

Chapter I: Introduction

1.1 About Armed Forces Medical Services (AFMS)

“Sarve Santu Niramaya”



Armed Forces Medical Services (AFMS), which came into being in 1948, is one of the critical logistics services of Defence Services both in war and in peace. The objective of the AFMS is to preserve and promote the health of the Armed Forces Personnel and their families by prevention of diseases and care and treatment of the sick and wounded among them. The mandate of AFMS is discharged through a network of 133 Military

Hospitals¹ of varying bed strengths spread across the country, apart from 90 Field Hospitals that provide medical care to service personnel in the field areas. Though structured for providing medical care primarily to a population of approximately 63 lakh serving personnel and their families, the AFMS also provides medical support to Army Units deployed in international missions and medical relief in case of natural calamities or disaster situations in the country.

The Director General Armed Forces Medical Services (DGAFMS), who holds the rank of a Lt. General and heads the entire AFMS, is responsible for provisioning, storing and issue of medical stores/medical equipment; research and development in subjects of service medicine; recruitment, training and deployment of medical officers for Army, Navy and Air Force, administration of Dental and Nursing Services of the Armed Forces; operation and maintenance of Armed Forces Medical College (AFMC) and all Medical Stores Depots.

To cater to the health needs of the ex-servicemen and their dependents, the Ex-servicemen Contributory Health Scheme (ECHS) was set up by Government in December 2002. Medical treatment to such ex-servicemen (ESM) and their dependents, who opt to join the Scheme, is provided through a network of 227 ECHS polyclinics spread all over the country. These polyclinics serve as the first contact point for availing of treatment and provide required out-patient care and medicines to the ex-service personnel. The requirement of further treatment or investigations of the

¹ Army-111, Navy-10 & Air Force-12

ECHS beneficiaries is provided through Service hospitals, empanelled civil hospitals and diagnostic centres based on a reference from the polyclinics.

The AFMS also provides medical coverage to personnel of National Cadet Corps, Coast Guard, Territorial Army, etc as well as the Central police/intelligence forces operating in disturbed areas or when placed under the command of the Army.

1.2 Organisational structure

The AFMS is an inter services organisation under the Ministry of Defence, covering Army, Navy and Air Force. At the apex level DGAFMS is assisted by the Directors General Medical Service (DsGMS) for the Army, Navy and Air Force who are responsible for overseeing the functioning of the hospitals of the respective Services. The DsGMS are also the advisers to the respective Service Chief on medical matters and health of the troops. AFMS comprise officers of Army Medical Corps (AMC), Army Dental Corps (ADC) and Military Nursing Services (MNS). AMC also includes non-technical officers and civilians. The manpower of the AMC that was around 40,000 in 1962 was 57,590 as of December 2011.

AFMS operates a country-wide network of Medical Inspection (MI) rooms located in the Units, Station Health Organisations, Family Welfare Centres, General Hospitals, Base Hospitals, Command Hospitals and Specialised Centres in peace stations. In field areas the evacuation of casualties is undertaken through a chain of Regimental Aid Post (RAP), Advance Dressing Station and Forward Surgical Centre at Division level. The RAP is the focal point where the sick and the wounded are primarily treated for basic care and are later evacuated for regular treatment at the tertiary level to a Base hospital or a Command hospital.

Various Teaching/Training institutes within AFMS impart professional and military training to different categories of AFMS personnel. The Medical Stores/Fluids Holding/Supply Units cater for medical stores and transfusion fluids during times of war and peace.

Classification of hospitals

Hospitals in the Army are classified into various categories as ‘Sectional’, ‘Peripheral’, ‘Mid Zonal’, ‘Zonal’, ‘Command’, ‘Army Hospital (Research & Referral)’, based on bed strength and extent of availability of specialties as detailed in Table 1 below:

Table- 1: Classification of hospitals under the Army

| Category of Hospital | Bed Strength | Manpower Authorised |
|----------------------|--|--|
| Sectional | 10 to 24 | Medical Officers (MO) as per Peace Establishment (PE) |
| Peripheral | 25 to 99 | MOs as per PE plus 4 specialists |
| Mid Zonal | 100 to 299 Bed strength calculated as 1.5% of total garrison Key Location Plan (KLP) plus 0.70% of garrison strength of dependent peripheral hospitals. | MOs as per PE plus nine specialists |
| Zonal | Above 300 Bed strength calculated as 1.5% of the total garrison KLP strength plus 0.2% of garrison strength of the dependent peripheral and mid-zone hospital. | MOs as per PE plus twenty one specialists |
| Command | The bed strength is calculated as 1.5% of the local Garrison KLP strength plus 0.2% of strength of all garrisons in the Command to provide for specialist beds. | Largely have all specialists and super specialists. |
| AH R&R | The bed strength is calculated as 0.1% of the total strength of Armed Forces of Officers and Personnel Below Officers Rank (PBOR) | It has specialists and super specialists when compared to Command Hospitals. |
| MH CTC | Established on a separate PE is a super specialist hospital tasked with treatment of Armed Forces Personnel/dependents for Cardio-Thoracic disease including TB and treatment of patients requiring cardiac surgery. | |

Training institutions

The Armed Forces Medical College, Pune (AFMC) is the premier training institution of the AFMS established in May 1948. Other select hospitals such as AH (R&R), CH (AF) Bengaluru and INHS Ashwini Mumbai also impart post graduate training to the AMC officers. The College of Nursing at AFMC conducts a four-year degree course in Nursing.

1.3 Audit objectives

The Performance Audit was conducted to obtain reasonable assurance that:

- Fund allotments made to various echelons were based on sound budgetary formulation and the financial management conformed to the general financial rules;
- Hospitals are adequately manned with doctors, nurses and paramedical staff and are equipped with modern medical equipment;
- Sound practices existed for ensuring economy in procurement, inspection and timely supply of drugs to hospitals/ patients;
- Hospital administration including bio medical waste management was effective; and

- The nascent organisation of ECHS has been provided with necessary infrastructure, medical equipment, drugs and human resources.

1.4 Audit criteria

Audit criteria for evaluation of performance were derived from purchase procedures contained in Defence Procurement Manual, Annual Acquisition Plans of the DGAFMS, Delegation of Financial Powers, Army Orders, Ministry's instructions, statutory provisions, Medical Equipment scale, norms governing Peace and War Establishments, classification of expenditure and SOP²s formulated by the DGAFMS and DGsMS.

1.5 Scope of audit

The Performance Audit covering the period 2006-07 to 2010-11 was carried out from January 2011 to November 2011 at DGAFMS, DGsMS (of Army, Air Force and Navy), Managing Director, ECHS, four³ of the seven Base hospitals, four⁴ of the six Command hospitals (3 Army & 1 AF), four Speciality Centres⁵ (3 under Army and 1 under Navy), all the four Armed Forces Medical Stores Depots, 26⁶ hospitals (24 of Army, including four Field hospitals and one each of Air Force/Navy), Advanced Medical Stores Depot Udampur, Armed Forces Medical College Pune, three DGQA⁷ Units viz. CQA⁸(M)/CQA(GS) Kanpur and SQAE⁹ Delhi. In respect of the ECHS, the Performance Audit covered MD ECHS and 51 ECHS Polyclinics (21 at military stations and 30 at non-military stations).

1.6 Audit methodology

After a preliminary study conducted at the Directorate General AFMS and in one military hospital to collect background information, the Performance Audit commenced with an entry conference held with DGAFMS on 28 December 2010. Detailed audit scrutiny was conducted at the units selected for sample coverage during the period January 2011 to November 2011 as indicated in para 1.5 above, to evaluate the performance against the audit criteria. Replies to the audit observation issued in the course of audit have been taken into account while finalising this report. The draft

² Standard Operating Procedures

³ Base Hospitals Lucknow, Delhi, Barrackpore, Srinagar

⁴ Command Hospitals Pune, Chandimandir, Bengaluru and Udampur

⁵ Army Hospital (RR) Delhi, Military Hospital, Cardio Thoracic Centre, Pune, Artificial Limb Centre Pune and INHS Ashwini, Mumbai

⁶ MHs-Allahabad, Jammu, Ambala, Jodhpur, Kirkee, Shillong, Jabalpur, Agra, Amritsar, Gangtok, Jaipur, Deolali, Akhnoor, Gaya, Alwar, Lebong, Nagrota, Dharamshala, Talbehat, Umroi, Coimbatore and INHS Jeevanthi; Field Hospitals Srinagar, Jodhpur, Allahabad and Jalandhar

⁷ Director General Quality Assurance

⁸ Controller of Quality Assurance

⁹ Senior Quality Assurance Establishment

Performance Audit report was issued to the Defence Secretary in February 2012. The important audit findings were discussed in an exit conference held with the representatives of the Ministry of Defence and DGAFMS on 06 July 2012. The Ministry's response to the recommendations made by us is also incorporated in this report.

1.7 Acknowledgement

We gratefully acknowledge the full co-operation of the Director General, Armed Forces Medical Services and his officers and staff as also the officers and staff of all the units visited by us.