

Chapter 1 → Introduction

Indian Railways (IR) provide medical and health services to about 64 lakh railway beneficiaries which include serving, retired employees and their dependent family members through 129 hospitals¹ and 588 Health Units. During 2008-13, IR provided treatment to 11.67 crore patients. It has adopted the Mission Statement - "*Total patient satisfaction through humane approach and shared commitment of every single doctor and paramedic to provide quality health care using modern and cost effective techniques and technologies*".

The medical and health facilities are provided at three levels - Primary², Secondary³ and Tertiary⁴. While the Health Units (HUs) cater to the primary health care, Sub-divisional /Divisional, Workshop hospitals and Central Hospitals (CHs) cater to the secondary health care. HUs are located at important stations over all divisions with the beneficiaries jurisdiction extending to more than 100 Km. Some of the Central Hospitals such as CH/Perambur (SR), CH/Byculla (CR), CH/Mumbai Central (WR) etc. have specialty facilities wherein tertiary care is also provided. In addition, railway beneficiaries are referred to the empanelled non-railway hospitals for higher secondary and tertiary care.

The responsibilities regarding medical and health services of IR include maintenance of sanitation, hygiene, cleanliness, safe drinking water and food, scientific disposal of hospital waste etc. besides providing prompt relief to passengers injured or taken seriously ill in trains or at railway stations.

¹ 17 Central Hospitals, one Super Specialty Hospital, 55 Divisional Hospitals, 42 Sub Divisional Hospitals, 9 Workshop Hospitals, 5 Production Units Hospitals.

² Primary health care refers to essential health care facilities for providing immediate attention to patients.

³ Secondary health care refers to services provided by medical specialists which includes acute care necessary treatment for a short period of time for a brief but serious illness, injury or other health conditions.

⁴ Tertiary care refers to third level of health system in which specialized consultative care is provided usually on referral from primary and secondary medical care.

1.1 Organisation Setup

At the Railway Board level, Director General (Railway Health Service) is the head of Railway health care services under the Member (Staff) of the Railway Board. In the Zonal Railways (ZRs), Chief Medical Director (CMD) is the head of all Divisional/Sub-Divisional Hospitals and HUs including hospitals attached to workshops. However, all proposals in regard to procurement of medical equipment are routed through Chief Mechanical Engineer (CME) of the Zonal Railways. Organisation Structure of medical and health services of IR is shown in *Appendix – I*.

1.2 Audit Objectives

The Review was conducted to see:

- I. Whether effective budgetary controls were in place to ensure appropriate allotment and utilization of funds;
- II. Whether the assessment and recruitment of man-power were realistic and also to see whether the available manpower was effectively utilized;
- III. Whether there was a mechanism in place for ensuring economy and efficiency in procurement of medicines, its storage, procurement of medical equipment and physical verification; and
- IV. Whether the Hospital Administration including maintenance of data on patient care, treatment facilities and waste management was efficient.

The review covered the issues relating to medical and health services provided to the railway beneficiaries during the period 2008-13.

1.3 Sources of Audit Criteria

The criteria for evaluation of performance of medical and health services of Indian Railways were derived from the provisions contained in the existing codes and manuals⁵ of Indian Railways as amended from time to time.

⁵ *Indian Railway Medical Manual Volume – I and II*

Policies framed and instructions issued by the Ministry of Railways (Railway Board) including provisions laid down in various Acts⁶, Rules, Regulations issued by the Government of India and notifications issued by the Pollution Control Boards were also taken into consideration.

1.4 Scope and Audit Methodology

Audit examined the performance and measures taken by the hospitals and Health Units during 2008-13 for providing medical and health services to railway beneficiaries. Audit also examined the availability of required manpower and their rationale utilization, procurement of medicines/equipments in addition to efficiency in hospital administration.

The Performance Audit commenced with an Entry Conference (July 2013) with the Director General (Railway Health Service) and Advisor (Finance) of RB and Chief Medical Directors and Financial Advisor & Chief Accounts Officers at the Zonal Headquarters wherein the audit objectives, scope of study and methodology were discussed. The Draft Review Report was issued to the Railway Board in May 2014. The audit findings were discussed in an Exit Conference held in July 2014 with the Director General (Railway Health Service) and Advisor (Finance) at the Railway Board. Similar Exit Conferences were also held by the Principal Directors of Audit with the Chief Medical Directors and Financial Advisor & Chief Accounts Officers at the Zonal levels. The views of the Railway Board on the audit findings have been suitably incorporated in the report.

In addition to examination of records of all the 17 Zonal Railways and Production Units, records relating to guidelines and instructions issued by the Health Directorate of Railway Board involved in policy formulation and issue of directives to zones for their implementation were also examined.

⁶ *The Air (Prevention and control of Pollution) Act 1981, The water (Prevention and control of Pollution) Act 1974, PFA 1954/Food Standards and Safety Act, Bio-medical waste (Management and Handling) Rules, 1998, Drug and Cosmetics Act 1945 and instructions issued by the Pollution Control Boards of States and Municipal Corporations from time to time on waste management and disposal of biomedical waste.*

All Central Hospitals (17), one Super-specialty at Varanasi and five hospitals attached to Production Units were selected (100 *per cent*) for detailed study. In addition, a sample of 22 out of 55 Divisional Hospitals, 19 out of 42 Sub-Divisional Hospitals and 5 out of 9 Workshop Hospitals were selected. 89 out of 588 Primary Health Units were also selected for detailed examination. Statement showing sample selection and a list of selected hospitals and Health Units is shown in *Appendix-II*

Joint Inspections of hospitals were conducted by Audit along with the officials of medical department to assess the performance of medical and health services in regard to cleanliness, maintenance of medical equipment, storage facilities for medicines, disposal of bio-medical waste etc.

1.5 Acknowledgement

The co-operation extended by the Zonal Railways, Production Units and also by the Railway Board in conducting this review is acknowledged.