

## 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 Office Memorandum, 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, Bangaluru 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:

- OPD Treatment including issue of medicines,
- Specialist Consultation at Govt. Hospitals,
- Hospitalization at Government and Empanelled hospitals,
- Investigations at Government and Empanelled Diagnostic centres,
- Pensioners and other identified beneficiaries have facility for cashless treatment in empanelled hospitals and diagnostic centres,
- Reimbursement of expenses for treatment under emergency in Private unrecognized hospitals under emergency,
- Reimbursement of expenses incurred for purchase of hearing aid, artificial limbs, appliances etc.,
- Family Welfare & MCH Services and
- Medical consultation and dispensing of medicines in Ayurveda, Homeopathy, Unani and Siddha systems of medicine (AYUSH).

#### 13.1.2 Eligibility for joining CGHS:

- All Central Govt. employees drawing their salary from Central Civil Estimates and their dependant family members residing in CGHS covered areas,
- Central Govt. Pensioners receiving pension from Central Civil Estimates and their eligible family members,
- Sitting and Ex-Members of Parliament,
- Ex-Governors & Lt. Governors,

- Freedom Fighters,
- Ex-Vice Presidents,
- Sitting and Retired judges of Supreme Court,
- Retired judges of High Courts,
- Employees and pensioners of certain autonomous /statutory bodies which have been extended CGHS facilities in Delhi,
- Journalists accredited with PIB (in Delhi),
- Delhi Police Personnel in Delhi only,
- Railway Board employees and
- Central Government servants who (through proper channel) got absorbed in Central Public Sector Undertakings/Statutory Bodies/Autonomous Bodies and are in receipt of pro-rata pension from Central Civil Estimates.

### 13.1.3 CGHS - Categories of Beneficiaries

CGHS has 11.12 lakh card holders with a beneficiary base of 35.88 lakh members. Detailed 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	6,62,513	26,20,177
Pensioners	10 lakh	4,28,236	9,25,691
Freedom Fighters		12,286	19,051
MPs		784	2,437
Ex-MPs		2,232	6,143
Others (includes journalists, autonomous bodies and Family Permit cards)		5,598	14,465
<b>Total</b>	<b>27 lakh</b>	<b>11,11,649</b>	<b>35,87,964</b>

### 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.	Ward Entitlement	Pay (in the Pay Band) / Pension / family Pension drawn per month
1.	General Ward	Up to Rs. 19,540/-
2.	Private Ward	Rs. 19,540/- and above

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

CGHS has a large network of 254 Allopathic, 85 AYUSH dispensaries, 19 polyclinics, 73 labs, 19 dental clinics, 2 geriatric clinics and 4 hospitals. The details may be seen at **Appendix-I**.

In addition, CGHS has also taken over 19 Postal dispensaries w.e.f. 1<sup>st</sup> August, 2013 in 12 cities, where CGHS is in operation.

### 13.1.7 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 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 in 2010. However, the numbers of private hospitals on the panel of CGHS were not found to be adequate at some places so with a view to empanel more hospitals under CGHS, Continuous Empanelment Scheme was introduced in some cities in 2010-11. The Scheme was revived on 14th February 2013 for empanelment of more hospitals in all CGHS cities. A large number of new hospitals have since joined CGHS under this Scheme. Details about the number of private hospitals and diagnostic centres empanelled under CGHS in different cities may be seen at **Appendix- II**.

### 13.1.8 Expenditure on CGHS

The details of year wise expenditure on CGHS since 2007-08 are as:

(Rs. in crore)

S. No.	Year	PORB	CGHS	Total Expenditure
1.	2007-08	438.45	464.86	903.31
2.	2008-09	500.00	533.20	1033.20
3.	2009-10	449.74	666.90	1116.64
4.	2010-11	645.49	669.05	1314.54
5.	2011-12	837.93	731.45	1569.38
6.	2012-13	865.87	752.23	1618.10

### 13.1.9 Medical facilities for the central government employees and pensioners not covered under the CGHS

The medical needs of serving central government employees living in non-CGHS areas are presently met under Central Services (Medical Attendance) Rules [CS(MA) Rules]. Under this scheme, such serving employees receive both OPD treatment and IPD treatment through government (State/Central Government) doctors and government hospitals and also through private doctors appointed as Authorized Medical Attendants (AMAs) and private hospitals empanelled under CS(MA) Rules and also those empanelled under CGHS in cities wherever available. There are about 160 such private hospitals empanelled under CS (MA) Rules throughout the country. CS (MA) Rules are applicable to all serving employees except in the 25 cities where CGHS is in operation.

Pensioners are not covered under CS (MA) Rules. Pensioners staying in non-CGHS areas are entitled to a fixed medical allowance (FMA) of Rs. 300 per month. Such pensioners, however, have the option to become a member of the CGHS in the nearest CGHS covered city of his choice.

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

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

In view of the difficulties faced by such CGHS beneficiaries living in non-CGHS covered areas, they

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.

### **13.1.11 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.

### **13.1.12 Filling up of vacancies of Medical Officers on contract basis**

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, many retired allopathic doctors, Ayurvedic doctors and Homeopathic doctors are serving CGHS on short term contract basis. To further expedite the process, Powers have also been delegated to field level Committees headed by Additional Director, CGHS of the concerned cities to engage retired Govt. PSU doctors on short term contract basis on lump sum monthly remuneration. Necessary steps have also been taken to fill up the vacant posts of doctors on regular basis through UPSC.

### **13.1.13 Provision for Cancer treatment**

For providing better cancer treatment facilities to CGHS beneficiaries, 20 private hospitals have been empanelled 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.

### **13.1.14 Steps taken to improve the functioning of CGHS**

#### **a) Taking over of Postal Dispensaries by CGHS in 12 cities**

In pursuance of the recommendation of 6th CPC, CGHS has taken over the 19 dispensaries of Department of Posts in the 12 cities where CGHS is in operation w.e.f. 01.08.2013. These cities are Ahmadabad, Bhopal, Bhubaneswar, Dehradun, Guwahati, Jammu, Jabalpur, Jaipur, Lucknow, Pune, Ranchi and Shillong.

#### **b) Change in timings of CGHS Wellness Centres**

With a view to further improve the services of CGHS dispensaries and ensure optimum utilisation of scarce manpower resources, the working hours of the CGHS dispensaries have been revised across the country. The new timings are 8.00 AM to 3.00 PM with 30 minutes of lunch break from 1:00 to 1:30 PM.

#### **c) Installation of Biometric devices in CGHS Wellness Centres**

With a view to enforce punctuality in attendance of the doctors and staff in the CGHS Wellness Centres and other administrative offices of CGHS, it has been decided to install biometric attendance recorder devices to record their attendance. Biometric devices have already been installed in 74 Wellness Centres in Delhi NCR. Instructions have been issued to install such devices at the remaining places also.

#### **d) Inspection of Hospitals and Diagnostic Centres**

With a view to ensure quality healthcare service delivery to the CGHS beneficiaries and also to check unfair trade practices by CGHS empanelled private hospitals and diagnostic centres, inspection of hospitals and diagnostic centres are carried out by an Inspection team constituted under Additional Director (HQ), CGHS, Delhi. Instructions have also been issued to Additional Directors



of other cities for undertaking similar exercise to ensure proper service delivery by the empanelled private hospitals to the CGHS beneficiaries.

**e) FAQ, Helpdesk and Helpline**

FAQs on CGHS have been updated and improved with additional FAQs. A CGHS Helpdesk has been set up in Delhi from 8.00 AM to 8.00 PM and it has been receiving queries from beneficiaries on various subjects mainly regarding facilities under CGHS. A 'Flying Squad' has recently been set up for surprise visits of Wellness Centres.

In addition, CGHS Help Line (No. 155224) is in operation between 9.30 A.M. to 5.30 P.M. There is also an E-Mail Help Line- cghs@nic.in to provide the desired information to beneficiaries.

**f) Guidelines & ceiling rates for Liver Transplantation surgery of beneficiaries under CGHS and CS (MA) Rules, 1944**

In view of the growing number of cases, this Ministry has issued fresh guidelines and ceiling rates for granting permission and reimbursement for Liver Transplant Surgery. Now, liver transplant surgery shall be allowed only in Government Hospitals/Pvt. Hospitals, which are registered under the Transplantation of Human Organs Act, 1994, as amended from time to time. Prior permission has to be obtained to undergo the Liver Transplantation surgery. In case of emergency/ex-post facto approval cases, it will be referred to a Standing Committee.

**g) Permanently disabled dependent brother of CGHS beneficiary now eligible for CGHS facilities as dependent family member**

Earlier, dependent brother(s) of a Central Government employee were entitled for CGHS coverage upto the age of becoming a major. Now, on receipt of several requests from CGHS beneficiaries to relax the upper age-limit in the case of a disabled dependent brother, it has been decided to extend the CGHS facilities to a permanently disabled dependent brother, without any age-limit. Provided he suffers from any one or more of the disabilities as defined in Section 2(i) of "The persons with Disabilities (Equal Opportunities, Protection of

Rights and Full Participation) Act, 1995 (No.1 of 1996 and as per Clause (j) of Section 2 of National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental retardation and Multiple Disabilities Act, 1999 (No.44 of 1999). 'Permanent disability' means a person with 40% or more of one or more disabilities.

**h) Bariatric surgery procedures under CGHS/CS (MA) Rules, 1944**

Earlier, beneficiaries' requests for 'Bariatric Surgery' procedures were considered on merits of each case as no guidelines were in place for this procedure. Keeping in view the increasing number of such cases, guidelines for examining such cases and ceiling rates for Bariatric Surgery in respect of CGHS/CS(MA), Rules 1944 beneficiaries/patients with 'morbid obesity' have been notified.

**13.1.15 Other major initiatives taken in CGHS**

**a) Requirement of prior permission for diagnostic tests - dispensed with**

The Ministry had been receiving suggestions from various quarters for doing away with the 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. Accordingly, with a view to facilitate the CGHS beneficiaries in getting the prescribed tests carried out timely and start the medical treatment early, the Ministry decided to dispense with the requirement of prior permission for undertaking the listed diagnostic tests on the prescription of a CGHS doctor/Government specialist. This decision to liberalise the procedures has helped the beneficiaries in getting the requisite treatment timely and conveniently. It has also reduced the workload of dispensary and the doctors can now serve the beneficiaries more efficiently. It has come into effect from 1st January, 2013.

**b) Introduction of 'SMS-Alert' system to check misuse of CGHS cards and pilferage of medicines**

With a view to exercise an effective check on misuse of CGHS cards and pilferage of medicines from the CGHS

Wellness Centres, an 'SMS-Alert' system has been introduced. 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.

**c) Opening of new dispensaries**

CGHS has since opened new dispensaries at Sarita Vihar, Vasant Kunj, Greater Noida, Rohini Sector-16, Gurgaon, Noida Sector 82 and Sahibabad on 23rd November 2012, 30th November 2012, 12th December 2012, 14th December 2012, 14th December 2012, 26th March 2013 and 8th April 2013 respectively. All the newly opened CGHS Wellness Centres have since become functional. 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.

**d) 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. CGHS plastic cards are now being issued in all other CGHS cities also.

**e) Promoting generic medicines**

Instructions have been issued to promote use of generic medicines in CGHS. The Government doctors and

specialists have been instructed to prescribe medicines from CGHS formulary and only in rare cases they should prescribe branded medicines with adequate justification for the same.

**f) 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 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.

**g) 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.**

For the benefit of the CGHS pensioner beneficiaries, it has been decided to provide cashless facility to them and their eligible family members in the above mentioned Central Government Hospitals in New Delhi.

**h) 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 Directors, CGHS of the cities to expedite the process of appointment.

**i) Computerization:** 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 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;
  - Computerization of AYUSH Wellness Centres/ Units/Medical Store in Delhi & NCR have also been completed to a large extent and
  - **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.
- j) Health Check-up of CGHS Beneficiaries above 40 years in Delhi**

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

30 beneficiaries per day are registered in advance - online and undergo a list of identified investigations. Beneficiaries undergo a clinical check up on the date of appointment along with investigation report and the doctor prescribes the required medication wherever

required alongside counseling 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.

**k) Out Sourcing of Dental Services**

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

**l) Outsourcing of sanitation services in dispensaries**

In view of a shortage of Class IV Staff in a large number of dispensaries in Delhi, cleaning work with mechanised system has been outsourced to a private agency. This has improved the sanitation in the CGHS Wellness Centres.

**m) 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 procurement of non-formulary medicines prescribed by specialists requiring to be indented.

All dispensaries in Delhi and ALCs have been linked in the network and all indents are raised online, where ALCs are required to supply indented medicines the next day.

**n) 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, the definition of 'family' has been expanded 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 the dependents for the purpose of being eligible for CGHS medical facilities will be 18 years, the age of their becoming major and they should be normally residing with the Government servant/pensioner.

Statement showing the details of CGHS Hospitals / Wellness Centres according to different Systems of Medicine										
Sr. No.	City	State	CGHS Hospitals	CGHS Wellness Centres						
				Allopathy	Ayurvedic	Homeopathy	Unani	Siddha	Yoga	Total
1	Ahmadabad	Gujrat		5	1	1	0	0	0	7
2	Allahabad	Uttar Pradesh		7	1	1	0	0	0	9
3	Banglore	Karnataka		10	2	1	1	0	0	14
4	Bhopal	Madhya Pradesh		1	0	0	0	0	0	1
5	Bhubaneswar	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	Uttarakhand		1	0	0	0	0	0	1
9	Delhi		4	94	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	Thiruvanthpuram	Kerala		3	1	1	0	0	0	5
	<b>Total</b>		<b>4</b>	<b>254</b>	<b>33</b>	<b>35</b>	<b>10</b>	<b>3</b>	<b>4</b>	<b>339</b>

Note: In addition, CGHS has also taken over 19 Postal dispensaries w.e.f. 1<sup>st</sup> August, 2013 in 12 cities, where CGHS is in operation.



## Appendix-II

Number of CGHS empanelled private hospitals and diagnostic centres - Citywise									
Sr. No.	Name of the CGHS city	Hospitals			Total	Eye Care Centre	Dental Clinics	Diagnostic Centres	Exclusive Cancer Hospitals
		Super-Specialty	General Purpose	Specialty Hospital					
1.	Ahmadabad	2	3	3	8	2	1	1	-
2.	Allahabad	-	5	5	10	1	1	3	-
3.	Bangalore	4	6	3	13	5	6	1	-
4.	Bhopal	-	6	1	7	2	-	2	2
5.	Bhubaneshwar	-	4	-	4	-	-	-	-
6.	Chandigarh	1	3	3	7	3	-	4	-
7.	Chennai	1	5	2	8	5	1	2	-
8.	Delhi	11	88	7	106	90	33	53	11
9.	Dehradun	-	3	-	3	3	-	3	-
10.	Guwahati	-	2	-	2	-	-	5	-
11.	Hyderabad	6	23	12	41	6	3	10	2
12.	Jaipur	1	9	7	17	6	4	4	1
13.	Jabalpur	-	14	4	18	5	7	6	1
14.	Jammu	-	-	-	-	-	-	-	-
15.	Kanpur	-	29	-	29	8	1	6	1
16.	Kolkata	1	3	5	9	3	2	5	-
17.	Lucknow	-	7	3	10	6	5	9	1
18.	Meerut	5	7	5	17	5	2	5	-
19.	Mumbai	-	12	3	15	8	2	5	-
20.	Nagpur	-	5	12	17	10	1	5	-
21.	Pune	-	18	16	34	7	1	4	-
22.	Patna	-	1	3	4	3	2	4	1
23.	Ranchi	-	1	1	2	-	-	-	-
24.	Shillong	-	-	-	-	-	-	-	-
25.	Trivandrum	-	1	-	1	1	-	-	-
	<b>Total</b>	<b>32</b>	<b>255</b>	<b>95</b>	<b>382</b>	<b>179</b>	<b>72</b>	<b>137</b>	<b>20</b>

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

Financial Assistance up to maximum of Rs. 1,00,000/- is available to the poor indigent patients from the Health Minister's Discretionary Grant to defray a part of the expenditure on Hospitalization/treatment in Government Hospitals in cases where free medical facilities are not available. The assistance is provided for treatment of life threatening diseases i.e. Heart, Cancer, Kidney, Brain-tumor etc. During the year 2013-14, financial assistance totaling Rs. 249.81 lakhs was given to 327 patients under Health Minister Discretionary Grant (HMDG).

### 13.3 RASHTRIYA AROGYA NIDHI (RAN)

Rashtriya Arogya Nidhi was set up under Ministry of Health & Family Welfare in 1997 to provide financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government Hospitals. Under the scheme of Rashtriya Arogya Nidhi, grants-in-aid is also provided to State Governments for setting up State Illness Assistance Funds. Such funds have been set up by the Governments of Andhra Pradesh, Bihar, Chhattisgarh, Goa, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Jharkhand, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamil Nadu, Tripura, West Bengal, Uttarakhand, Haryana, Punjab, Uttar Pradesh, Manipur, Assam, Arunachal Pradesh, Odisha, NCT of Delhi and Puducherry. 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 Lac) per case, to critically ill, poor patients who are living below poverty line (BPL) and undergoing treatment, the Medical Superintendent of Dr. Ram Manohar Lohia Hospital, New Delhi, Safdarjung Hospital, New Delhi, Lady

Harding Medical College and Smt. Sucheta Kriplani Hospital, New Delhi, All India Institute of Medical Sciences, New Delhi, Post Graduate Institute Medical Education and Research (PGIMER), Chandigarh, Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Puducherry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, Chittaranjan National Cancer Institute (CNCI), Kolkata, Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow, Regional Institute of Medical Sciences (RIMS), Imphal and North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong have been provided with a revolving fund of Rs. 10-40 lakhs. The financial assistance to the poor (BPL) patients up to Rs. 1.00 lakh is processed by the concerned Institute on whose disposal the revolving fund has been placed and all the institutes refer the cases to the RAN headquarter where the amount of financial assistance exceeds Rs. 1.00 lakh. The revolving fund is replenished after its utilization. For cases requiring financial assistance above the Rs. 1.00 lakh per case, the applications are processed in the Department of Health & Family Welfare through a Technical Committee headed by Special Director General, DGHS before being considered for approval by a duly constituted Managing Committee with Hon'ble Minister for Health & Family Welfare as the Chairman.

During the year 2013-14, financial assistance totaling Rs. 1263.71 lakh was given directly to 335 patients under Rashtriya Arogya Nidhi (Central fund) and further, the revolving fund of amount Rs. 330.00 lakh has also been given to the above hospitals/Institutes.

### 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 Centres (RCCs). Such step would ensure and speed up financial assistance to needy cancer patients and would help to fulfil the objective of HMCPF. The financial assistance to the cancer patient up to Rs. 1.00 lakh would be processed by the concerned

Institutes/Hospitals at whose disposal; the revolving fund has been placed. Individual cases which require assistance more than Rs. 1.00 lakh but not exceeding Rs. 1.50 lakhs to be sent to the concerned State Illness Assistance Fund of the State/UT to which the applicant belongs or to this Ministry incase no such scheme is in

existence in the respective State or the amount is more than Rs. 1.50 lakh. Initially 27 Regional Cancer Centres (RCCs) were proposed at whose disposal revolving fund of Rs. 10.00 lakh was placed (List of RCCs is at **Appendix-A**). An amount of Rs. 440 lakh was released to 16 Institutes during the year 2013-14.

### Appendix-A

#### List of 27 Regional Cancer Centre and financial assistance provided to them from Health Minister's Cancer Patient Fund (HMCPF) within Rashtriya Arogya Nidhi (RAN)

*Amount Released (Rs. in lakh)*

Sl. No.	Name of Centres (27RCCs)	2013-14
1	Chittaranjan National Cancer Institute, Kolkata,	50
2	Kidwai Memorial Institute of Oncology, Bengaluru, Karnataka	40
3	Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu	30
4	Acharya Harihar Regional Cancer Centre, Cuttack, Odisha	--
5	Regional Cancer Control Society, Shimla, Himachal Pradesh	40
6	Cancer Hospital & Research Centre, Gwalior, Madhya Pradesh.	30
7	Indian Rotary Cancer Institute, (AIIMS), New Delhi.	--
8	RST Hospital & Research Centre, Nagpur, Maharashtra.	--
9	Pt.J N M Medical College, Raipur, Chhattisgarh	--
10	Post Graduate Institute of Medical Education & Research, Chandigarh	10
11	Sher-I Kashmir Institute of Medical Sciences, Soura, Srinagar.	10
12	Regional Institute of Medical Sciences, Manipur, Imphal.	--
13	Govt. Medical College & Associated Hospital, Bakshi Nagar, Jammu.	--
14	Regional Cancer Centre, Thiruvananthapuram Kerala	60
15	Gujarat Cancer Researach Institute, Ahmedabad, Gujarat	10
16	MNJ Institute of Oncology, Hyderabad, Andhra Pradesh.	--
17	Puducherry Regional Cancer Society, JIPMER, Puducherry	10
18	Dr. B.B. Cancer Institute, Guwahati, Assam.	30
19	Tata Memorial Hospital Mumbai, Maharashtra	20
20	Indira Gandhi Institute of Medical Sciences, Patna, Bihar	--
21	Acharya Tulsi Regional Cancer Trust & Research Institute Bikaner, Rajasthan	--
22	RCC, Pt. B.D.Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana.	10
23	Civil Hospital, Aizawl, Mizoram	20
24	Sanjay Gandhi Post Graduate Institute of Medical Science, Lucknow, Uttar Pradesh	--
25	Cancer Hospital Tripura, Agartala	40
26	Kamala Nehru Memorial Hospital, Allahabad, Uttar Pradesh.	30
27	Government Arignar Anna Memorial Cancer Hospital, Kancheepuram, Tamil Nadu	--
	<b>Total</b>	<b>440</b>

### 13.5 VARDHMAN MAHAVIR MEDICAL COLLEGE & SAFDARJANG HOSPITAL, NEW DELHI

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 Science 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. Safdarjang Hospital is a Central Government Hospital under the Ministry of Health & Family Welfare and is receives its budget from the Ministry. Safdarjang Hospital has a Medical College associated with it named Vardhman Mahavir Medical College.

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



*Safdarjung Hospital, New Delhi*

University, Delhi. From 2008 onwards the post graduate courses are also affiliated to GGSIP which were with Delhi University.

**13.5.1 The Services available:** The hospital provides services in various specialties and Super Specialties covering almost all the major disciplines like Neurology, Urology, CTVS, Nephrology, Respiratory Medicine, Burns & Plastics, Pediatric Surgery, Gastroenterology, Cardiology, Arthroscopy and Sports Injury clinic, Diabetic Clinic, Thyroid Clinic. Further, it has two Whole Body CT Scanner, MRI, Color Doppler, Digital X-ray, Cardiac Cath. Lab, Multi load CR system and Digital OPG X-ray Machine. A Homoeopathic OPD and Ayurvedic OPD are also running with in this hospital premises.

**13.5.2 OPD Services:** OPD Services are running in New OPD Building of 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 25,84,186 in the year 2012. 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 out-patient attendance for the last 6 years are as (Jan. to Dec.) :-

YEAR	OPD ATTENDANCE
2008	22,18,294
2009	23,13,585
2010	23,21,526
2011	23,22,152
2012	25,84,186
2013 till Oct.	20,62,648

**13.5.3 In-Patient Services:** The hospital has total bed strength of 1531 including bassinets. There are in addition observation beds for medical (Ward A) and surgical (Ward B) patients in the first and second floor of the main causality building. There are 10 beds in the casualty for observation. As a policy the hospital does not refuse admission if indicated to any patient in the causality. As a major shift in policy decision, the casualty is now run by post graduate doctors. Senior Residents from the disciplines of Medicine, Surgery, Pediatrics, Orthopedics and Neuro-Surgery are available round the clock in the causality to provide emergency care.

The administrative requirements of the causality are taken care of by a Chief Medical Officer 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.

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

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

The various sub-specialty services include:

**Clinical Nephrology:**

- Diagnosis and treatment of glomerular diseases, hypertension, diabetic nephropathy, renal stone

disease, urinary tract infections, acute kidney injury and chronic kidney disease.

- Nephrology ward has 13 beds for in-patient management of various renal diseases and more than 300 patients have been admitted for treatment since January 2013.
- Kidney biopsy are done free of cost for diagnosis and evaluation of renal diseases.
- Referral service for assisting in management of patients with renal dysfunction admitted in other specialties.

**Hemodialysis facility:**

- The dialysis unit is equipped with 11 dialysis machines and is providing hemodialysis facility for patients with AKI and CKD admitted to the hospital.
- Supportive therapy in patients admitted in other specialties for various diseases or interventions including SLED.
- More than 4000 dialysis have been done since January 2013.
- The department also provides facility for permacath insertion for patients requiring long term dialysis.

**Plasmapheresis:**

- Plasmapheresis is provided for indications for patients admitted in the hospital.
- Since January 2013, 32 patients have been taken up for plasmapheresis in our unit.
- Peritoneal Dialysis.
- The department is involved in placement of CAPD catheters, initiation of CAPD and follow up of patients on peritoneal dialysis.

**Renal Transplantation Service:**

- The department of nephrology and urology have initiated Renal Transplant programme at Safdarjang Hospital.



- The first transplant has been conducted successfully on 8th October 2013.
- Facilities are provided for investigation and treatment of patients with transplant rejection and complications.
- Dedicated transplant OT and separate isolation room for post-transplant care available.

#### Research & Academics:

- Teaching of post graduate students from medicine department.
- Supervision of theses and research in the field of nephrology.

#### Nuclear Medicine Department:

- Latest Gamma Camera (SPECT/CT) & Thyroid Uptake probe have been installed in the department of Nuclear Medicine. These provides functional imaging & data of various organs of human body.
- 131- Radioiodine (Low dose) Therapy.
- This department is duly approved by the Atomic Energy Regulatory Board (AERB), Department of Atomic Energy, Government of India to carry out Nuclear Medicine procedures.

#### Total no. of Operation Conducted

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

#### OPERATIONS

Years	Admission	Major	Minor	Total
2007	118923	19638	61874	81485
2008	129271	21604	69640	91244
2009	128175	23354	69091	92445
2010	125192	23096	70544	93650
2011	129349	24197	72469	96666
2012	140818	27882	91554	119436
2013	108023	17522	48254	65776

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

#### Lab. Examination & X-ray

	2008	2009	2010	2011	2012	2013 (till Sept.)
Lab. Examination	3354439	3698191	4239160	3560900	5558335	4182667
X-ray Examination	230530	248211	256432	282865	299006	233396

#### 13.5.4 HMIS

The server room has been coordinating with the C-DAC team for preparation of the DPR relating to implementation of HMIS to all sections of the hospital and medical college. There would also be an effort to include college activities i.e teaching & research and administrative sections in the HMIS to ensure rapid and smooth dissemination & retrieval of data relating to all aspects of patient care, administrative and teaching activities. Once the DPR is ready its implementation could taken up at the earliest.

#### 13.5.5 Website

In order to make the hospital website friendlier for the differently abled persons (level A of WCAG 2.0) as per the current Govt. of India guidelines, the website is being redesigned. The process has been initiated and implemented with the guidance of NIC. The backend work and preparation of SRS is under process and the new website is expected to be launched in the next three months.

#### 13.5.6 Tenders

As per the instructions of the ministry, tenders pertaining to procurement of items through the General & Medical stores which were uploaded on the hospital website in the past is being uploaded on the CPPP site (Central Public Procurement Portal: e-publish) [www.eprocure.gov.in](http://www.eprocure.gov.in) and display of tender id is uploaded on the hospital website-[www.vmmc-sjh.nic.in](http://www.vmmc-sjh.nic.in). This was done with the intent for wider dissemination of the tender and greater transparency. Process to start (e-tender) where in all tendering process would be carried out online through

the CPPP portal has been started. The hospital is in constant touch with the NIC for early activation/implementation of the e-procurement process.

### 13.5.7 Internet Services

It has been decided that the 1 GBPS internet connection from the National Knowledge Commission Network will be used for providing internet services for furthering research work at Departmental levels. This would also replace the current services being provided through fixed modems. It would also be used for providing internet services to the Central Government Health Scheme Unit located in the hospital thereby connecting the unit to the CGHS headquarters and Dispensaries.

### 13.5.8 Digitization of MRD

The MRD has in co-ordination with the server room has initiated the process for digitization of old MRD records. The process once initiated would help in better record keeping (in digital format) and allow rapid retrieval of data as and when required. The data thus generated would subsequently be integrated with the hospital HMIS to enable safe keeping and retrieval for administrative and research purposes.

### 13.5.9 Training and Teaching

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

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

### 13.5.10 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.

New works carried out by CPWD in Safdarjang Hospital in year 2013-14 (Completed or Ongoing)

- Renovation of Burns & Plastic surgery operation theatre.
- Creation a new Burns & Plastic OPD, to decongest the current one.
- Creation of New Seminar Room for Eye & ENT, in open area in front of Eye OPD.
- Renovation of Orthopedics OPD with false ceiling & central air conditioning.
- Renovation of office of Director CIO.
- Development of 6 Bedded HDU in Orthopedics (Ward 27,28,29) Medicine (Ward 11,12,13)and Gynae (ward 3) Departments)
- Renovation of Laundry department
- Expansion of Emergency and Family Planning OT's in Obs. & Gynae. Dept.
- Renovation of ward 7 Gynae. block.
- Creation of new ART center in Old Admin. Block.
- Creation of new psychiatry ward in old Admin. Block.
- Installation of RO system in all Resident Doctors Duty Rooms.
- Central Air Conditioning in Ward 27, and Ward 17.
- Central Air Conditioning facilities at NOTTO (ICMR 4th & 5th floor).
- Augmentation of existing 11 KVA Substation & provision of DG sets for NOTTO (4th & 5th floor bldg.)
- Up gradation & additional wiring work in 1000 lines EPBAX at Safdarjang Hospital.
- Provided energy efficient fixtures in various locations like blood bank, MRD, MRTC, Streets, etc.
- New Parking facilities for Residents Doctors.
- Renovation of Medical Record Department.

- Organ Retrieval O.T. adjacent casualty, completed.
- Renovation in Radiology, Doctor Hostel Cafeteria, Urology etc.
- Miscellaneous repair work at incinerator plant at SJH, New Delhi.
- P/F False ceiling making A.H.U & other misc work in Ortho OPD at SJH, New Delhi.
- Replacement of existing defective centrifugal chiller with 220 TR capacity screw type chiller in burn ward.
- Replacement of existing outlived control panel of main OT AC plant at SJH.
- Repairing/Replacement of defective fire alarm accessories i/c panel in OPD Phase-III MBBS Boys Hostel & H Block Extn. At SJH.

**New Initiatives**

- Additional floor for PMR department with augmentation of facilities at the cost of Rs. 4.5 crores.
- Starting of Super Specialty Block (with 430+125 ICU beds), state of art private block (20+26 ICU Beds), Emergency Block (500 Beds) by project consultant HSCC (I) Ltd. with ground breaking in Nov. 2013.

**Expenditure Statement in Respect of Safdarjang Hospital, VMMC & SIC***Rs. in crores*

Component with Head		B.E. 2013-14	EXPR.	% w.r.t. B.E. 2013-14	Balance Budget	Remarks
Capital	4210SJH* MACH & Equip	40.00	16.34	40.85	23.66	L.C. Opened Rs. 7.08 crore, mach. & Equip. Expr. Rs. 8.48 crore, 10% L.C. Rs. 0.78 crore.
Capital	4210SJH* MAJOR WORKS	100.00	18.64	18.64	81.36	Placement to CPWD Elect. Rs.11.14 crore & Civil Rs. 2.24 crore Advance Payment for HSCC Rs. 5.25 crore.
Capital	4216 HOUSING	10.00	1.53	15.30	8.47	Placement to CPWD Civil Rs. 0.98 crore & H.S.C.C. Advance Rs. 0.55 crore.
Revenue	2210 SJH	180.00	80.23	44.57	99.77	Placement to CPWD Elect. Rs. 0.65 crore.
Revenue	2210 VMMC	9.50	6.24	65.68	3.26	
<b>Grand Total</b>		<b>339.50</b>	<b>122.98</b>	<b>37.01</b>	<b>216.52</b>	

**Non Plan***Rs. in crores*

Component with Head		B.E. 2013-14	Expr.	% w.r.t. B.E. 2013-14	BALANCE BUDGET	Remarks
Revenue	2210SJH	235.64	177.48	75.32	58.16	

**SPORTS INJURY CENTER (PLAN 2413) PLAN***Rs. in crores*

Component with Head		B.E. 2013-14	Expr.	% w.r.t. B.E. 2013-14	BALANCE BUDGET	Remarks
Revenue	SIC 2413	10.00	6.73	67.30	3.27	

### 13.5.11 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 1<sup>st</sup> and 2<sup>nd</sup> floor is the main library which has a huge collection of approx 16654 books covering all subjects of medical education, nursing and laboratory technicians.

The library procures 126 journals (95 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.

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.

### 13.5.12 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 was made operational in causality in previous year so as to avoid any interruption in emergency Services due to power failure or any other circumstance.

#### Staff Strength as at the end March 2013

Group	Sanctioned	In Position	Vacant
Group A	457	361	96
Group B Gazatted	65	35	30

Group B Non Gazatted	1489	1335	154
Group C	2200	1811	389
Resident Doctors/PGs	1396	1079	317
Interns	200	187	13
<b>Total</b>	<b>5807</b>	<b>4808</b>	<b>999</b>

### 13.6 DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

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. The Old Building portion of the hospital was declared as a Heritage Building.

Starting with 54 beds in 1954, the hospital has been expanded from time to time to meet the ever-increasing demand of the peoples and now it 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 bestowed upon. 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 locational advantage 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 annually provided health care services to approx. 16 lacs outdoor patients and admitted around 57000 indoor patients during the period from January to November 2013. About 2.5 lac patients were attended in the Emergency and Casualty Department annually. 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.

### 13.6.1 The Services Available

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

#### Clinical Services

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

#### Super Specialty Departments / Units

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

#### Departmental Special Clinics

- Diabetic Clinic, Asthma Clinic, Pre Anaesthetic Clinic, ART Clinic, ARC Clinic.

#### Paediatrics & Neonatology Specialty Clinics

- Neonatology & Well Baby Clinic, Follow - up clinic, Neurology Clinic, Nephrology Clinic, Rheumatology Clinic, Asthma Clinic, Thalassemia clinic, Nutrition Clinic.

**Gynaecology & Obstetrics:** Antenatal Clinic, Infertility Clinic

**Skin:** Leprosy Clinic, Leukoderma

**Eye:** I.O.L, Glaucoma, Retina

**Psychiatry:** Child Guidance Clinic, Drug De-addiction Clinic, Marriage Counseling, Psycho-Sexual Clinic, Geriatric Psychiatry Clinic

Yoga Centre for cardiac and other patients Unani OPD (Daily). Ayurveda clinic and Homeopathy clinic has been planned.

#### Blood Bank Services

**Dental:** Dental Fracture

#### Diagnostic Services

- Hematology, Pathology, Microbiology, Histopathology & Cytology, Biochemistry, Radiology including CT Scan, digital X-ray, Color Doppler, 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, Ambulance Services

### 13.6.2 Emergency & Trauma Care Services

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

A Disaster Management Unit is also functioning in the Casualty Department to attend the serious patients with the desired care.



The Hospital has 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.

### 13.6.3 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 undertaken to give a refreshing look to the visitors and the patients alike. Special sanitation drives are undertaken at regular intervals to ensure proper cleanliness and hygienic atmosphere in the hospital. The Hospital has been adjudged by the FICCI as the best Hospital under the environmental concern category in 2010.

### 13.6.4 Resident Hostels for Doctors & Nurses

The hospital has provided accommodation to Resident Doctors as well as Nurses/Nursing students to improve the 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.

### 13.6.5 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.

### 13.6.6 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 January to 19<sup>th</sup> November 13 twenty two renal transplant surgeries have been done.
2. **General Maternity Ward and Neonatal Ward in the Hospital:** Apart from Maternity services

available to nursing home entitled, the hospital has done 961 general maternity cases from January '2013 to 19<sup>th</sup> Nov. 2013.

3. **College of Nursing:** The Hospital's School of Nursing was set up in 1963 with 25 students 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 out-patients coming from different parts of the country.
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. NIC 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 have been implemented. e-Hospital implementation covers all aspects of patient care, Labs, Human Resources of the Hospital, Inventory Control System for the Hospital and IT induction. The online monitoring of lab tests has since been made operational.
6. **Construction of New Casualty 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 shortly.
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 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. Ten batches, each with 16 trainees have since been conducted in the Hospital training centre equipped with latest equipments required for ATLS. In India this course is conducted only at Lok Nayak Jai Prakash Narayan, Apex Trauma Centre of AIIMS and at Trauma Care Centre of Dr. Ram Manohar Lohia Hospital.

**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 Hospital Administration (PGDHA) in collaboration with IGNOU on distance learning basis. This is one year diploma course in which 30 students are admitted. This is sixth (2013) course in a row.

**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. A plan has been drawn 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 Redeveloped Plan of the Hospital.

**12. Post Graduate institute of Medical Research:** Post Graduate Institute of Medical Education and Research started functioning from the Academic year 2008-09 with an objective to provide post graduate teaching in the science of modern medicine and other allied sciences, including physical and biological sciences and also to facilitate research in the various branches of such Sciences. This Institute is presently affiliated to Guru Gobind Singh Indraprastha (GGSIP) University, Delhi. In the year 2008, the Government sanctioned a total of 28 PG Degree/ Diploma seats and 2 seats in Super-speciality courses. At present, it has 101 seats of PG Degree/ Diploma Courses and 28 seats for Super Speciality course. The number of seats have gradually enhanced on the recommendations of the High Powered Committee from the Directorate General of Health Services and in pursuance of the revised guidelines of Medical Council of India.

**13. Financial Allocations:-** The financial allocations made to the hospital during the last five financial years are given:

Year	Final Estimate (Figures in lakhs)	Expenditure (Figures in lakhs)
<b>2008-2009</b>		
Plan	8364.01	8400.26
Non Plan	9315.00	9313.47
<b>2009-2010</b>		
Plan	10030.00	10013.36
Non Plan	12741.00	12739.14
<b>2010-2011</b>		
Plan	11551.7	11557.35
Non Plan	12097.00	12081.95
<b>2011-2012</b>		
Plan	13508.00	13246.20
Non Plan	13248.60	13226.5
<b>2012-2013</b>		
Plan	18037.00	17224.42
Non Plan	14430.00	14429.74
<b>2013-14</b>		<b>Up to 12.11.2013</b>
Plan	24055	10183.82
Non Plan	16250	11345.08

### 13.7 INDIAN RED CROSS SOCIETY

The Indian Red Cross Society is the largest statutory, 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.

#### Annual General Meeting of the Indian Red Cross Society and St. John Ambulance (India) held on 3<sup>rd</sup> May 2013

The ceremonial session, held at Rashtrapati Bhavan Auditorium, New Delhi was presided over by Shri Pranab



Mukherjee, the Hon'ble President of India, (President of the Indian Red Cross Society and St John Ambulance, India).

The Hon'ble President presented awards to twenty six Indian Red Cross (IRCS) and St. John Association, India (SJA,I) members, volunteers, and branches in recognition of their committed services. Shri Pranab Mukherjee in his inspiring address called upon young men and women of the country to donate blood in a big way to ensure that not a single person in need of blood was left wanting.

#### 13.7.1 Disaster Management

**J&K Earthquake in Doda district:** The Chairman of the Indian Red Cross Society, National Headquarters, Minister for Health & Family Welfare, flagged off relief supplies for the victims who had shifted out of their damaged houses and were sleeping out in the open. The supplies consisted of 1000 family tents and 2000 blankets. The total value of the supplies was Rs 1.50 crores.

**Uttarakhand Flash Floods, June 2013:** IRCS dispatched three large Water Purification Machines (NORIT) (each having a capacity to provide about 2000 litres of potable water per hour) that were installed in Uttarkashi, Guptkashi and Rudraprayag. Purified water was distributed to about 8000 families in these districts. Further, three manpack units (these are carried by volunteers and can provide 80 liters of potable water per

hour) were made operational in Phata, Pithoragarh and Kedarnath. The NHQ also despatched Non-food items like tents, family packs, stoves and solar lanterns to Uttarakhand state branch.

The high point of the Uttarakhand operations was the deployment of First Medical Responders (FMRs) in these areas. The IRCS had trained in more than 4000 FMRs in Uttarakhand as a pilot project.

**Cyclone Phailin Response (Odisha and Andhra Pradesh):** Cyclone Phailin hit many coastal districts in Odisha and Andhra Pradesh. This was followed by severe flooding of these areas due to incessant rains in the following week. The cyclone triggered one of the largest evacuation operations in Indian history when over 90,00,000 people were moved to higher grounds in the coastal state of Odisha. 1,10,400 people took shelter in the 75 IRCS multipurpose cyclone shelters. Infrastructure in the area such as electricity, water supply, roads and communication were damaged substantially. There was extensive damage to kuccha houses and crops.

In response to the needs NHQ released non-food relief material to Odisha & Andhra Pradesh that consisted of 6000 mosquito nets, 19000 tarpaulins, 9000 kitchen sets, 10000 family packs and other items. NOMAD water Purification Units had been installed at Kanas block of Puri District. NORIT, water purification unit has been installed at Ganja block in Ganjam district. Approximately 150,000 liters of water was distributed among the affected population in addition to distribution of NFI to remote villages. Hygiene promotion activities were carried out in the affected villages. The IRCS deployed National Disaster WatSan Response Teams in Odisha. The approximate cost of the items was INR.3,38,03,500/- along with deployment of experts for installation & operation of WatSan units.

Apart from the above relief activities like release of non-food family pack items containing saris, gents dhotis, mosquito nets, plastic buckets, tarpaulin sheets, blankets, towels and kitchen sets were undertaken during 2013-14 in the events of flood in Bihar, Madhya Pradesh, West Bengal, Gujarat, Karnataka and fire incident in Bihar.

**Amarnath Yatra:** In response to the state branch request 30 family tents, 3000 woolen blankets, 10 collapsible

stretchers and 50 nos. First Aid kits were released for providing comfort to the Amarnath Yatrīs with an approximate cost of INR. 11, 50,000/-

### 13.7.2 Disaster Management (DM) Programme 2013

The DM programme is being implemented in by the Red Cross branches of fourteen disaster prone states. This year the programme focussed on the training of FMRs in the districts where the programme is being implemented. 1400 FMRs will be trained at the end of 2013. The budget for the programme is approximately INR 1. 86 crores.

### 13.7.3 Health

**Blood Services & Blood Distribution:** In the year 2013 (April-Oct.2013), IRCS, Blood Bank collected 19180 units of blood from 177 Blood Donation Camps, out of which 11309 units were collected from voluntary blood donors in and around Delhi. 23029 Blood/Blood components were issued out of which 19980 (87%) units of blood were issued free of cost to the patients admitted in Government Hospitals, Thalassaemic and Haemophilic patients and 3049 (13%) units of blood issued against processing charges to the patients admitted in Private Hospitals / Nursing Homes.

**The Valedictory function of the World Blood Donor Week** was observed on 21st of June 2013 at the National Headquarters to facilitate the regular blood donors who have donated blood at IRCS more than 75 times. Hon'ble Minister of Health and Family Welfare, Chairman of the IRCS honoured twelve regular blood donors and eight blood donation camp organisers who have regularly contributed to supply large number of blood units to the IRCS (NHQ) blood bank.

**NABH-** The IRCS (NHQ), Blood Bank has received certificate of accreditation of NABH which is valid from 1.6.2013 to 31.5.2016. The certificate of NABH was released by Hon'ble Chairman (Hon'ble Minister for Health & Family Welfare, Govt. of India) on 21<sup>st</sup> June, 2013.

**TB Control Programme:** Initially started in 3 states of Punjab, Uttar Pradesh and Karnataka in 2009 and Gujarat in 2010, the programme was extended to 7 states in 2013 with the addition of Odisha, Bihar and Haryana. The objective of the programme is to bring back to DOTS



treatment Cat II patients i.e. those who have dropped out of the initial DOTS treatment after identification of the same from the DOTS centres in the identified districts and provide care and nutritional support to them till they are cured. This reduces the risk of such patients from being converted to the more dangerous Multi drug resistant TB (MDR TB) patients. In addition the volunteers spread awareness among the family and the community about the disease as well as to reduce stigma and discrimination against these patients.

In 2013, 1180 patients, 4400 family members and about 33000 community members are being targeted. The programme is being implemented with the support of the Ministry of Health & Family Welfare, Government of India, State and district TB Officers and the TB Association of India. The approximate budget is INR 1.10 crores. The adherence rate in 2013 is reported as 96%.

**Measles Catch Up Programme:** The IRCS supported the Ministry of Health & Family Welfare, Government of India Measles Catch Up Programme in 2012- 13 in two states of Madhya Pradesh and Uttar Pradesh. Six districts of Madhya Pradesh and fourteen districts of Uttar Pradesh were taken up by the respective state branches. In the state of Madhya Pradesh the programme reached 4,94,797 beneficiaries through door to door and community advocacy programmes and 48314 children were assisted in receiving the Measles vaccine. In Uttar Pradesh 5, 55, 193 beneficiaries were reached.

#### 13.7.4 Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation (PG DP&R)

Indian Red Cross Society is working towards having a cadre of qualified trainers through Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation (PG DP&R) at its National Headquarters which is affiliated to the GGSIP University since September 2006.

Seven Batches have successfully completed the course till the end of August 2013.

The classes for the eighth batch have started on 23<sup>rd</sup> September, 2013. The course participants include professionals from Medical Services, Defence, Rajya Sabha, Lok Sabha, DMRC, NDRF, BSNL, DoPT, NIDM, NBCC, and other Govt.officials as well as NGOs.

## 13.8 EMERGENCY MEDICAL RELIEF (EMR)

### 13.8.1 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.

### 13.8.2 Preparedness and Response for Disasters

- a. **Preparedness for disasters:** Crisis Management Plan for Biological Disasters and the Emergency Support Function Plan were reviewed in 2013 and circulated to all concerned in July, 2013. It contains the emergency support functions assigned to the MoHFW which includes details of nodal officers for coordination, quick response for crisis management at Hqrs. and field level, resource inventory etc. This plan also contained instructions regarding deployment of resources in the event of disasters.
- b. **Response:** Ministry of Health and Family Welfare was represented in the central assessment teams of the Ministry of Home Affairs that visited Uttarakhand (Flash Floods) for damage assessment. Relief was recommended in terms of norms under National Disaster Response Fund.

### 13.8.3 Uttarakhand Flash Floods

#### Action Taken by MoHFW

1. The Ministry was in constant touch with the State Government and had provided assistance including trained doctors, Public Health Specialists, Commodity assistance (medicines, consumables, body bags etc.), and technical assistance. While the Director General of Health Services along with the Additional Secretary visited the State and discussed relevant issues with the State Health Minister, Chief Secretary and the Principal Secretary (Health), a team comprising Director,



- National Centre for Disease Control and Director, Emergency Medical Relief was stationed at Dehradun. The said team facilitated coordination, visited affected areas to provide guidance/technical assistance to the district authorities on medical and public health issues and was also available for advice/technical assistance to the Health Department of the State.
2. MoHFW deputed 80 doctors (40 specialists and 40 General Duty Medical Officers) to help the State in meeting the severe shortage of doctors. This strength was maintained till August, 2013, thereafter scaled down to 40 doctors in September, 2013 and 20 doctors in October, 2013.
  3. Disease surveillance was strengthened to check outbreaks of water borne, air borne or food borne diseases. Six public health teams were in position in affected districts. For the Vector Borne Diseases, a Senior Officer from the National Vector Borne Disease Control Programme was deputed to assist the State.
  4. National Institute of Mental Health and Neurosciences (NIMHANS) did psycho-social need assessment. Four teams for counselling and psychological assistance were sent to the State. Currently 12 Psycho social counsellors are in Rudraprayag and Chamoli doing Psycho-social care and support activities. Two faculty members from NIMHANS are carrying out training for PHC medical officers on mental health and disaster mental health. A proposal submitted by NIMHANS for strengthening District Mental Health Programme in affected districts is under consideration of National Mental Health Programme (NMHP).
  5. As per request received from the State Government, the drugs/consumables sought (immediate requirement) were supplied from Dr. RML Hospital and Safdarjung Hospital. The request made by the State for 3 lakh ORS sachets, 2 crore Chlorine tablets and 100 MT bleaching powder were also met. In addition, the Indian Red Cross Society was also mobilized to send relevant relief material to the State. This included 6 (3 large and 3 small) water purification units.

6. The State Government has submitted a plan for various Health/Public Health activities under the National Rural Health Mission amounting to Rs. 115.88 crores. This is in addition to the envelope of Rs. 228.29 crores already approved in the NRHM State PIP for the year 2013-14. The Ministry has approved proposals for Rs. 26.95 crores and proposal for the remaining amount is under consideration.

#### **13.8.4 Influenza A H1N1**

The Pandemic Influenza virus continued to circulate as seasonal influenza virus. From January 2013 to 27<sup>th</sup> October 2013 there had been 5200 laboratory confirmed cases with 684 deaths. The states which reported sporadic outbreaks with large number of cases and deaths are Gujarat, Maharashtra, Haryana, Karnataka, Punjab, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh, Andhra Pradesh and Chandigarh.

Government of India is continuing its effort initiated from 2009 to mitigate the impact of Influenza A H1N1. Surveillance to detect clusters of influenza like illness is being done through Integrated Disease Surveillance Project. Laboratory network, strengthened for the Pandemic continued to test for influenza A H1N1 virus. The diagnostic reagents were provided free of cost to the 28 laboratories under this network. Sufficient stock of Oseltamivir, the drug to treat Influenza, is being maintained by Ministry of Health. The affected States were provided Oseltamivir as per their requirement. In addition personal protective equipments, N-95 masks and surgical masks were also provided as per requirement of States. Central multi-disciplinary team was deputed to Maharashtra to assist the State Government in instituting mitigation measures.

#### **13.8.5 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 Regional Poultry Farm, Lanka Tola, Madhubani, Purnea, Bihar and in the Poultry

Production Unit, College of Veterinary Sciences and Animal Husbandary, Durg and Government Poultry farm, Jagdalpur, Chhatisgarh. 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.

### 13.8.6 Outbreak Investigations

Central multi-disciplinary expert teams were deputed to investigate disease outbreaks in the State of Jammu & Kashmir (Anantnag for Hepatitis B & C), Rajasthan (seasonal influenza), Gujarat (Influenza A H1N1), Uttar Pradesh (Aonla, Distt. Bareilly for Cancer cases), Kerala (Febrile illness). Based on the recommendations of the Central Team, public health measures were instituted.

### 13.8.7 Medical Care Arrangements on Special Occasions

Medical care arrangements were organized by the Directorate General of Health Services for Republic Day and Independence Day celebrations. Medical care arrangements were made for the Heads of States of Bhutan, France, U.K., Egypt, People's Republic of China, Afghanistan, Iraq, Liberia, Hungary, Kuwait during their India visit. Medical care arrangements were also made for Conference of Governors, Asian Pacific Postal Union, 33rd Asia and Pacific Conference of Correctional Administrators.

### 13.8.8 Shri Amarnathji 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, Ministry of Health & Family Welfare provided experts for devising the compulsory Health Certificate, conveyed to all States to identify Institutions and doctors for medical examination of the pilgrims. MoHFW facilitated identifying specialists and General Duty Medical Officers to augment the team of doctors being deployed by Government of J & K.

Further, Directorate General of Health Services developed a curriculum, held three training workshops in Srinagar, training doctors posted enroute Shri Amarnthji Yatra in higher altitude.

### 13.8.9 Phailin Cyclone in Odisha

Very High Cyclonic storm, named Phailin hit the coast of Andhra Pradesh and Odisha on 12 October, 2013. MoHFW activated its control room. Quick Response medical, surgical, public health and psychosocial teams were kept on standby for deployment on the request of the State Governments. Due to timely warning by IMD and evacuation of population from affected areas, the adverse public health impact was minimal. To mitigate impact of post cyclone floods in Odisha, MoHFW deputed Rapid Health Assessment teams to assess public health risks. The IDSP unit of Ganjam district was strengthened with public health experts from National Centre for Disease Control, Delhi and All India Institute of Hygiene and Public Health, Kolkata. On the request of Government of Odisha, MoHFW arranged supply of 50 lakh each of Paracetamol tablets, Metronidazole tablet and ORS sachets; 2 crore chlorine tablets, 25 Metric Bleaching Powder and 20000 vials of Anti Snake Venom.

## 13.9 E-HEALTH (TELEMEDICINE)

**13.9.1 Brief Summary:** First Indigenously Developed Hospital Information System Software by CDAC Noida at SGPGIMS, Lucknow, UP was deployed in 1996 and DeitY, MCIT, Govt. of India started a Pilot with Indigenous Development of Telemedicine Technology deployments at AIIMS, New Delhi, PGIMER Chandigarh & SGPGIMS, Lucknow in 1999 with First telemedicine network between three institutions AIIMS-New Delhi, PGI-Chandigarh & SGPGI-Lucknow from 1999-2000.

2003-2004 saw the Deployment of SATCOM based TM nodes across the country by ISRO for Tele-education and Tele-consultation services. A Task Force for Telemedicine was constituted in 2005 and in 2006, Planning Commission approved budget for e-Health including Telemedicine in the 11th Five Year Plan. School of Telemedicine & Biomedical Informatics (STBI) was set up at SGPGIMS, Lucknow by Govt. of U.P in 2006 and PHFI was awarded Grant-in-aid to have Ministry of

Health and Family Welfare "Healthy India" Website for Health Education from 2007-08 to 2012-2013.

In 2007 School of Telemedicine and Bio-informatics at SGPGIMS, Lucknow was made National Resource Centre for Telemedicine & Biomedical Informatics by DeitY, Govt. of India.

MoHFW, Govt. of India supported Tele-ophthalmology Project Onco-NET Project in many parts of the country and since 2009 many States are supported under NRHM for Initiatives under National Rural Telemedicine Network. In 2010 SGPGIMS, Lucknow was made National Resource Centre for Telemedicine by MoHFW and MoHFW launched MCTS wherein Pregnant mothers and Children upto the age 5 years are registered and tracked for various healthcare interventions.

Expert Group of MoHFW on EMR/EHR Standards was established and in 2013 after expert consultations the Standards have been notified by the Ministry. EFC Note for Establishment of National Medical College Network has been prepared for Open Tender basis in September 2013 and circulated to line ministries/ departments after administrative and IFD approvals. Comments have been received and issues are being addressed.

Govt. of India Initiative of National Optical Fibre Network (2011) to provide high speed bandwidth connectivity up to every Gram Panchayat wherein 2,50,000 GPs shall have connectivity. As a Pilot Project of Tele-consultation three sites (PHC / CHC) as one Telemedicine Centre in each block have been connected with one medical college in the state for Telemedicine(Tele-consultation and Tele follow-ups) activities.

### **13.9.2 Three Major Initiatives of Govt. of India providing Bandwidth Connectivity are seen as potential for envisaging E-Health activities, especially Telemedicine:**

- Govt. of India has established National Knowledge Network (NKN), a state-of-the-art multi-gigabit pan-India network for providing a unified high speed network backbone for all knowledge related institutions in the country. It is designed to support Overlay, Dedicated and Virtual Networks and to seamlessly integrate with the global scientific

community at multiple gbps speed. NKN has already connected 831 institutions including 151 Medical institutions till date.

- **State Wide Area Network (SWAN):** Project supported by Government of India, States to have bandwidth connectivity of 2mbps-10 mbps (scalable to 100 mbps) upto Block Level. In health sector it translates into connecting all medical colleges to DHs, SDHs and CHCs upto Blocks level.

### **13.9.3 Establishment of NMCN Project (Health Education Content Delivery, Skill Enhancement and Healthcare Outreach Services Project)**

Besides Health Education Content Delivery, Central Repository of Medical Education Content & Digital Medical Library Network (access to global knowledge resource and every health professional shall have that available for capacity building and skill development), Technology Enabled Skill Transfer & Mentoring, Platform for Interactive Distance Learning in an Adaptive Environment the Tele-consultation, Tele Follow-up services and m-Health shall be initiated. Virtual Class Rooms and Digital Lecture Theatres shall be utilized for Under Graduate Lecture Sharing, Remote Participation in CME, Skill Share among health professionals (Medical, Dental, Nursing and Others), Open Online Courses and Carrying out Structured skill-based online courses etc. are envisaged. Every medical institution shall have a Knowledge Park, its web portal and contribute to medical science knowledge hub, nationally and internationally and becoming a Virtual Health University.

Since 12<sup>th</sup> FYP has Rs. 122 crore allocated under e-Health including Telemedicine, EFC Note has been prepared for Rs. 104 crore to establish NMCN wherein one national Resource-cum-Regional Resource centre, 5 Regional Resource centres, One Disaster Recovery Site and 35 Govt. Medical Colleges have been taken up in the Phase-1.

**Establishment of National Rural Telemedicine Network:** It is envisaged that all health facilities shall be connected and hence a flow of Tele-consultation, Tele Follow-up from PHC to CHC to SDH to DH to Medical Colleges/Super-specialty Hospitals shall be established.

### Under NOFN as Pilot Project on Telemedicine by DeitY, MCIT Govt. of India

1. PHC Fatehgarh in Arain block of Ajmer District is connected to JLN Medical College in Rajasthan,
2. CHC Panisagar in Panisagar block of North Tripura District to Agartala Govt. Medical College & GBP Hospital of Tripura,
3. PHC Vadacheepurupalli in Parwada block of Vishakhapatnam Distt. is connected to King George Medical College & Hospital in Andhra Pradesh State for telemedicine services.

Based on inputs and outcomes of Pilot projects, National Telemedicine Network shall be scaled-up all over country utilizing NKN, SWAN and NOFN bandwidth Connectivity.

- **M-Health:** Mobile phones, tablets, I-pads etc. - e-gadgets shall be used for Mobile Health Services for Public Health Education, National Rural Telemedicine Network, Tele-education, EMR/EHR etc.
- **Healthcare on Wheels:** It is envisaged that Mobile van with diagnostic peripherals and medical team shall go to HTR areas to provide healthcare. Expert Tele-consultation shall take place using possible connectivity in the area (Dish for Satellite connection or Wi-Max or WiFi etc.)

2012-13 Rs. 2591.89 lakhs allocated to to seven States (as per ROPs).

- Himachal Pradesh : Rs. 50 lakh
- Maharashtra : Rs. 317.82 lakh
- Punjab : Rs. 40 lakh
- West Bengal : Rs. 45 lakh
- Dadra & Nagar Havelli : Rs. 10.69 lakh
- Assam : Rs.1559.92 lakh and
- Tripura : Rs. 9.35 lakh

Since 2011 various States are being supported under NRHM for Telemedicine activities.

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

- Sports Injury Centre (SIC), Safdarjung Hospital is a unique centre of its own kind in India. It was established with aim to provide integrated surgical, rehabilitative and diagnostic services under one roof for the management of sports injuries and related joint disorders.
- 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.
- The centre is approved by International Society of Arthroscopy Knee Surgery and Orthopaedic Sports Medicine for further training and/or exposure to arthroscopy, knee surgery and orthopaedic sports medicine. The centre is visited by observers from fall over the country and abroad. Also regular



workshops are held where young orthopaedic surgeons from all over the country and abroad come to acquire skills in basic and advanced arthroscopic procedures.

- Faculty of Sports Injury Centre is recognized nationally for their expertise in Arthroscopic Surgeries and are regularly invited for demonstration surgeries at number of institute's and conferences.
- Centre also has a Bio-mechanical Lab which has simulators for the training of budding arthroscopic surgeons. The lab also boasts of an Isokinetic machine which is valuable for monitoring post-operative rehabilitation and also aids in diagnosis of various conditions associated with sports medicine.
- SIC in a very short span of time has achieved a rare feat and established itself as Centre of National repute in providing integrated and dedicated comprehensive service under one roof. The details regarding OPD attendance, physiotherapy, casualty, Psychology clinic and the number of surgeries and minor surgical procedures performed during the current year 2013 (up to 31st September 2013) are as under:

S. No.	Sports Injury Centre (Department)	2011	2013 till Sep.
1.	OPD Attendance including Casualty attendance	55922	38650
2.	Inpatient Attendance	1348	827
3.	No. of surgeries undertaken	1201	781
4.	Minor Surgical procedure	2044	2637
5.	Physiotherapy	49537	28657
6.	Psychology Clinic	2414	900

### 13.11 TRANSPLANTATION OF HUMAN ORGANS ACT

Government of India enacted, the Transplantation of Human Organs (Amendment) Act 2011 and some of the important amendments in the Act are as:-

- i. Tissues included
- ii. 'Near relative' definition expanded to include Grandchildren, Grandparents.
- iii. Provision of 'Retrieval Centres' for retrieval of organs from deceased donors and registration of these centres under the amended Act. Tissue Banks shall also be registered
- iv. Provision of Swap Donation included
- v. Mandatory inquiry regarding organ donation in case of brain deaths of ICU patients.
- vi. Mandatory 'Transplant Coordinator' in all hospitals registered under the Act
- vii. For protecting vulnerable and poor, a provision for higher penalties for organ trading and other violations under the Act.
- viii. Brain death certification Board simplified. Wherever, a Neurosurgeon/Neurologist is not available, then an anaesthetist/ intensivist may certify brain stem death in his place.
- ix. Establishment of National Human Organs and Tissues Removal and Storage Network and National Transplant Registry
- x. Provision of Advisory committee to aid and advise Appropriate Authority
- xi. Enucleation of Eye/Cornea permitted by a trained technician permitted.
- xii. No organ can be removed from the body of a mentally challenged person before his death.
- xiii. No Indian donor can donate to a foreign national unless they are near relatives.

The Draft Transplantation of Human Organs and Tissues Rules were published to enable public at large to file their suggestions and objections. After finalization of the rules, provisions in the amendment Act will be brought into force. A website by the name [www.notto.nic.in](http://www.notto.nic.in) has been hosted where information with regards to the organ transplantation can be obtained. A computerized system of **National Registry of donors and recipients** is also going to be put in place.



### 13.12 NATIONAL ORGAN TRANSPLANT PROGRAMME (NOTP)

National Organ Transplant Programme with a budget of Rs. 149.5 crore for 12th Five year Plan has been approved by the Expenditure Finance Committee (EFC). The aim of the programme is to improve access to the life transforming transplantation for needy citizens of our country by promoting deceased organ donation.

The programme envisages creation of NOTTO (National Organ and Tissue Transplant Organization) under Directorate General of Health Services, with a Networking Centre and a Tissue Bank at National Headquarters, five Regional networking Organizations (ROTTO-cum-SOTTO) and five State level organizations (SOTTO). The Regional organization shall also cover the State in which it is located i.e. it will also do the function of SOTTO for the state of its location. The Regional Network facility will have Tissue Bank as well. The State units would be linked to transplant hospitals, retrieval hospitals, organ/tissue matching Laboratories and tissue banks within their area and also to regional and national networking organizations.

There will also be provision of transplant coordinators at identified Government Medical Colleges, good performing private Institutions and Trauma Centers. The project will have main component of IEC to promote organ donation from deceased donors. There will be provision for financial assistance to 100 needy and poor patients of Govt. hospitals every year for immunosuppressant therapy. The programme has also made provision for training of various cadres of staff for transplantation.

### 13.13 CLINICAL ESTABLISHMENTS ACT 2010 AND NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENTS

After the Act was passed by Parliament in August 2010 and notified on 1<sup>st</sup> March, 2012, the Act is at present applicable in the following States/UTs:

- States- Arunachal Pradesh, Himachal Pradesh, Mizoram and Sikkim
- Union Territories
- States who have adopted the Act- Uttar Pradesh, Rajasthan, Bihar and Jharkhand

AND will be applicable in such other States which shall adopt this Act under clause (1) of article 252 of the Constitution.

#### Salient Features & Benefits of the CEA 2010

- All clinical establishments - including diagnostic centres and single doctor clinics, across all recognized systems of medicine in both public and private sector. (Exception: establishments of the Armed Forces) are covered.
- The Act shall assist in compilation of reliable digital registry of all types of clinical establishments at National, State and District level available in public domain.
- Standard application form for registration of clinical establishments to ensure uniformity in information being collected.
- Assist government in obtaining information and data required from clinical establishments for public health interventions including outbreak and disaster management.
- Provisional registration, through a process of self-declaration, without any inspection.
- Permanent registration would be undertaken after categorization, classification and development of minimum standards.
- Application for registration by post, in person or online.
- Mandatory for every clinical establishment to provide treatment to stabilize the emergency medical condition of any individual brought to such establishment.
- Establishment of multi stakeholder institutional bodies:
  - i. National Council of Clinical Establishments
  - ii. State Council/Union Territory Council of Clinical Establishments
  - iii. **District Registering Authority:** Implementing Authority with powers to register and cancel registration

- National Council, through multi stakeholder participation and consultative process would classify clinical establishments into different categories and determine minimum standards and do their periodic review to ensure uniformity across all establishments in a time bound manner.
  - National Council shall also publish a National Register and collect the statistics in respect of clinical establishments.
  - Contravention of any provision shall be punished with monetary penalties.
  - Details of charges, facilities available would be prominently displayed at a conspicuous place at each establishment.
  - Every clinical establishment has to be registered. Norms required to be met prior to registration include:
    - minimum standards of facilities and services; and
    - minimum requirement of personnel.
    - Provision and maintenance of records and reports
    - such other condition as may be prescribed
  - As per the Clinical Establishments (Central Government) Rules 2012, under the above mentioned Act:
    - The clinical establishments shall display the rates charged for each type of services provided and facilities available at a conspicuous place in the local as well as English language.
    - The clinical establishments shall charge the rates for each type of procedures and services within the range of rates determined and issued by the Central Government from time to time in consultation with the State Governments.
    - The Clinical Establishments shall ensure compliance of the Standard Treatment Guidelines (STG) as may be determined and issued by Central Government or State Government from time to time. Compliance to STG shall ensure that unnecessary operations are avoided.
      - Cancellation of registration, would occur at any time, if conditions for registration are not compiled.
- A website ([www.clinicalestablishments.nic.in](http://www.clinicalestablishments.nic.in)) has been made operational for providing information on the Act and online registration of clinical establishments and issue of certificate. The Online registration has been made functional in the States of Jharkhand, Himachal Pradesh and UT of Daman and Diu. Ministry has made provision of budget for implementation of the Act by the States/ UT.
- National Council for Clinical Establishments under the Chairmanship of DGHS has done following work so far:**
1. Application form for provisional registration, Certificate of Provisional Registration, template of minimum standards, information to be displayed by the Clinical establishments have been developed and finalized.
  2. The National Council has decided to constitute 5 Subcommittees as given under for further working on specific areas:
    - i. Categorization and Classification of Clinical Establishments
    - ii. Development of Standard Template of Minimum Standards
    - iii. Developing Minimum Standards
    - iv. Statistics to be collected from Clinical establishments
    - v. Defining the range of rates of procedures and services
  3. Standard Treatment Guidelines for proper health care for important medical domains have been developed and uploaded on the aforesaid website of the Act.
- This Act is a guiding mechanism for providing an overall improvement in the quality of health care sector in the country. All State Governments are expected to adopt this Act gradually. The States having similar legislation have been requested to repeal the same for adopting this Act.

### 13.14 NATIONAL PROGRAMME FOR PREVENTION & MANAGEMENT OF BURN INJURIES (NPPMBI)

"Burn" is a major Public Health Programme all over the world. In India alone, around 7 million people suffer from burn injuries, out of which, 7 lakh need hospital admission and 2.4 lakh become disabled. As per the data extrapolated from the information received from 3 major Govt. Hospitals in Delhi, approx. 1.4 lakh people die of burn injuries annually. This comes to one death every 4 minutes due to burns. Most of the burn victims belong to the vulnerable group of the society. The misery of burn patients is further aggravated by the fact that, the treatment requires prolonged hospitalization and multiple corrective plastic surgeries, leading to economic hardship. From the information collected from 3 major Government Hospitals in Delhi, there has been a 10 fold increase in OPD cases and 4.5 times increase in admissions during the last five years.

However, the death and disability due to burn injury are preventable to a great extent, provided timely and appropriate treatment is provided by trained personnel. However, trained manpower as well as dedicated burn units are almost non-existing in our country. Keeping in view the magnitude of the problem, a pilot project was initiated by Ministry of Health and Family Welfare during the 11<sup>th</sup> plan period.

#### 13.14.1 Pilot Project - 11<sup>th</sup> Five Year Plan

Recognizing the severity of the problem, Ministry of Health & Family Welfare initiated Pilot Programme for Prevention of Burn Injuries (PPPBI) in the year 2010. Three Medical Colleges and six District Hospitals in three States were identified for establishing burn wards with an approved outlay of Rs. 29.70 crores. The districts and the medical colleges covered under the pilot project are as below:-

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

#### 13.14.2 Major Achievements during 11th Five Year Plan:

- Funds were released to states for establishment of Burn Units that are presently in different stages of completion.
- 6 days Training of Surgeons/Medical Officers was imparted for "Burn Injury Management" in 2 batches at Safdarjang Hospital.
- Burn Injury Management protocol was developed.
- Burns Data Registry and Quarterly reporting Format developed.
- Mass Media campaigns were carried through DD and AIR for awareness generation among the masses.
- Awareness and Advocacy campaigns were conducted in the identified states and districts.

#### 13.14.3 12<sup>th</sup> Five Year Plan Proposal

##### National Programme for Prevention & Management of Burn Injuries (NPPMBI)-

- **Medical College Component:** During the 12<sup>th</sup> Five Year Plan, the Project has been approved by the Cabinet Committee for Economic Affairs (CCEA), to be continued as a full-fledged National Programme. The programme consists of 2 components i.e establishing dedicated burn units at 67 Medical Colleges and at 19 District hospitals across the country. During 12<sup>th</sup> plan, the district hospital component will be implemented through NRHM division whereas; Medical College component will be a part of the "Human resource in Health and Medical Education Scheme" and assistance to be provided to the states will be governed by the norms set under this parent scheme. One of the important criteria under the scheme is that the assistance proposed under the programme for various components will be shared between the Centre and State Governments in the ratio of 75:25.
- **Budget provision and proposed expenditure:** Rs. 500 crore has been allocated for the National Programme for Prevention & Management of Burn Injuries. Out of this, Rs. 450 crore has been

earmarked for developing burn wards in Medical College component and rest 50 crore for district hospital component.

- **Synergy with NRHM- District Component:** During 12<sup>th</sup> five year Plan, the District Hospital component shall be managed under NRHM. Under this component, 19 District Hospitals will be identified for development of burn wards across the country. The unfinished work of the 6 district hospitals taken up during 11th plan under pilot project will also be taken up along with 19 new district hospitals. Hence total district hospitals to be covered will be (19+6) =25 for consideration of grant. A total of Rs. 50 crore has been allocated under NRHM for the District Hospital Component.
- **Aim:** To reduce incidence, mortality, morbidity and disability due to Burn Injuries.

#### 13.14.4 Objectives of the Programme:-

- To establish adequate infrastructural facility and network for management of burn victims and rehabilitation.
- To improve the awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.
- To carry out Research for assessing behavioral, social and other determinants of Burn Injuries in our country for effective need based programme planning for Burn Injuries, monitoring and subsequent evaluation.

#### 13.14.5 Establishment of Burn Unit-

- **At Medical Colleges-** The burn units will be a part of the hospital administration, and not a stand alone centre. The ward will consist of 8 general beds and 4 ICU beds. Proposed area for the unit is 725 Sq meters and a consolidated amount of Rs. 2.175 crore will be given to each medical college for construction. Similarly Rs. 1.038 crore will be given annually for manpower and Rs. 1.29 crore for equipments. The responsibility for construction, equipment procurement and hiring of manpower will be of State Governments. The equipments

suggested are recommendatory in nature and the hospitals will procure as per state norms. The other supportive facilities like investigation, blood banking and specialists from other discipline will be shared with the hospital facilities.

- **At District Hospitals-** The burn units will be part of the hospital and not stand alone centres. There will be provision of 4 general beds and 2 acute care beds in the burn unit. Proposed area for the unit is 400 Sq meters and a consolidated amount of Rs. 1.20 crore will be given to each district hospitals for construction. Similarly, Rs. 0.38 crore will be given for manpower and Rs. 0.29 crore for equipments. The responsibility for construction, equipment procurement and hiring of manpower will be of State Governments. The equipment and manpower suggested are recommendatory in nature and the hospital will procure as per state norms. Other supportive facilities will be shared with the common hospital facilities.
- **Memorandum of Understanding with the states-** The states will be required to sign a Memorandum of Understanding with the Ministry of Health and Family Welfare before the grants are released.

#### 13.14.6 Expected Outcome:

- Dedicated Burns Care Services in 70 Medical Colleges & 25 District Hospitals.
- Availability of skilled manpower at the Medical Colleges & District Hospitals.
- Increased awareness regarding prevention of burns Injuries, safety measures and availability of services through IEC.
- Reduction in the incidence of burn injury and its consequences, thereby reducing the burden on government exchequer and improving the quality of life of the community.

#### 13.15 INSTITUTE OF SEROLOGY, KOLKATA

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

### Objective of the Institute

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 like Forensic Science Laboratories and Hospitals all over the country.
2. Forensic Serology for determination of origin of species of different biological exhibits which have already been send to this institute from different FSLs & RFSLS and also to undertake blood group serology in case the species origin is human. This Medicolegal Report is accepted as expert opinion in court of law.
3. Reference centre for A, B, O Blood grouping & Rh typing from different government hospitals of Kolkata.
4. The V. D. Serology Section provides its service to Govt. Medical Colleges & Hospitals of Kolkata. Besides, many projects for diagnosis of STI in sex workers were initiated by several NGOs & Govt. aided bodies and we had supported them by providing diagnostic test results. It also works for internal quality control of the VDRL antigen and standardization of VDRL Antigen produced in Antigen Production (A.P) section.
5. Regional STD Reference Laboratory for East Zone under NACO has been functioning from 1983.
6. Training of Laboratory Technicians in various fields of Serology and Sexually Transmitted Diseases and imparting training in Forensic Serology to post graduate students of Forensic Medicine.
7. To involve our department with National & State run health projects where our laboratory's role is very useful like National AIDS Control Programme and Polio Eradication Programme etc.
8. 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.
9. Intratypic differentiation of Polio Virus by ITD Laboratory using PCR technique.
10. National Measles Laboratory for detection of Measles from Eastern and North Eastern states and part of Jharkhand, Bihar.

### Forensic Serology

Performance Report of Forensic Serology from April 2013 to September 2013	
Total No. of cases received	276
Total No. of exhibits received	1282
Total No. of cases analysed and report	276
Total No. of items tested for species determination	1433
Total No. of cases examined for grouping	284

### V. D. Serology

Performance Report of V. D. Serology from April 2013 to September 2013			
Source	No. of Samples Received	No. of Samples Tested VDRL	No. of Sample Positive VDRL
Antenatal Cases (Nos.)	94	94	0
STD Clinic	805	805	36
<b>Total</b>	<b>899</b>	<b>899</b>	<b>36</b>



**Antibody Section**

<b>Performance Report of Antibody Section from April 2013 to September 2013</b>			
<b>Month</b>	<b>Production of Antisera</b>	<b>Supply of Antisera</b>	<b>Supply of Anti H Lectin</b>
April 2012 to September 2012	ml 4542	ml 2279	ml 2075
<b>Total</b>	<b>4542</b>	<b>2279</b>	<b>2075</b>

**Quality Control & Diagnostic Laboratory**

<b>Performance Report of Quality Control &amp; Diagnostic Laboratory from April 2013 to September 2013</b>	
<b>Examination Performed</b>	<b>No. of Samples</b>
Standardization of Anti H Lectin	72 Lots
Standardization of Species Antiserum	26
Clinical Diagnostic Tests	00

**BGRC Section**

<b>Performance Report of BGRC/Production Section from April 2013 to September 2013</b>	
Total No. of Blood Group Rh-Negative Cases	279 Nos. 06 Nos.
<b>Production of</b>	<b>Quantity in ml.</b>
Anti H Lectin (Freeze Dried)	3600 ml

**Measles Laboratory****Performance Report of Measles Laboratory from April 2013 to September 2013**

<b>Measles</b>	
Total sample tested	267 Nos.
Total sample positive	75 Nos.
Total sample negative	185 Nos.
Total sample equivocal	07 Nos.
<b>Rubella</b>	
Total sample tested	194 Nos.
Total sample positive	134 Nos.
Total sample negative	56 Nos.
Total sample equivocal	04 Nos.

**Antigen Production Section**

<b>Performance Report of Antigen Production Section from April 2013 to September 2013</b>	
Total VDRL Antigen Production	1360 Ampls
Total Supply of VDRL Antigen	1680 Ampls
Direct Sale	1670 Ampls
Departmental Use	10 Ampls

## National Polio Laboratory

## Performance Report of National Polio Lab. from April 2013 to September 2013

Total cases received	8666
Total sample received	7422
NPEV	1185

## STD/Bacteriology

## Performance Report of STD/Bacteriology from April 2013 to September 2013

Sl. No.	Laboratory Test	Nos. Tested	Nos. Positive
Syphilis	VDRL	797	35
	TPHA	797	63
Candida	Gram Stain	577	66
	Culture	577	114
Gonorrhoea	Direct Smear	617(CD+UD)	09
	Culture	617	02
Hepatitis B	HBs Ag ELISA	456	06
	Immunocromatographic Method	348	06
HCV	HCV(IgM) Elisa	672	02
HSV - 2	HSV - 2 (IgM) Elisa	276	71
Trichomonas Vaginalis(TV)	Wet Mount	577	126
	Culture	577	233
PAP Stain	Endo &Ecto Cervical Smear	581	--
Herpetic Syndrome	Giemsa Stain (MNGC)	58	09
B. Vaginalis	Gram Stain	580	82
CMV	CMV (IgM) ELISA	182	01
C. Trachomatis	C. Trachomatis (IgM) ELISA	92	06

## Account Section

	Total Budget	Expenditure upto the end of September 2013
Non Plan	55,000,000	23,517,535
Plan	9,000,000	702,071

