Name of Centres (27 RCCs)	2011-12	2012-13 (as on Sept. 12)
1	Chittaranjan National Cancer Institute, Kolkata	80.00	40.00
2	Kidwai Memorial Institute of Oncology, Bangalore, Karnataka	40.00	40.00
3	Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu	40.00	30.00
4	Acharya Harihar Regional Cancer Centre for Cancer Research & Treatment, Cuttack, Odisha	20.00	
5	Regional Cancer Control Society, Shimla	40.00	40.00
6	Cancer Hospital & Research centre, Gwalior, Madhya Pradesh	10.00	10.00
7	Indian Rotary Cancer Institute, (AIIMS), New Delhi	20.00	
8	RST Hospital & Research Centre, Nagpur	20.00	20.00
9	Pt. J N M Medical Collage, Raipur, Chhattisgarh	20.00	
10	Post Graduate Institute of Medical Edu. & Res., Chandigarh	10.00	
11	Sher-I Kashmir Institute of Medical Sciences, Soura, Srinagar	—	10.00
12	Regional Institute of Med. Sciences, Imphal, Manipur		
13	Govt. Med. College & Ass. Hospital, Bakshi Nagar, Jammu		
14	Regional Cancer Centre, Thiruvananthapuram, Kerala	60.00	30.00
15	Gujarat Cancer Researach Institute, Ahmedabad	20.00	20.00
16	MNJ Institute of Oncology, Hyderabad, Andhra Pradesh	-	
17	Puducherry Regional Cancer Society, JIPMER, Puducherry		10.00
18	Dr.B.B.Cancer Institute, Guwahati, Assam	30.00	20.00
19	Tata Memo.Hos. Mumbai, Maharashtra	30.00	20.00
20	Indira Gandhi Institute of Med. Sciences, Patna	-	
21	Acharya Tulsi Reg.Cancer Trust & Research Institute, Bikaner, Rajasthan	-	
22	RCC, Pt. B.D.Sharma Post Graduate Institute of Medical Sciences, Rohtak	30.00	
23	Civil Hospital, Aizawl, Mizoram	20.00	20.00
24	Sanjay Gandhi Post Graduate Institute of Med. Sc., Lucknow	-	
25	Cancer Hospital, Agartala, Tripura	20.00	20.00
26	Kamala Nehru Memo.Hospital, Allahabad	-	10.00
27	Govt. Arignar Anna Memo. Cancer Hospital, Kancheepuram, Tamil Nadu.	—	10.00
	Total	510.00	350.00

13.5 VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJANG HOSPITAL

13.5.1 Introduction

Safdarjang 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 Sciences in 1956, Safdarjang 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.

Vardhman Mahavir Medical College was established at Safdarjang 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. 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.

13.5.2 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 within this hospital premises.

13.5.3 OPD Services: OPD Services are running in New OPD Building of VMMC & Safdarjang Hospital.

- Patients coming to OPD of Safdarjang 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 23,22,152 in the year 2011 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 3 years are as under (Jan to Dec) :

Year	OPD Attendance
2010	23,21,526
2011	23,22,152
2012 till September	17,89,296

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 causality 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 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 Department of Obst. & Gynecology and the burns have separate, independent causalities.

Mini Intercom Exchange installed in Emergency (Casualty). This will facilitate smooth functioning of Casualty, Emergency wards and OPD Block in case of break down in Main Telephone Exchange. The casualty Department has also been equipped with Tracked overhead I.V.

Several New Super Speciality Departments such as Endocrinology, Medical Oncology, Nephrology, Nuclear Medicine and Hematology are also being run in this hospital.

Department of Nephrology functions with

- Creation of a spacious dialysis room accommodating around 10-11 haemodialysis machines.
- Creation of a dialysis set up for HIV patients.
- Creation of a separate ward for patients.

- Purchase of a fully automatic R.O. plant.
- Central oxygen supply and central suction facility.
- Gearing up to start renal transplantation soon.

Department of Nuclear Medicine had started following Radionuclide tests

Whole Body & Three phase Bone Scan, Myocardial Perfusion Scintigraphy, Multigated Cardiac Acquisition (M.U.C.A.), Thyroid Scintigraphy, Parathyroid Scintigraphy, 1-131 Whole Body scan, Radioactive Iodine Uptake study (R.A.I.U.), Salivary Gland Scintigraphy Gasroesophageal reflux study, Gastric Emptying Study, RBC' labeled Gastrointestinal Bleed study, Meckel's Scintigraphy, Hepatosplenic scintigraphy, Hepatobiliary scan (H.I.D.A.), Brain Perfusion SPECT, Radionuclide Cysternography (D.R.C.G.), Dynamic Renal Scintigraphy (D.T.P.A./E.C.), Renal Cortical Scan (D.M.S.A.), Direct Radionuclide Cystourethrography (D.R.C.G.), Scintimammography and Testicular Scan.

The hospital also provides the services for Cardiac Catheterization, Lithotripsy, Sleep Studies, Endoscopies, Arthroscopies, Video EEG, Spiral CT, MRI, Color Doppler, Mammography and BAC T ALERT Microbiology Rapid Diagnostic system.

1. Total no. of 986 test/scans have been performed in the Nuclear Medicine Deptt. In the year 2011-12.
2. Facility for low dose Radio Iodine Therapy for Thyrotoxicosis is now available in the Department.

The Department of Ophthalmology has its own eye bank with proactive counselors for promoting eye donation and 24x7 services are available in this regard. Eye donation fortnight was celebrated in the month of September 2011. *Motiyabind Mukti Abhiyaan* was successfully completed in 2011. The world Sight day was observed with special stress on screening for diabetic retinopathy, glaucoma and cataract. World geriatric week was observed in the year 2011. Running 24 hours two Emergency Surgical O.T.

Total number of operation conducted

Total No. of In-Patients admitted and operations conducted in this hospital for the last 5 years is as

under (Jan to Dec):

OPERATIONS

Years	Admissions	Major	Minor	TOTAL
2008	1,29,271	21,604	69,640	91,244
2009	1,28,175	23,354	69,091	92,445
2010	1,25,192	23,096	70,544	93,650
2011	1,29,349	24,197	72,469	96,666
2012 Till Sept.	1,05,395	21,321	67,636	88,957

The total number of deliveries conducted in the Department of Obst. & Gyane during the year 2012 till September 25439.

	2008	2009	2010	2011	2012
Lab. Examination	3354439	3698191	4239160	3560900	2542086
X-ray examination	230530	248211	256432	282865	222196

13.5.5 Transport Services

Safdarjang Hospital has 21 Ambulances which are available for emergency services round the clock. Out of 21 Ambulances six Ambulance (Force) were purchased during Common Wealth Games 2010, of which 4 are Basic Life Support Ambulance and 2 Advance Life Support Ambulance. Three other newly acquired Ambulances will be used as patient transport Ambulances for needy patients. Besides this 8 other vehicles are available which include 2 Buses. 1 STD Van, 1 Truck and 4 Staff cars.

13.5.6 Right to Information Cell (RTI)

R.T.I. Cell is also in function on the guidelines of Ministry of Law & Justice, as per the RTI Act 2005, in the Gazette of India on 15th June 2005. A total of 463 RTI applications and 52 RTI appeals have been received in last two quarters from 1st April 2012 to 30th September 2012.

13.5.7 Hindi Section

It is constant endeavor of Hospital to regularly monitor and see for the progressive use and implementation of the Official Language in the functioning of hospital. Due to our constant efforts, the use of official language has reached to approximately 65%.

13.5.8 Computer Server Room

It would be appropriate to mention that Safdarjang Hospital with a bed capacity of 1531 is the first one amongst the Central Govt. Hospitals in New Delhi to start the computerized activities like OPD slips & clinical reports etc.

In order to facilitate the IT related activities “Computer Server Room” was set up initially with one room in the 2nd floor of H-block Extension of this hospital in year 2005 and later it was shifted to its new location i.e. 1st floor H Block Extn. Keeping the future needs in mind, the computerization of this hospital started by computerizing **OPD (registration), admission, clinical biochemistry, laboratory medicine, casualty, radiology and medical store.**

The hospital presently has approximately 300 computers in use at various locations including Departmental heads & faculty members for research & educational use. National informatics Centre (NIC) who were a part of the hospital technical advisory board since the beginning where approached with a request to solve the nagging issues. They were also requested to chalk out a feasibility plan for extension of HMIS services including LAN based internet services to all the sections of the hospital. NIC drew up a proposal which was forwarded to the Ministry.

13.5.9 Hospital Information System (HIS)

Safdarjuang had initiated implementation of IT in the hospital in 2005 by setting up a local area network of 26 nodes including the OPD (registration), admission, clinical biochemistry, laboratory medicine, casualty, radiology and medical stores.

In Phase-II these services were enhanced by extension of LAN facility to the Medical College, New OPD Complex Block, Admission & Enquiry and MRD (a total of 534 nodes) for better patient care services and improved medical record management. There is also a proposal to amalgamate these phase-II services with extension of similar services to the whole hospital including in patient care services with the help of NIC.

There is also a proposal for digitalization of the MRD Cases sheets/records for storage and easy retrieval. Once fully functional this could be merged with the Hospital HIS (Hospital Information System)/HMIS(Hospital Management information System).

13.5.10 Website

The hospital website (www.vmmc-sjh.nic.in) was redesigned & launched in July 2008 with the help of NIC and presently the website is updated regularly from the server room located within the hospital. In order to make the hospital website more friendly for the physically handicapped (level A of WCAG 2.0) as per the current Government of India guidelines, the process has been initiated and the work order issued through NICS and is expected to be launched within the next 6-8 weeks.

The present hospital website is interactive and the CMS (Content Management System) rights rest with the Web Administrator, VMMC & Safdarjang Hospital. The website is updated at regular intervals and all information regarding tenders, interviews/recruitments and results etc are posted on the site.

13.5.11 Internet: The hospital / college library has been provided with internet facility through a server and 20 thin clients during 2007-08. In addition above 80 broadband internet connections have been provided to individual Departments to facilitate research and furthering education.

13.5.12 Activities during last one year: In the past year, the hospital has been connected with the National

Knowledge Commission New work (NKN) through 1 GBPS internet connection. NIC has been requested to undertake a gap analysis in order to activate the phase-II of LAN services and to make provision for NKN internet services through LAN. In addition, NIC is in the process of upgrading the proposal for HMIS forwarded to the Ministry of Health & F.W. and extending the LAN services to the rest of the Hospital complex.

The server room through the assistance of the technical team co-ordinates the computerized registration services, in patient records and generates the census of the out patient, in patient and other patient care and related data.

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 Safdarjang Hospital. The research activities are often in coordination with ICMR, DST & WHO.

13.5.14 Summary of Expenditure in r/o Safdarjang Hospital & VMMC

Safdarjang Hospital

Plan

(Rs. in crores)

Component with Head	B.E. 2012-13	Expenditure	%w.r.t. B.E.	Balance Budget	Remarks
Capital 4210	100.00	16.45	16.45	83.65	New LC opened =Rs. 3.29 cr. 10% LC=Rs 1.02 cr M&E= Rs 3.56 cr Major Works=Rs. 8.57 cr.
Capital 4210	4.00	0.14	3.50	3.86	Placement to CPWD Elec. Rs. 0.14 cr
Revenue 2210 (SJH)	153.55	90.30	58.81	63.25	Placement to CPWD Elec. Rs. 9.95 cr. & Civil Rs. 4.57 Cr. CPWD Horticulture Rs. 0.19
Revenue 2210 VMMC	3.50	7.93	226.57	-4.43	Placement to CPWD Elec. Rs. 0.98 cr
Revenue SPORTS INJURY CENTER (SIC) 2413	9.74	5.32	54.62	4.42	
G. Total	270.79	120.14	44.37	150.65	

Non Plan

(Rs. in crores)

Component with Head	B.E. 2012-13	10% Cut Revised B.E. 2012-13	Expenditure	%w.r.t. B.E. 2012-13	Balance Budget	Remarks
Revenue 2210	210.00	205.92	129.97	63.12	75.95	-

13.5.15 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 17,000 books covering all subjects of medical education, nursing and laboratory technicians.

The library procures 122 journals (91 International and 31 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. 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.

13.5.16 Telephone Exchange

The Telephone Department is located in a double storey building near Gate No. 1 next to Dental Surgery Department. Ground floor of the building has an Operator room with console of Exchange and Administrative office. On the first floor is the EPABX Electronic Exchange with other Machinery and Equipments. It interconnects the various Depts. of SJ Hospital and also to the medical college through telephonic services. One hundred lines for VMMC are operational for the benefit of many Departments of VMMC. One Mini Intercom Exchange with capacity of 100 lines also has been made operational in causality recently so as to avoid any interruption in Emergency Services due to power failure or any other circumstance.

13.5.17 Staff Strength as at the end of July 2012

S. No.	Name of the Group	No. of Post Sanctioned (live)	In Position
1.	Group A Gazetted	457	336
2.	Group B Gazetted	62	34
3.	Group B Non Gazetted	1470	1340
4.	Group C	2220	1887
5.	Resident Doctors/PG/ DNB/Intern	1570	1290
Total		5779	4887

13.6 DR. RAM MANOHAR LOHIA HOSPITAL

13.6.1 Background

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 75 years of its existence and also emerged as a Centre of Excellence in the Health Care under the Government Sector Hospitals. Its Nursing Home was established during the year 1933-35 out of donations from His Excellency Marchioner of Willingdon. 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. In the recent past, the Old Building portion of the hospital has been declared as a Heritage Building.

Starting with 54 beds in 1954, the hospital has been expanded to meet the ever-increasing demand on its services and now is a 1055 bedded hospital, spread over an area of 37 acres of land. The hospital caters to the needs of C.G.H.S. 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 are making all out efforts to fulfill the mandate for which it has been set-up. The hospital is providing comprehensive patient care including specialized treatment to C.G.H.S. beneficiaries and General Public. Nursing Home facilities are available for entitled CGHS beneficiaries. The Nursing Home, including Maternity Nursing Home is having 75 beds for the CGHS and other beneficiaries.

The hospital is one of the most prestigious Government Hospitals not only because of its central location, near the Parliament House and in close proximity to North and South Block where most of the V.V.I.Ps stay but also because of 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 has annually provide health care services to approximately 15 lacs outdoor patients and around 57000 indoor patients during the period January to November'2012. About 2.16 lacs patients are attended in the Emergency and Casualty Department during the same period. 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 except Nursing Home treatment and some nominal charges for specialized tests.

13.6.2 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, Anaesthesia Services, Dermatology, STD & Leprosy, Dental, Eye, ENT, Family

Welfare, General Medicine, General Surgery, Gynaecology & Obstetrics, Orthopedics, Paediatrics, Psychiatry, Physiotherapy, Physical Medicine and Rehabilitation.

Super Specialty Departments / Units

Burns & Plastic Surgery, Cardiology, Cardio Thoracic & Vascular Surgery, Endocrinology, Gastroenterology, Nephrology, Neurology, Neuro-Surgery, Paediatrics Surgery and Urology.

Departmental Special Clinics

- 1. Medicine:** Diabetic Clinic, Asthma Clinic, Pre Anaesthetic Clinic, ART Clinic and ARC Clinic
- 2. Paediatrics & Neonatology Specialty:** Neonatology & Well Baby Clinic, Follow - up clinic, Neurology Clinic, Nephrology Clinic, Rheumatology Clinic, Asthma Clinic, Thalassaemia clinic and Nutrition Clinic.
- 3. Gynecology & Obstetrics:** Antenatal Clinic and Infertility Clinic.
- 4. Dermatology:** Allergy Clinic, Leprosy Clinic, Psoriasis Clinic and Vitiligo Clinic.
- 5. Eye:** I.O.L Clinic, Glaucoma Clinic and Retina Clinic.
- 6. Psychiatry:** Child Guidance Clinic, Drug De-addiction Clinic, Marriage counseling Clinic, Psycho-Sexual Clinic and Geriatric Psychiatry Clinic.

Yoga Centre for cardiac and other patients Unani OPD (Daily)

Ayurveda clinic has been started and Homeopathy clinic has been planned.

Blood Bank Services

Diagnostic Services: Hematology, Pathology, Microbiology, Histopathology & Cytology, Biochemistry, Radiology including CT Scan, Digital X-ray, Color Doppler and Ultrasound & MR.

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.

13.6.3 Emergency & Trauma Care Services

This hospital has well-established Emergency services including round-the-clock services in Medicine, Surgery, Orthopedic and Paediatrics 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 Coronary Care Unit of the hospital has been completely renovated recently with new equipments and infrastructure. 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 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.

13.6.4 Sanitation & Environmental Concern in Hospital Campus: The hospital has given high importance to the 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 under taken 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.

13.6.5 Resident Hostels for Doctors & Nurses: The hospital has provided accommodation to Resident Doctors as well as Nurses/Nursing students to improve the Health Care 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.

13.6.6 Benefits/Activity for person with disability: The Hospital has facilitated for setting up ramps and wheel chair service through porters for the person with disability.

13.6.7 Recent Achievements of the Hospital

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

- 1. Renal Transplant:** Renal Transplant has been started on live related donors and till November 2012, twenty five renal transplant surgery have been done.
- 2. General Maternity Ward and Neo-natal Ward in the Hospital:** Apart from Maternity services available to Nursing Home entitled, the Hospital has done 735 General Maternity cases from January'2012 to November'2012.
- 3. College of Nursing:** The Hospital's School of Nursing set up in 1963 with 25 students capacity per year has been upgraded into College of Nursing with intake 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.
- 4. Dharamshala:** A Dharamshala for attendants of patients is under construction on one acre of land allotted to hospital near the Birla Mandir to help the attendants/relatives of the outpatients coming from different parts of the country. The construction activity started by CPWD and is in full swing and it is likely to be completed by March'2013.
- 5. 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. There are separate Registration Counters opened for Senior Citizens, physically handicapped persons and the staff. The computerization of Administration & Accounts and cash handling work has also been started for easy retrieval of information/record. National Informatics

Center has undertaken the comprehensive E-Hospital Project with approved cost of 3.50 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 had been implemented. E-Hospital implementation covering all aspects of patient care, Labs, Human Resources of the Hospital, Inventory control System for the Hospital and IT induction. The online monitoring of lab tests has since been made operational.

6. **Construction of Emergency Care Building:** In order to provide state of the art Emergency Medical Care, a new Casualty Building is under construction with a provision of 280 beds. The estimated cost of the project is about Rs. 26 crores. It is likely to be commissioned in financial year 2012-13.
7. **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, the Hospital has planned to construct a new Multi-story Super Specialty Block on the land available at G- point, adjacent to Trauma Center which has been recently handed over to the Hospital by the Land and Development Office. 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 aided in proposed new Super Specialty Block.
8. **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".

9. **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. Six batches, each with 16 trainees per batch have since been conducted during the period January to Nov'2012 in the Hospital training centre equipped with latest equipments required for ATLS. In India this course is conducted only at Apex Trauma Centre of AIIMS and at Trauma Care Centre of Dr. Ram ManoharLohia Hospital.
10. **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 Health & Hospital Administration (PGDHHA) in collaboration with IGNOU on distance learning basis. This is one year diploma course in which 30 students are admitted. This is fifth (2012) course in a row.
11. **Super-specialty facilities at G-point:** Dr.Ram Manohar Lohia Hospital has been allotted an additional Land measuring 3.86 Acres at G-point adjacent to the Hospital by L&DO.

Dr. RML Hospital has conceived a plan for creation of Super Specialty Building at this site. Detailed plan has been prepared in consultation with Central Design Bureau. The tentative cost of the project is Rs. 618 crore (Rs. 386 crores for Civil Work, Rs. 193 crores for equipments and Rs.39 Crores for Project Management Consultancy). It is pertinent that this plan is an integral part of Re-Developed Plan of the Hospital.

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)
2007-2008		
Plan	7071.12	7078.33
Non Plan	6381.00	6360.73
2008-2009		
Plan	8364.01	8400.26
Non Plan	9315.00	9313.47
2009-2010		
Plan	9430.00	7441.88
Non Plan	12738.00	11990.56
2010-2011		
		Upto Jan 2011
Plan	13397.00	9037.00
Non Plan	12347.00	9516.00
2011-2012		
Plan	13508	13246.2
Non Plan	13248.6	13226.5
2012-2013		
		Up to Nov' 2012
Plan	15650.00	1062.94
Non Plan	12800.00	1201.45

13.7 INDIAN RED CROSS SOCIETY

The Indian Red Cross Society is the largest independent humanitarian organization in India. 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. A big family of 12 million volunteers and members and staff exceeding 3500, it reaches out to the community through 700 branches spread throughout the country to reduce vulnerability and empower the community for disaster response.



The delegations from the Red Crescent Societies attending the round table meeting, in New Delhi, called on the Chairman, Indian Red Cross & Union Minister of Health & Family Welfare on 30.05.2012

13.7.1 Red Cross intervention in Disaster Management

Assam Floods: Following heavy monsoon rainfalls, on 26 June 2012, flooding commenced across many districts in Assam. 124 people lost their lives. At least 2.2 million people were affected.

A joint assessment team was deployed comprising of National Disaster Response Team (NDRT)/ National Disaster Water and Sanitation Response Team (NDWRT) members who travelled to several villages in the worst affected districts of Jorhat, Barpeta and Nalbari between the 4th and 8th of July 2012. Water purification units were deployed with NDWRT members for operations. The team also trained volunteers in the community in Sanitation and hygiene. Non food items (8000 family packs) costing Rs. 2.25 crores was released along with a financial assistance for the procurement of 6, 75,000 chlorine tablets for 10000 families for 2 months.

Uttarakhand: Incessant rainfall combined with cloudbursts during 12/13 14 & 16th September 2012 left a trail of destruction in 6 villages of Ukhimath District. Over 50 dead bodies were recovered and 21 people trapped under the debris were rescued. In Kumosri village of Jakholi Tehsil in Rudraprayag district a house collapsed killing all five people inside. Local Red Cross units initiated relief work with the Red Cross volunteers which included certified first medical responders. Other district branches as well as the state branch provided additional support to accelerate the relief work. As an immediate response, IRCS (NHQ) released 200 family packs, 300 stoves and 50 family tents for distribution to the state branch.

In addition a NOMAD water sanitation unit along with the NDWRT team were positioned. The water purification unit provided 63000 litres of safe drinking water to 10,498 beneficiaries.

Cyclone Relief: Some coastal districts in the state of Andhra Pradesh and Tamil Nadu were affected by cyclones namely, Neelam and Landfall. The local branches participated in the relay of warning of the messages, evacuation of threatened population to safer areas, food & medical aid and took part in running of some of the shelters.

13.7.2 Disaster Management Programme

During the year five new states were added to the existing 10 states under the Disaster Management Programme. The new states added are Uttar Pradesh, Chhattishgarh, Uttarakhand, Manipur and Himachal Pradesh. Provisions have been made to activate video conferencing facility with 12 states which is being implemented in phases.

13.7.3 DRR & Livelihood Disaster Risk Reduction (DRR)

Since 2009, the Indian Red Cross Society (IRCS), with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), has been implementing the disaster risk reduction (DRR) programme in the six communities of Dhanora and Aheri in Yavatmal district, Kasarwadi and Kandalgao in Solapur district, and Mahatma Phule Nagar and Bharat Nagar in Mumbai district of Maharashtra. Following successful completion of the first phase, IRCS began implementation of the second phase in 2011, focusing to strengthening livelihood support to the communities through building linkage with local administration. The DRR programme aims to build the capacity of communities to reduce the risk from natural hazards.

13.7.4 Livelihood Projects

The project seeks to empower fisher folk communities, particularly the fisherwomen, in Nellore and Prakasam Districts of Andhra Pradesh by supporting them with the livelihood assets such as 1527 ice boxes to preserve fish, 99 fish curing tubs, construction of 13 fish drying platforms and 13 dry fish storage sheds. The project also aims to improve transportation facility in 2 selected villages, which has poor transportation facility for marketing of fish by providing them with trucks/ autos.

Mid Term Evaluation was conducted from 19th-24th January 2012 by an internal team comprising of IRCS-

APSB representatives, SRC and volunteers to provide an in-depth review of the status, performance and relevance of the project as compared to the project document (project activities, timeline) and to plan future course of action of the project.

13.7.5 Branch Development

In the year 2012 the National Headquarters of the Indian Red Cross Society organized 4 regional meetings of the Red Cross branches at state/UT level at Guwahati, Chennai, Chandigarh and Mumbai. The agenda of the meetings broadly covered uniform rules, fund raising, taxation, blood services, membership, first aid training, utilization of the development grant and strengthening of JRC/YRC. The branches also shared details of their properties, staff and volunteers.

13.7.6 Junior and Youth Red Cross

The Indian Red Cross Society established Junior /Youth Red Cross in 1925. Today more than eleven million Junior/ Youth members are proud to be associated with the Indian Red Cross. The Junior/Youth Red Cross in India has been active for more than 76 years and has a structure at National, State, District and School/College level.

Some of the important activities in which J/YRC volunteers participated are promotion of voluntary blood donation, sorting out relief material during disasters, assistance in observation of important events such as World Red Cross Day, World Health Day etc, creating awareness about key social and global issues, participation in camps and disseminating information on HIV/AIDS, hygiene, road safety and actively participate in Youth Peer Education Programme of IRCS such as HIV/AIDS project, Junior/Youth Red Cross Development project etc.

13.7.7 Health

HIV/ AIDS: Indian Red Cross continued its HIV/AIDS activities such as Youth Peer Education and Stigma & Discrimination in the state of Maharashtra. It is supported by the German Red Cross through NHQ and is currently in its ninth year. Activities are being carried out in Pune, Nashik and Kohlapur districts.

Tuberculosis & Malaria: The project has been implemented in the states of Punjab, Uttar Pradesh and Karnataka. It has now been extended to the states of Gujarat, Maharashtra, Haryana and Odisha. Indian Red Cross Society is having close collaboration with TB Association of India, at Centre, State and District level

along with International Federation of the Red Cross and the Red Crescent Societies, USAID, WHO and MoHFW, Govt of India. Aim of the project is to mobilize TB patients who have defaulted in taking DOTS treatment and supporting them till they complete the treatment. Phase I & II have reported successful completion of the treatment exceeding 90% of patients enrolled. The programme is also now proposed to cover parts of Bihar in April 2013.

Indian Red Cross Society has also been implementing Malaria Prevention & Control Programme in two states i.e. Odisha and Andhra Pradesh. It aims at creating awareness among the population regarding adoption of healthy and hygienic living which shall aid to contain the disease. Distribution of long lasting Insecticidal nets and educating the beneficiaries about their proper usage are the prime objectives of the programme.

13.7.8 First Medical Responders

Supported by the National Headquarters, the Uttarakhand state branch took up a community level mobilization, training and deployment programme of Red Cross volunteers. The state branch can now boast of 150 trainers and 4700 trained FMRS in its 13 districts who are available within the community in its territories who would respond to any medical emergency arising due to any reason. On the success of the pilot project the programme is now being implemented in Gujarat and slated for implementation in other states such as Jammu & Kashmir and Odisha in the coming months.

13.7.9 Measles Catch Up Programme

Measles Catch Up campaign has been initiated in 6 districts of Madhya Pradesh and 14 districts of Uttar Pradesh. Children between the age of 9 months to 10 years are being covered in the project wherein they are being administered the 2nd dose of measles vaccine by state health functionaries. IRCS volunteers are participating in the social mobilization of the target groups parents for spreading awareness about measles. The Indian Red Cross Society is supplementing the programme through its own resources to make a difference at the grass root level.

13.7.10 Blood Bank

Indian Red Cross Blood Banks contribute 10% of the total blood requirement in the country. The IRCS NHQ

Blood Bank collects 86% blood from voluntary donors. IRCS, NHQ Blood Bank is the first Red Cross Blood Bank in the non-governmental set up in the country to be designated as Model Blood Bank by NACO. The Blood Bank supplies blood to about 900 thalassaemic patients free of service charges which is approx. 50% of total thalassaemics in Delhi. In addition, blood is also supplied free of charge to the patients admitted in the Government hospitals. The Indian Red Cross NHQ blood bank has also been awarded ISO 9002 certification by BIS (Bureau of Indian Standards).

During the year till October 29th 2012 the blood bank issued 26658 units of blood and blood components. Total no of voluntary donors in IRCS were 1957, voluntary donors in camps 19415 and replacement donors stood at 4013.

13.7.11 Family News Service (FNS)

In the year under report FNS received total of 85 Red Cross messages and out of which 40 have been successfully closed, 2 have been sent back to the sender and 18 are still active. Out of 157 tracing requests 9 have been successfully closed, 12 sent back to the sender while 133 are still active cases.

13.7.12 Medical aid in Refugee Camps

Indian Red Cross Mobile Medical unit consisting of a Medical officer and para medical staff visits the Tamil refugee camps at Gummudipoondi and Puzhal once a week to provide medical aid. As the camp sites are located in isolated places, their medical problems are addressed by the team. Medical examinations, issue of free medicines, referral services are carried out by the medical team. On an average, during every visit 379 refugees are given medical aid.

13.7.13 Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation

This course, which is affiliated to the GGSIP University, was initiated by the Indian Red Cross Society in 2006 to develop knowledge on disaster preparedness, rehabilitation, and sustainable development including framework and skills for addressing anticipated hazards, disasters and complex emergencies IRCS awarded diploma to the sixth batch of the academic session, 2011-12. 7th batch has been enrolled and the classes have commenced on 24th September 2012.

13.7.14 Health Promotion through Ayurveda & Yoga

IRCS in collaboration with Department of Ayush, Ministry of Health and Family Welfare, has started 50 hours certificate course (3 month part-time programme) in Health Promotion through Ayurveda & Yoga.

The course is popular and attracts good response. The 10th course advertisement attracted 246 applications for the 50 seats. The classes have started on the 23rd October 2012. The programme is supported by Ayush, Ministry of Health & Family Welfare, Government of India.

13.8 ST. JOHN AMBULANCE INDIA

Since January 2012 under the St John banner over 1.94 lac proficiency certificates have been issued to the State branches for further delivery to the trainees who successfully completed the course. The proficiency certificates issued by the NHQ have been made tamper proof and their quality is improved. For professional category, First Aid certificates are issued with photographs and signature of the candidates and other security features. First aid courses are also being offered by some Red Cross state and union territory branches.

13.9 EMERGENCY MEDICAL RELIEF (EMR)

13.9.1 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.

13.9.2 Preparedness and Response for Disasters

13.9.2.a Preparedness for disasters: Crisis Management Plan for Biological Disasters and the Emergency Support Function Plan were reviewed in 2012 and circulated to all concerned in May, 2012. 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. A model state contingency plan for biological disasters was prepared and circulated among all states.

Ministry of Health & FW prepared a road map for managing radiological emergencies. This road map provided for creating capacities in districts covered under the off-site plan of nuclear facilities and other 50 prioritized urban districts to manage radiological emergencies. Centres of excellence to provide tertiary care are also to be set up. A three member Central team visited all the nuclear facilities to identify gaps in the off-site plans of the Nuclear Power Plants.

13.9.2.b Response: Ministry of Health and Family Welfare was represented in the central assessment teams of the Ministry of Home Affairs that visited Sikkim & West Bengal (Earthquake) and Odisha (Flood) for damage assessment. Relief was recommended in terms of norms under National Disaster Response Fund.

Medical relief to displaced population in camps in the Districts of Kokrajhar, Dubri and Chirang, Assam: Ministry of Health & Family Welfare supported the State of Assam in providing medical relief to displaced population in camps in the Districts of Kokrajhar, Dubri and Chirang in the State of Assam. In all about 180 doctors were deployed to provide medical assistance to the camp inmates over a period of 4 months (July to October, 2012). Public Health team from All India Institute of Hygiene and Public Health, Kolkata, were continuously deployed to address public health issues in camp settings surveillance and response, child health, reproductive health, immunization, vector control, water and sanitation.

13.9.3 Pandemic Influenza: The Pandemic Influenza virus continued to circulate as seasonal influenza virus. From January 2012 to 2nd December 2012 there had been 4728 laboratory confirmed cases with 356 deaths. The states which reported sporadic outbreaks with large number of cases and deaths are Andhra Pradesh, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh.

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 States of Goa, Kerala, Karnataka, Maharashtra, Madhya Pradesh,

Puducherry, Rajasthan, Tamil Nadu were provided Oseltamivir as per their requirement. H1N1 Vaccine to vaccinate health care workers was provided to the States of Andhra Pradesh, Gujarat, Karnataka, Kerala, Maharashtra, Odisha, Punjab, Puducherry, Rajasthan and Tamil Nadu. In addition personal protective equipments, N-95 masks and surgical masks were provided to the States of Chhattisgarh, Karnataka, Kerala, Puducherry, Madhya Pradesh and Tamil Nadu. Central multi-disciplinary team was deputed to Maharashtra to assist the State Government in instituting mitigation measures.

13.9.4 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 Odisha (3 epi-centres), Tripura (3 epi-centres), Meghalaya and Karnataka (one each). 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.

13.9.5 Outbreak Investigations: Central multi disciplinary expert teams were deputed to investigate disease outbreaks in the State of Batala, Punjab (Cholera) and Tirunelveli, Tamil Nadu (Dengue). Based on the recommendations of the Central Team, public health measures were instituted.

13.9.6 Medical Care Arrangements on Special Occasions: Medical care arrangements were organized by the D.G.H.S for Republic Day and Independence Day celebrations. Medical care arrangements were made for the Heads of States of Australia, Bahrain, Bhutan, Burundi, Maldives, Mali, Mauritius, Palestine, Qatar, Paraguay, Singapore, Sri Lanka, Tajikistan, Trinidad & Tobago and the President of the European Council of EU during their India visit. Medical care arrangements were also made for BRICS Summit; ASAEN-India Summit; 7th Meeting of Women Speakers, 4th OECD World Forum, 2nd ASEAN-India Ministerial meeting and 49th Director General of Civil Avian Conference.

13.9.7 Amarnath Yatra: Hon'ble Supreme Court in Writ Petition (Civil) No. 284 of 2012 titled "Court on its own motion Vs Union of India and Ors" vide order dated

20.07.2012 constituted a Special High Powered Committee (SHPC) to look into issues related to health, environment, access control, public amenities etc. during Shri Amarnathji Shrine pilgrimage. Based on the report of the SHPC, Government of Jammu and Kashmir has submitted an action plan to the Hon'ble Supreme Court. For addressing the health related issues, Ministry of Health and Family Welfare is supporting the Govt. of J&K in revising the format for medical certification, training in Mountain Medicine, providing expertise in high altitude prefab structures for medical posts and facilitating additional health manpower deployment through State Health Departments and Indian Red Cross Society.

13.10 E-HEALTH (TELEMEDICINE)

The Government has decided to set up e-Health/ Telemedicine System in the country and endeavors are being made to expand the reach, range and quality of Primary Health Care services available under Public Health. Efforts are being made seamlessly to synergize the system with overall health sector rejuvenation being undertaken by National Rural Health Mission (NRHM). To reach the most hard and remote areas of the country, the telemedicine technology has the potential to transform the quality and range of services initiated through health sector reforms under National Rural Health Mission. Many other agencies are also undertaking e-Health initiatives like Department of Information Technology, Indian Space Research Organization, Sanjay Gandhi Post Graduate Institute, Lucknow, All India Institute of Medical Sciences, New Delhi, Post Graduate Institute of Medical Education and Research, Chandigarh, etc.

It is proposed to support education and continued learning in medicine Health during the 12th Plan Period. It is also proposed to make use of Telemedicine effectively for better management of Health Programmes, better quality, care and follow up in remote locations under NRHM.

13.11 SPORTS INJURY CENTRE (SIC)

Sports Injury Centre (SIC) was set-up in September, 2010 as Centre for Excellence under the Medical Superintendent, Safdarjung Hospital to carry out upper specialized nature of treatment to all Sports injuries and other Joint Disorders under one roof.

- 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 Orthopedic Surgeons, Anesthetists, 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 specialized 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, Color Doppler have been outsourced under Public Private Partnership mode on revenue sharing basis. These tests/radiological and Imaging examinations are conducted on CGHS approved rates for all patients. The services are being provided round the clock.

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 year 2012 (up to 31st October 2012) are as under.

S. No.	Sports Injury Centre (Department)	2011	2012 (till Oct)
1.	OPD Attendance Including Casualty attendance	55922	57762
2.	In-patient Attendance	1348	1212
3.	No. of surgeries undertaken	1201	1220
4.	Minor Surgical procedure	2044	3065
5.	Physiotherapy	49537	45808
6.	Psychology Clinic	2414	2648

13.12 TRANSPLANTATION OF HUMAN ORGANS ACT AND NATIONAL ORGAN TRANSPLANT PROGRAMME

1. The main purpose of the Transplantation of Human Organs Act, 1994 is to regulate the removal, storage and transplantation of human organs for therapeutic purposes and to prevent commercial dealings in human organs. It was observed that despite having put into place a regulatory mechanism for transplantation of human organs, there had been a spate of reports in the print and electronic media about human organ trade in India and the consequential exploitation of economically weaker sections of the society.
2. Based on the recommendations of several Committees and Hon'ble Court's directions, Government of India initiated the process of amending and reforming the above said Act. Consequently, the Transplantation of Human Organs (Amendment) Act, 2011 was enacted with the basic objectives of:
 - a. Increasing the availability of human organs and tissues in the country for transplantation.
 - b. Curbing illegal and commercial dealings through stiffer and prohibitive penalties.
 - c. Liberalising some provisions like expanding the definition of near relatives, and allowing swap donations to broaden the donor pool.
 - d. Streamlining the regulatory framework for safeguarding the interests of the vulnerable sections of the society including minors and mentally challenged.
 - e. Putting in place institutional mechanisms for networking and registry for better coordination and monitoring.
3. Some of the important amendments under the (Amendment) Act 2011 are as under:
 - a. Tissues included
 - b. 'Near relative' definition expanded to include grandchildren, grandparents.
 - c. Provision of 'Retrieval Centres' for retrieval of organs from cadavers/deceased donors and registration of these centres under the amended Act. Tissue Banks shall also be registered

- d. Swap Donation included
- e. Mandatory inquiry from ICU patient and informing the option to donate – if consents to donate, inform retrieval centre
- f. Mandatory ‘Transplant Coordinator’ in all registered hospitals under the Act
- g. Protect vulnerable and poor - higher penalties for illegal dealings
- h. Brain death certification committee simplified
- i. National Human Organs and Tissues Removal and Storage Network and National Transplant Registry
- j. Advisory committee to aid and advise Appropriate Authority
- k. Enucleation of corneas by a trained technician.
- l. Greater caution in case
 - Minors and mentally challenged persons
 - foreign nationals
4. The Transplantation of Human Organs Rules are under the process of revision and once they are finalized the provisions in the amendment Act will be brought into force.
5. An online system with a dedicated website is being developed for establishing network for procurement of organs from deceased /cadaver donors and their allocation and distribution in a transparent manner. A computerized system of National Registry of donors and recipients is also going to be put in place.
6. National Organ and Tissue Transplant Organization having components of National Human Organs and Tissues Removal and Storage Network and National Biomaterial Center/Tissue Bank is being set up at Safdarjung hospital, the building for which is ready.
7. Third Indian Organ Donation Day organized on 30-11-2012 at Safdarjung Hospital, New Delhi.
8. A stall was set up during the India International Trade fair at New Delhi in 2012 to spread the message of Deceased Organ Donation among the public.
9. Regional “Organ Donation Awareness Workshops” were organized in coordination with State

Governments and Regional Offices of Health and Family Welfare during 2011-2012 in the cities of Bangalore, Hyderabad, Puducherry, Chennai, Kolkata, Ahmedabad, Pune, Chandigarh, & Thiruvananthapuram for increasing the awareness among public for organ and tissue donation.

10. Post Doctoral Certificate in Dialysis Medicine course has been started in collaboration with IGNOU. First batch of Post-Doctoral Certificate in Dialysis Medicine with candidates both from sponsored and non-sponsored category started from July 2012.
11. As a Public Private Partnership initiative, one week Training for transplant coordinators was conducted in collaboration with MOHAN foundation from 23-27 April 2012 in which about 32 participants were trained.
12. A technical advisory committee to advise the appropriate authority has started functioning in the Directorate General of Health Services.

13.13 CLINICAL ESTABLISHMENTS (REGISTRATION AND REGULATION) ACT, 2010

With a view to providing for the registration and regulation of clinical establishments and prescribing minimum standards of facilities and services for improvement in public health, the Clinical Establishments (Registration and Regulation) Act, 2010 (CEA 2010) has been enacted and come into effect in the States of Arunachal Pradesh, Himachal Pradesh, Mizoram and Sikkim and the Union Territories with effect from 1st March, 2012. The States of Rajasthan, Uttar Pradesh, Bihar and Jharkhand have also adopted this Act.

Under sub section (1) of section (3) of the Clinical Establishments (Registration and Regulation) Act, 2010, the National Council for Clinical Establishments has been constituted and notified in March, 2012. Work has started for classification, categorization of clinical establishments and the minimum standards. The online provisional registration systems for registration of clinical establishments have been developed and made operational.

The Clinical Establishments (Central Government) Rules, 2012 have been notified in the Gazette of India in May, 2012. An indicative norm/ structure for providing funds to the States/ UTs has been circulated to all Mission

Directors concerned by NRHM and a provision in this regard has also been included in NRHM guidelines for the year 2013-14.

13.14 PILOT PROGRAMME FOR PREVENTION OF BURN INJURIES (PPPBI)

India, the second most populous country in the world with over a billion people has an estimated annual burn incidence of 6-7 million, based on data from three major hospitals when extrapolated to whole of the country. This is the second largest group of injuries after road accidents. But there is a silver lining that 90% of all burn injuries are preventable. All these figures are approximate figures extrapolated from 3 major Hospital of Delhi as no National Data on burns is available and central registry is nonexistent. This burn scenario is grave not only due to the high incidence but is also compounded by absence of any organized burn care at primary and secondary health care level. Patients have to travel a long distance to metropolitan cities for Management of their burn injuries. The recent rise in the incidents of terrorist activities and other man-made disasters, are contributing to a quantum jump in Burn Injury cases also highlights to reason for national preparedness to cope with the challenge of this Public Health Programme.

13.14.1 Magnitude of the Problem

Burn scene at 3 major burn units of Delhi (Average 2002 to 2006)

Hospital	OPD	Admission	Deaths
SJH	14500	4500	750 (17%)
RML	3500	1150	110 (10%)
LNJP	4500	1800	500 (28%)
Total	22500	7450	1360

Number of Burn Injury patients reported in 3 Major Burn Unit at Delhi (2006 to 2011)

Hospital	OPD	Admission	Deaths
SJH	130534	24849	6404 (26%)
RML	42596	3777	10.24*
LNJP	91300	4032	1347 (33%)
Total	264430	32658	

*Average Mortality Rate

It will be seen from the above figures that OPD attendance in burn units for treatment is 10 times more than the figures for the period 2002-2006. Similarly the number of burn injury patients admitted for treatment is 4.5 times the previous figures. This shows that the disease burden continues to increase rapidly.

A Pilot Programme for Prevention of Burn Injuries (PPPBI) was launched in 3 states namely Assam, Haryana & Himachal Pradesh in a limited scale. Under this programme the Govt. of India provided financial support to one Medical College & two District Hospitals in these states to establish burns unit with six beds (4 beds + 2 Acute beds) with necessary equipment and contractual manpower at district level which requires 400 sq meter of area and 12 beds (8 beds + 4 ICU beds) at Medical College Hospital requiring about 600 sq. meter area. The facilities can be established either by new construction or addition/alteration to already existing structure which will conform to the model burns unit for which a blue print has been designed by the Ministry of Health & Family Welfare (Directorate General of Health Services). Financial support is provided to selected centres to purchase Equipments for the Burn Unit and apart from providing training to Surgeons/Medical Officers in "Burn Injury Management". Funds are provided for purchase of Equipments and Recruitment of Contractual Manpower to make the unit operational.

13.14.2 Implementing Medical College & District Hospital

Haryana: PGIMS Rohtak, Gurgaon General Hospital, Panipat Civil Hospital

Himachal Pradesh: Dr. R.P. Medical College, Tanda at Kangra, Hamirpur District Hospital, Mandi District Hospital

Assam: Guwahati Medical College, Nagaon District Hospital, Dhubri District Hospital

It is proposed to extend the pilot programme into a national programme to enhance the capacity of medical colleges and selected district hospitals to treat burn injury patients across the country by establishing of burn units in 60 Medical Colleges and 15 District Hospitals during the 12th Five Year Plan (2012-2017).

13.14.3 Components of the National Programme

1. Prevention Programme (IEC)

The following activities have been proposed under this component-

- Situational Analysis is proposed to be carried out the basis for selecting specific messages, selecting communication networks and planning a relevant IEC strategy.
- Terminal evaluation of the IEC initiatives taken under the NPPMBI during the entire plan period 2012-17.
- Electronic media: Doordarshan, AIR, Cable TV.
- Melas, Rallies and Quiz, Folk Media etc.
- Awareness programme for general public and school children.
- Outdoor publicity in form of Hoardings, Wall Paintings.

2. Treatment Programme

For quality management and rehabilitation of burn injuries at various levels of Health-care delivery system, certain additional requirement of physical infrastructure in the form of Burn Units (to be established through construction/renovation of burn units if already existing), trained manpower, equipments & materials required and would be provided to the medical colleges. To be more precise Treatment of Burn Injury Patients requires establishment of a dedicated Burn Unit which would fully equipped and manned by trained manpower as indicated in detail below.

District Hospital: In 15 District Hospitals which satisfy the criteria, strengthening of the Physical Infrastructure will be done by establishing a Burn Unit through new construction (if no Burn Unit exist), or through Addition/ Alternation/Renovation/Modification of existing structure (if Burn unit already exist) by providing the required additional infrastructure, trained manpower, equipments and materials etc.

Medical College: In Medical Colleges, Burn units will be established if not already existing or if burn unit already exists augmentation of the existing Physical Infrastructure and provide equipment support.

Manpower Support: To implement the programme, additional medical, nursing and paramedical manpower

would be required. Financial support for recruitment of manpower on contractual basis for the limited period specified will be provided as part of this programme till the end of the Plan period (2016-2017), where-after it will be the responsibility of the State Governments concerned to continue the facility with their resources and for this purpose a commitment in the form of a Memorandum of Understanding will be signed with each State Government.

3. Rehabilitation Programme: Community Based Rehabilitation (CBR)

To restore the burn patients back into the society to their normal functional capacity as what existed prior to the burn injury. This rehabilitation services will be in the form of Physiotherapy by Physiotherapist /Community based Rehabilitation Worker (CBR). It is proposed to engage a community based rehabilitation worker so that such burn injury patients who are crippled are properly integrated into the society and become independent. It is also proposed that the medical college hospital will start restorative surgery to such crippled patients so that deformities if any are rectified.

4. Training: The need for training of Surgeons/ Medical Officers/ Paramedics/ Multi Disciplinary Workers in “*Burn Injury Management*” is an utmost requirement for the country considering the huge number of Burn Victims every year in the country and the trauma they undergo and therefore, need not be overemphasized. This requires that entire process of Management of Burn Injury starting from Prevention, Treatment to Rehabilitation needs to be strengthened and streamlined. In order to implement the programme in an efficient manner it is necessary to train the Surgeons, Doctors, Paramedics and other Multi Disciplinary Workers functioning in Medical Colleges, District Hospitals and Primary Health Centres across the country to impart the Knowledge, Skill and Attitude required to treat Burn Patients in a most effective and systematic manner. To improve the quality of burn injury management, a network of trained manpower from Medical colleges and District Hospitals will be created.

13.14.4 Achievements during the pilot phase of the programme

1. Temporary burns unit with 3-4 beds earmarked for burn patients established in almost all the implementing centres for treating Burn Injury Patients.

2. Burn Injury Management protocol developed & distributed to trainees during training programme.
3. Burns Data Registry and Quarterly reporting Format have been developed and distributed to the implementing states.
4. Implementing centres have started reporting burn injury data on quarterly basis.
5. Printed Material in form of posters and leaflets produced for Awareness Campaign and used during the campaign conducted at Districts.
6. NIHFV has conducted Concurrent Evaluation of the programme in all the three states in 2012 and draft report has also been received.
7. Advocacy campaigns have been conducted in Assam, Himachal Pradesh & Haryana.
8. Information regarding burns prevention programme uploaded in the website of the Dte.GHS.
9. A Practical Hand Book on Burn Injury Management is being produced by an Expert Committee to serve as a guide for Treatment & Management of burn injury patients across the country.
10. A training module has been developed with the approval of DGHS to train trainers to conduct training in Burn Injury Management & Treatment to Surgeons/Medical Officers of Medical Colleges and District Hospital. Similar modules have been developed for training of Nurses and other paramedics.
11. 29 Medical Colleges have been identified as State Training Centres for training the Surgeons/Doctors in Burn Injury Management & Treatment as well as Paramedics. They will be inspected by a team of experts before they are confirmed as a State Training Centres.
12. Regional Coordinators to monitor the National Programme have also been identified in states for this purpose.

13.15 INSTITUTE OF SEROLOGY, KOLKATA

The Institute of Serology, Kolkata was established in the year 1912. Initially, this Institute was established for Forensic Serology but since 1970 it started diversifying into different fields of Serology, Immunology, VDRL Antigen production, Antisera production, STD Training

& Research and Polio Virus isolation from stool sample of AFP cases.

The Institute organizes several seminars, training, workshops etc. to update the knowledge and skill of Medical and Non-Medical Officers and all categories of paramedical staff on the latest progress and developments taking place in various fields of STI.

The Institute is the sole manufacturer and supplier to meet the entire demand of widely required VDRL Antigen and Antisera to all Government and Non-Government organization throughout the country.

The Institute has indigenously developed and standardised the technology for the production of Immunochemically pure different classes of Human Immunoglobulins viz IgA, IgG & IgM and to raise their heavy chain mono specific antisera. The quality of these reagents has been certified and approved by WHO Reference Laboratory at U.K.

The WHO, National Polio Laboratory has been functioning since March 1997 and the Institute is catering to the whole Eastern & North Eastern Region of the Country in addition to the Jharkhand State. This laboratory has been upgraded in 2011 for intratypic differentiation of Polio virus using PCR technique.

STD has become very important in our National scenario specially because of the rapid spread of HIV/AIDS infection in the country. STD and AIDS is a global problem that the country is facing today. Regional STD Reference Laboratory for Eastern Zone under NACO was established in this Institute. This Institute is the regional STD Co-ordinator for Eastern & North Eastern Region for laboratory diagnosis of Sexually Transmitted Diseases and to extend our laboratory support to other Government and Non-Government organizations. Furthermore, this laboratory conducts inter-laboratory Evaluation of VDRL test with other laboratories of Kolkata. The laboratory is also working in STD intervention programme and work in collaboration with STD clinics of different medical colleges of Kolkata amongst high risk population. The Institute imparts STD training for laboratory Technicians, conduct research activities in this field. This Laboratory has involved itself with NACP Phase III and has taken up various training programme of NACP Phase III for Medical Officers and Laboratory technicians attached to different STD & AIDS

related programmes of W.B. Our Institute participates in GASP organized by WHO.

Objective of the Institute

1. 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 all over the country.
2. To undertake blood group serology, and to offer expert opinion about different types of Medico-legal exhibits or biological materials sent to this Laboratory to the court of law.
3. Preparation, standardization and characterization of Heavy Chain specific antisera against human IgG, IgA and IgM respectively and IgG specific antisera against different animals.
4. Reference centre for A, B, O Blood grouping & Rh typing for antenatal cases from different government hospitals of Kolkata and other government organization stationed at Kolkata.
5. The V. D. Serology Section provides its service to Govt. Medical colleges & hospitals of Kolkata. Antenatal cases are done regularly. Besides, many projects for diagnosis of STI in sex workers were initiated by several NGOS & Govt. aided bodies and Instt. supported 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.
6. Regional STD Reference Laboratory under NACO has been functioning from 1983.
7. Training of Laboratory Technicians in various fields of serology and Sexually Transmitted Diseases and imparting training in Forensic Serology to different scientists and Police personnel.
8. To involve Instt. with National & State run health projects where it's laboratory's role is very useful like National AIDS Control Programme and Polio Eradication Programme.
9. 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.

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

The Institute has the following infrastructure for performing specialised jobs:

- 1) Forensic Serology Section: i) M.L.I and M.L.II.
- 2) Antigen Production Unit for production of VDRL Antigen.
- 3) Antisera Production Unit.
- 4) Immunology & Immunochemistry Division:
 - i) Immunochemistry division is engaged in the Fractionation, Characterization and Standardization of different classes of Immunochemically pure human immunoglobulin fractions and to raise their monospecific antisera (Heavy Chain).
 - ii) To raise the IgG specific antisera against different Animal species.
- 5) Quality Assurance & Control and Inter-laboratory Evaluation Laboratory.
- 6) STD Serology:
 - i) VDRL Laboratory
 - ii) Regional STD Reference Centre.
- 7) Regional STD Training & Research Centre under NACO:
 - i) Clinical Room
 - ii) Microscopy Room
 - iii) Regional STD Reference Laboratory
- 8) National Polio Laboratory under WHO: At the behest of National Immunization Mission, Department of Family Welfare, this Institute has also taken up the assignment of Isolation of Polio Virus from stool samples of suspected AFP cases from March 1997.
- 9) Washing & Sterilization Section, Animal House facility, ITD laboratory for isolation of Polio virus using PCR technique, National Measles Laboratory under WHO and also aims testing for detection of Measles by PCR Techniques and Hindi Section.

10) Training Division: Conference Room, Library, Audio visual & Health Education and Student Laboratory,

Seminar Room, Demonstration Room.

Forensic Serology

Performance Report of Forensic Serology from April'2012 to September'2012	
Total No. of cases received	156
Total No. of exhibits received	901
Total No. of cases analysed and report	175
Total No. of items tested for species determination	1038
Total No. of cases examined for grouping	174

V. D. Serology

Performance Report of V. D. Serology from April'2012 to September'2012			
Source	No. of Samples Received	No. of Samples Tested VDRL	No. of Sample Positive VDRL
Antenatal Clinic	260	260	0
STD Clinic	765	765	68
Total	1025	1025	68

Antibody Section

Performance Report of Antibody Section from April' 2012 to September' 2012			
Month	Production of Antisera	Supply of Antisera	Supply of Anti H Lectin
	ml	ml	ml
April' 12 to September' 12	5931	5245	1225
Total	5931	5245	1225

Quality Control & Diagnostic Laboratory

Performance Report of Quality Control & Diagnostic Laboratory from April' 2012 to September' 2012	
Examination Performed	No. of Samples
Standardization of Anti H Lectin	50 Lots
Standardization of Species Antiserum	25
Clinical Diagnostic Tests	08

BGRC Section

Performance Report of BGRC/Production Section from April' 2012 to September' 2012	
Total No. of Blood Group	250 Nos.
Rh-Negative Cases	04 Nos.
Production of	Quantity in ml.
Anti H Lectin (Freeze Dried)	2500 ml

Measles Laboratory

Performance Report of Measles Laboratory from April' 2012 to September' 2012	
Measles	
Total sample tested	65 Nos.
Total sample positive	26 Nos.
Total sample negative	34 Nos.
Total sample equivocal	05 Nos.
Rubella	
Total sample tested	34 Nos.
Total sample positive	12 Nos.
Total sample negative	21 Nos.
Total sample equivocal	01 Nos.

Antigen Production Section

Performance Report of Antigen Production Section from April' 2012 to September' 2012	
Total VDRL Antigen Production	2020 Ampls
Total Supply of VDRL Antigen	1810 Ampls
Direct Sale	1790 Ampls
Departmental Use	20 Ampls

National Polio Laboratory

Performance Report of National Polio Lab. from April' 2012 to September' 2012	
Total cases received	4547
Total sample received	8893
NPEV	760
L20 B Positive	142

STD/Bacteriology

Performance Report of STD/Bacteriology from April' 2012 to September' 2012			
Diseases	Laboratory Test	Nos. Tested	Nos. Positive
Syphilis	VDRL	765	76
	TPHA	776	57
Candida	Gram Stain	413	36
	Culture	413	48
Gonorrhoea	Direct Smear	443	
		(CD+UD)	01
	Culture	443	0
Hepatitis B	HBs Ag ELISA	415	15
	Immunocromatographic Method	359	0
HCV	HCV(IgM) Elisa	155	20
HSV – 2	HSV – 2 (IgM) Elisa	64	3
Trichomonas Vaginalis(TV)	Wet Mount	413	70
	Culture	413	174
PAP Stain	Endo & Ecto Cervical Smear	413	0
Herpetic Syndrome	Giemsa Stain (MNGC)	0	17

Account Section

	Total Budget	Expenditure upto the end of September' 2012
Non Plan	45,000,000	20,934,756
Plan	8,600,000	276,088