

MEDICAL SERVICES AND MEDICAL SUPPLIES

11.1 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

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

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

Central Government Health Scheme (CGHS) is a health scheme mainly for serving/retired Central Government employees and their families. The scheme was started in 1954 in Delhi. Over the time, it has spread to 26 cities and 12 cities will be covered soon. The scheme was extended to Mumbai in 1963; Allahabad in 1969; Kanpur, Kolkata and Ranchi in 1972; Nagpur in 1973; Chennai in 1975; Patna, Bengaluru and Hyderabad in 1976; Meerut in 1977; Jaipur, Lucknow and Pune in 1978; Ahmedabad in 1979; Bhubaneshwar in 1988; Jabalpur in 1991; Guwahati and Thiruvananthapuram in 1996; Bhopal, Chandigarh

and Shillong in 2002; Dehradun in 2005, Jammu in 2007 and Gandhinagar 2015.

11.1.1 Organizational set up

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

11.1.2 Facilities available to CGHS beneficiaries are as follows:

- OPD treatment and medicines from CGHS Wellness Centres;
- Specialist consultation at Government Hospitals;
- Hospitalization at Government and CGHS empanelled hospitals;
- Investigations at Government and empanelled Diagnostic centres;
- Reimbursement of expenses incurred for purchase of hearing aid, hip/knee joint implants, artificial limbs, pacemakers, ICD/Combo device, CPAP, BiPAP, Oxygen Concentrator etc., as per the CGHS ceiling rates and guidelines;
- Medical consultation and dispensing of medicines in Ayurveda, Homeopathy, Unani and Siddha systems of medicine (AYUSH);
- In case of emergency, CGHS beneficiaries can go to any hospital, empanelled or non-

empanelled and avail medical treatment. Reimbursement of expenses for treatment in private unrecognized hospitals in case of emergency;

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

11.1.3 Eligibility for joining CGHS

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

- Delhi Police Personnel residing in Delhi only;
- Railway Board employees and
- Central Government servants who (through proper channel) got absorbed in Central Public Sector Undertakings/Statutory Bodies/Autonomous Bodies and those who are in receipt of pro-rata pension from Central Civil Estimates.

11.1.4 CGHS Beneficiaries

CGHS has a beneficiary base of 29,65,940. The break-up of the current membership profile is given in the table below:

Category	Total No. of Beneficiaries
Serving	20,85,940
Pensioners	8,34,438
MPs (including dependents)	2,437
Ex-MPs	4,805
Freedom Fighters and Others (includes autonomous bodies and Family Permit cards)	38,320
Total	29,65,940

11.1.5 Subscription rates for CGHS membership

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

S. No.	Grade Pay drawn by the officer	Contribution (Rupees per month)
1.	Upto Rs. 1650/- per month	50/-
2.	Rs. 18,00/-, Rs. 19,00/-, Rs. 2,000/-, Rs. 2,400/- and Rs. 2,800/- per month	125/-
3.	Rs. 42,00/- 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	500/-

11.1.6 Entitlement of CGHS beneficiaries

CGHS beneficiaries access the same services from CGHS dispensaries irrespective of the subscription rates paid by them. However, for in-patient treatment, entitlement for 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. No.	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. No.	Pay (in the Pay Band)/ Pension/ Family pension drawn per month	Ward Entitlement
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

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

CGHS has a large network of 274 Allopathic, 85 AYUSH Dispensaries, 19 Polyclinics, 73 labs, 74 Dental clinics and 4 Hospitals (**Appendix-I**). In addition CGHS has also taken over 19 Postal Dispensaries w.e.f. 1st August, 2013 in 12 cities, where CGHS is in operation. CGHS has also empanelled 558 Private Hospitals, 286 Eye Clinics, 105 Dental Clinics (Total – 949) and 165 diagnostic/imaging centres across the country

in cities/locations where CGHS is in operation to provide in-patient medical treatment to its beneficiaries.

11.1.8 Expenditure on CGHS

Details of expenditure on CGHS for the years 2013-14, 2014-15 and 2015-16 is as under:

(Rs. in crores)

S. No.	Financial year	Expenditure
1.	2013-14	1832.15
2.	2014-15	1799.81
3.	2015-16 (up to Nov. 2015 Prov.)	1264.40

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

The medical needs of serving Central Government employees living in non-CGHS areas are presently met under Central Services (Medical Attendance) Rules [CS (MA) Rules]. Under this scheme, such serving employees receive both OPD treatment and IPD treatment through Government (State/Central Government) doctors and Governments hospitals and also through private doctors appointed as Authorized Medical Attendants (AMAs) and private hospitals empanelled under CS (MA) Rules and also those empanelled under CGHS in cities wherever available. CS (MA) Rules are applicable to all serving employees except in 26 cities where CGHS is in operation.

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

11.1.10 Facilities to CGHS beneficiaries residing in Non- CGHS 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, a new Office Memorandum has been issued in April 2011 permitting such beneficiaries to obtain in-patient treatment and follow up treatment from CS (MA) approved hospitals and ECHS (Ex-Servicemen Contributory Health Scheme) empanelled hospitals (in addition to the government hospitals) and claim the reimbursement at CGHS rates from AD/JD of CGHS city, where the CGHS card is registered.

11.1.11 Recent initiatives for improvement of CGHS

i) Opening of CGHS Wellness Centres

Orders have been issued regarding opening up of CGHS Wellness Centres at Raipur, Shimla, Agartala, Imphal, Gandhinagar, Puducherry, Itanagar, Aizwal, Kohima, Gangtok, Panaji and Indore. Gandhinagar is operational.

ii) Fresh empanelment of Private Healthcare Organizations and revision of package rates applicable under CGHS Delhi/NCR and other CGHS covered cities

CGHS empanels hospitals, private hospitals and diagnostic centres through tender process and continuous empanelment scheme from time to time. Continuous empanelment scheme was initiated on December 2014 and was in vogue till 28.2.2015. The Ministry has recently empanelled 558 private hospitals, 286 Eye clinics, 105 Dental clinics (Total – 949) and 165 diagnostic/imaging

centres across the country and revised the package rates to be paid to the Healthcare Organizations (HCOs) (**Appendix-II**).

It has also been decided that all HCOs that have been finally be accredited by NABH/ NABL should be allowed the benefit of the Continuous Empanelment Scheme i.e. they may be empanelled under the CGHS even if they did not apply for such empanelment in response to the tender finalized in 2014. 21 Ayurveda and 5 Yoga & Naturopathy hospitals have also been empanelled w.e.f. 1.10.2015.

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

The Ministry has issued orders for extension of CGHS facilities to the retired employees of Kendriya Vidyalaya Sangathan (KVS), Bureau of Indian Standards (BIS), Central Council for Research in Yoga and Naturopathy (CCRYN), Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM), Indira Gandhi National Council for Arts, Lalit Kala Akademi and Delhi Public Library in Delhi NCR only (whose serving employees) are already covered under CGHS on cost - to- cost basis.

iv) Linkage of AADHAR Number

To provide web-based services to CGHS beneficiaries, it has been decided to link the CGHS beneficiary IDs of all the beneficiaries with AADHAR number.

v) Restoration of the Status

The Ministry has decided to restore the CGHS facilities to Assam Rifles Personnel at par with CAPF's personnel in CGHS covered cities.

vi) Streamlining settlement of Hospital Bill

Online processing of hospital bills by CGHS has been implemented in Delhi and 11 other cities, and it will be implemented soon in the remaining cities.

vii) Change of timings of CGHS Wellness Centres to 7.30 AM - 2.00 PM as against the earlier timings of 8 AM to 3 PM.

To enhance the facilities and the satisfaction level of the CGHS beneficiaries, it was decided to change the working hours of the CGHS Wellness Centres from the earlier timings of 8.00 AM to 3.00 PM to the revised timings of 7.30 AM to 2.00 PM.

11.2 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 relating to Heart, Cancer, Kidney, Brain-tumor etc. During the year 2014-15, financial assistance totaling Rs. 248.86 lakh was given for 316 patients. A provision of Rs. 250.00 lakh has been made during the current financial year i.e. 2015-16. Till November, 2015 a sum of Rs. 142.78 lakh has been released for 184 patients.

11.3 RASHTRIYA AROGYA NIDHI (RAN)

Rashtriya Arogya Nidhi was set up under Ministry of Health & Family Welfare in 1997 to provide financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government Hospitals. Under the scheme of Rashtriya Arogya Nidhi, Grants-in-aid is also provided to State Governments for setting up State

Illness Assistance Funds. Such funds have been set-up by the Governments of Andhra Pradesh, Bihar, Chhattisgarh, Goa, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Jharkhand, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamil Nadu, Tripura, West Bengal, Uttarakhand, Haryana, Punjab, Uttar Pradesh, Manipur, Assam, Arunachal Pradesh, Odisha, NCT of Delhi and Puducherry. The Grants-in-aid released to these funds during 2014-15 have been shown in the Table at para 11.4. 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.2,00,000/- (Rs. Two lakh) per case and Rs. 5,00,000/- (Rupees Five lakh) in emergency cases, to critically ill, poor patients who are living Below Poverty Line (BPL) and undergoing treatment, the Medical Superintendents of Dr. Ram Manohar Lohia Hospital, New Delhi, Safdarjung Hospital, New Delhi, Lady Harding Medical College and Smt. Sucheta Kriplani Hospital, New Delhi, All India Institute of Medical Sciences, New Delhi, Post Graduate Institute Medical Education and Research (PGIMER), Chandigarh, Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER), Puducherry, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Chittaranjan National Cancer Institute (CNCI), Kolkata, Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS), Lucknow, Regional Institute of Medical Sciences (RIMS), Imphal, Sher-I Kashmir Institute of Medical Sciences (SKIMS), Srinagar and North Eastern

Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong have been provided with a revolving fund of upto Rs.50 lakhs. The financial assistance, to the poor (BPL) patients, up to Rs. 2.00 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 headquarters where the amount of financial assistance exceeds Rs. 2.00 lakh. The revolving fund is replenished after its utilization. For cases requiring financial assistance above the Rs. 2.00 lakh per case, the applications are examined in the Department of Health & Family Welfare by a Technical Committee headed by Special Director General, DGHS before being considered for approval by a duly constituted Managing Committee with Hon'ble Minister of Health & Family Welfare as the Chairman.

During the year 2014-15, financial assistance totaling Rs.1902.08 lakh was given for treatment of 429 patients under Rashtriya Arogya Nidhi (Central fund) and further, the revolving fund of amount Rs. 480.00 lakh has also been given to the above hospitals/institutes. A provision of Rs.2000.00 lakh has been made during the current financial year i.e. 2015-16 and till November, 2015, a sum of Rs. 1052.04 lakh has been released for 272 patients and further the revolving fund of amount Rs. 220.00 lakh has also been released to the above institutes/hospitals.

11.4 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, revolving fund under RAN within the ceiling of Rs. 50.00 lakh, has been established in each of the notified Regional Cancer Centres (RCCs). This initiative has compressed the

processing time for financial assistance to needy cancer patients thereby furthering the objective of HMCPF. Financial assistance up to Rs. 2.00 lakh per case and Rs. 5.00 lakh in emergency cases, are processed by the concerned Institutes/Hospitals at whose disposal the revolving fund has been placed. Individual cases which require assistance of more than Rs.2.00 lakh is processed by the Ministry of Health & Family Welfare. Till date 27 institutes have been notified as Regional Cancer Centres (RCCs). A list of these 27 RCCs is at **Appendix-A**. During the year 2014-15, an amount of Rs. 760 lakh was released towards the revolving fund of 16 RCCs. During the current financial year till November, 2015, a sum of Rs. 689.00 lakh has also been released to 12 RCCs.

Table - Details of Budget Estimate and grant released to States/UTs

(Rs .in crores)

Year	Revised Estimate	States/UTs to which grant released	Amount
2014-15	11.00	Odisha	5.00
		Tamil Nadu	5.00
2015-16 (up to November, 2015)	11.00	Odisha	5.00
		West Bengal	2.50
		Assam	2.50

11.5 INDIAN RED CROSS SOCIETY (IRCS)

The Indian Red Cross Society (IRCS) is the largest statutory, independent humanitarian organization in India established by the IRCS Act, 1920 of the Parliament. It reaches out to the community through more than 700 State/UT, district and sub district branches spread throughout the country to reduce vulnerability and empower the community for disaster response. IRCS has more than 12 million volunteers and members in the country.

The Hon'ble President of India is the President of the IRCS and St John's Ambulance (India) and the Hon'ble Minister of Health and Family Welfare, Government of India is the Chairman. The Hon'ble Governor/Lt Governor/Administrator of the State/ UT are the Presidents of the respective state and UT IRCS branch and the District Commissioner/Magistrates are the President of the respective district branch.

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

11.5.1 Disaster Management, Disaster Response and Relief

During the period starting from January 2015 till 10 January 2016, different parts of the country experienced various natural calamities like cold waves, cyclones, earthquakes, floods, fire etc. killing hundreds and causing suffering to lakhs of people. The National Headquarters released woolen blankets, kitchen sets and non-food shelter & relief items as an immediate assistance for the benefit of the affected people. In addition, the society also deployed its Wat-san Units to provide clean drinking water to the people in the affected areas. The total cost on supplies to the affected areas and deployment of teams was Rs. 8,64,65,744. This includes supplies of blankets, tarpaulins, stretchers, body bags and family tents to Nepal at the behest of Government of India valued at Rs. 4.27 crore.

11.5.2 Nepal Earthquake – April 2015

On Saturday the 25th of April, 2015 at about 11:40 am, a strong earthquake 7.9 Richter scale hit Nepal. Thereafter, there were many tremors and another strong tremor measuring 6.7. The Indian Red Cross Society was advised to support by sending a large water purification machine. IRCS (NHQ) dispatched Aqua-plus P3000 with the capacity of

delivering 4000 litres of clean drinking water per hour along with 3 trained personnel. The Director, Emergency Medical Relief (Government of India) had requested IRCS NHQ to arrange 500 body bags and 100 stretchers (hand held) 2000 blankets, 2000 Tarpaulin, one Nomad WPU with accessories, 2 man pack water purification unit, 800 family tents from Bahadrugarh warehouse and 20000 handover NDRF team from Kolkata warehouse.

11.5.3 Vocational Training

During the year 2015, total 97 women participants from poor and destitute categories completed the training in tailoring, knitting and related vocation at the Society's Centres at Bahadrugarh (Haryana), Arakkonam (Tamil Nadu) and Salt Lake (West Bengal) Warehouses.

The material required for the training was provided by the Indian Red Cross Society.

11.5.4 Health Services

Blood Services: In the year 2015, Indian Red Cross Society Blood Bank collected a total of 26,111 units of blood out of which 23,069 units were collected from voluntary blood donors. During the calendar year 339 Blood Donation Camps were also conducted.

The occurrence of Dengue in the Delhi NCR resulted into massive demand of platelet concentrate. Between 1st August and 30th November 2015, 137 blood donation camps were held and 6,728 units of platelet were prepared and provided to the patients. The patients in government hospitals received 4,317 units free of cost while the private hospital patients received 1,693 units at a nominal rate of Rs. 300 per unit as per NBTC guidelines.

975 thalassaemic patients are registered with the Red Cross Blood Bank, out of which more than 200 are from outside Delhi. IRCS continued to look after approx. 50% of the thalassaemic patients in and around Delhi and provided Blood/Blood Components to them.

National Plasma Fractionation Centre (NPFC):

As per NACO guidelines IRCS, Blood Bank has supported the National Plasma Fractionation Centre by sending the surplus Plasma/FFP for Fractionation.

Tuberculosis Programme: The IRCS supports the RNTCP programme of the Ministry of Health, Government of India through the TB programme. Patients who are put on DOTS treatment and do not take full course of medication become more susceptible to develop more dangerous forms of the disease and placed their own as well as that of their contacts lives at great risk. The Red Cross volunteers motivate, visit and encourage patients to continue with the drug regime and complete it. The project is being implemented in Gujarat, Karnataka, Punjab, Uttar Pradesh and Haryana. The Emphasis is laid on tracing and bringing back to DOTS Centre the patients shortlisted by the district and state TB officer. In 2015, 1,047 patients were targeted and all patients adhered to the DOTS programme.

In Punjab 6 health check-up camps were also held in which 4,028 TB suspects were screened. The project also includes activities such as advocacy meetings, community awareness, nutritional care & support and keep the patients motivated for the treatment. Till 31 December, 2015, 353 TB patients were covered resulting into 98.9% of success rate of adherence.

11.5.5 IRCS-ICRC Co-operation Activities

The Programme States : Assam, Chhattisgarh, Jammu & Kashmir, Maharashtra, Manipur, Nagaland, Odisha, Jharkhand, Uttar Pradesh, Andhra Pradesh and Gujarat conducted three-day safer access framework, risk assessment and contingency planning meeting, 2 four-day FMR/FA State level training, 4 three-day FMR/FA district/sub-district level training, 20 FMR/FA

meetings, mock drill with district disaster response mechanism to micro economic support to the flood affected/women headed families, micro economic support to the 100 women headed families.

11.5.6 Youth Programme -2015

International Committee of the Red Cross (ICRC) is supporting youth programme with focus on RC Movement and its fundamental principles, hygiene promotion, household water treatment, basic First Aid and promoting peace and harmony in the 9 States (Assam, Andhra Pradesh, Chhattisgarh, Gujarat, Jammu and Kashmir, Maharashtra, Nagaland, Odisha and Tamil Nadu). It also supported the National Level Trainings on Youth as an Agents of Behavioral Change that aims to empower youth leaders of the country to be agents of behavioural change within their communities, promoting a culture of non-violence and peace and implementing the YABC initiative. A 8 day full time training of trainers programme was held at the National Institute of Biologicals at NOIDA, Uttar Pradesh from 14-21 December.

11.5.7 Courses

a. Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation

Indian Red Cross Society continues to strive to create a cadre of qualified manpower in the country through its Post-Graduate Diploma Course in Disaster Preparedness and Rehabilitation (PG DP&R) at the National Headquarters which is affiliated to the GGSIP University since September 2006. Nine batches have successfully completed the course and the 10th batch classes have started from 21st September 2015. So far a total of 365 students have been admitted, including the present batch of 2015-16, out of which 295 have been sponsored by different Government and International organizations.

b. Health Promotion through Ayurveda & Yoga

Indian Red Cross Society, in association with Department of AYUSH, Ministry of Health & Family Welfare, Government of India, Central Council of Research in Ayurveda & Siddha (CCRAS) & Morarji Desai National Institute of Yoga (MDNIY) is conducting certificate course in “Health Promotion through Ayurveda & Yoga” (50 hours certificate course of 3 months duration, part time, twice a week, on Tuesdays & Thursdays, 6 - 8 PM.) The aim of the course is to improve life style management for better healthy living at the individual & community level. This course has been running since February 2010. So far 18 batches have completed the course. The 19th batch shall be started shortly.



Health Promotion activities through Yoga

At the end of each course, a valedictory function is held to distribute certificates and feedback from the participants is obtained. All the candidates express their satisfaction with the course content, teaching faculty, arrangements for theory & practical classes and have confirmed overall improvement in their health.

11.6 ST JOHN AMBULANCE (INDIA)

Ambulance Wing: St John Ambulance India is a grass root level voluntary organization. It has

26 State Centres, 10 Railway Centres, 3 Union Territory Centres, 670 Regional, District & Local Centres and 27 State brigade wings with over two thousand six hundred and seventy nine (2,679) divisions and corps comprising more than 57,000 trained personnel.

During the year 2015, the association wing trained, so far, about 4.00 lakhs of people in first-aid, home nursing, hygiene & sanitation and mother craft and child welfare. The break-up shows that 3.75 lakhs qualified for association’s certificate in first-aid, and others in home nursing, hygiene & sanitation and in mother craft & child welfare. Also about 15,000 holders of first-aid and home nursing certificates qualified in re-examination to obtain voucher, medallion, label and pendent certificates. About 500 lecturer’s training courses were conducted.

Brigade Wing: The brigade wing works as a para-medical force to provide first-aid cover and transportation service to the sick and wounded through first-aid posts. They set up first-aid posts during all major religious and cultural events, including the Republic Day and Independence Day, where 200 volunteers were positioned. The brigade units also organized and participated in blood donation and eye donation campaigns, awareness programmes on safe drinking water, HIV/AIDS, literacy, drug de-addiction and other social and national subjects. Hundreds of trained first-aiders and instructors have also joined the first medical responders’ network in the country.

11.7 CLINICAL ESTABLISHMENT (CE) ACT 2010 & NATIONAL COUNCIL FOR CLINICAL ESTABLISHMENT

The primary responsibility to regulate the private healthcare sector rests with the State/UT Governments. However, the Central Government has enacted the Clinical Establishments

(Registration and Regulation) Act, 2010, to provide a legislative framework for the registration and regulation of clinical establishments in the country and also seeks to improve the quality of health services by prescribing minimum standards of facilities and services which may be provided by them so that the mandate of Article 47 of the constitution of India may be achieved. The Clinical Establishments Act has, however, been adopted only by the States of Sikkim, Mizoram, Arunachal Pradesh, Himachal Pradesh, Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Uttarakhand and all Union Territories except Delhi as yet.

Benefits of Clinical Establishments Act

Clinical Establishments Act, 2010 is a tool to improve public healthcare in the country. It aims for proper (quality) healthcare for citizens of the country which shall be based on a system free from errors, best practices and great services.

The Act envisages creation of comprehensive Digital Registry of Clinical Establishments which shall help in better policy formulation, better surveillance, response and management of out-break and public health emergencies and engagement with private providers. There are uniform standards for a specific category of clinical establishments throughout the country. Act is expected to lead to effective regulation of providers with transparency in the process of registration with registered data available in public domain. The Act provides institutional mechanisms at National, State and District level in the form of National Council, State Council and District Registration Authority respectively with multi stakeholder participation at each level. Wherever the Act is implemented, no one can run a clinical establishment without registration and only clinical establishment belonging to recognized systems of medicines are allowed to register under this Act. This provision shall act as deterrent against

quackery. Implementation of Minimum Standards and Standard Treatment Guidelines is expected to improve quality of healthcare. Stabilization of an emergency medical condition is mandatory under the Act, so it will be better managed after implementation of the Act. Details of charges, facilities available would have to be prominently displayed at a conspicuous place at each establishment wherever the act is implemented. For the health providers the registration under the Act enhances consumer confidence and brand value of the clinical establishments.

Steps taken for implementation of the Act

A dedicated website (www.clinicalestablishments.nic.in) has been made operational. Online registration facility is available through website. Provision of nodal officers and posts of coordinators at states and district level for implementation of this Act have been made. Secretariat for National Council has been set up for coordinating the work of national council. Budget for implementation is provided through State PIP under the National Health Mission (NHM). At present provisional registration is going on and major preparatory work for starting permanent registration has been completed.

National Council for Clinical Establishments under the Chairmanship of DGHS has completed work on an application form for permanent registration; categorization of Clinical Establishments; formulation of Minimum Standards in respect of various categories of Clinical Establishments; formulation of Standard Treatment Guidelines (STGs) for proper healthcare for 21 medical domains and formulation of Minimum Standards for all 7 recognized systems of medicine under AYUSH namely, Ayurveda, Unani, Siddha, Homoeopathy, Yoga, Naturopathy, Sowa Rigpa; devising of formats for collection of information & statistics from Clinical Establishments; and

formulation of list of Standard Medical Procedures and Standard Template of Costing of Procedures.

11.8 EMERGENCY MEDICAL RELIEF (EMR)

11.8.1 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.

11.8.2 Preparedness and Response for Disasters

- a) **Preparedness for disasters:** A Central Sector Scheme proposal for Health Sector Disaster Preparedness and Response was approved by the Standing Finance Committee with an outlay of Rs 483.41 crores. The salient feature of this Scheme is to build capacities to manage medical aspects of disasters including those from Chemical, Biological, Radiological and Nuclear Disasters. Crisis Management Plan for Biological Disasters and the Emergency Support Function Plan were reviewed in January 2015 and were circulated to all concerned. It contains the emergency support functions assigned to the MoHFW which includes details of nodal officers for coordination, quick response for crisis management at Hqrs. and field level, resource inventory etc. This plan also contains instructions regarding deployment of resources in the event of disasters.
- b) **Floods in Tamil Nadu:** In December, 2015, heavy rains caused floods in 4 districts of Tamil Nadu and Puducherry. A high level public health team was deputed for rapid health assessment. The team visited the

affected areas and gave its recommendations and continued guidance to prevent outbreak of waterborne/vector borne diseases. Ministry of Health and Family Welfare was represented in the central assessment teams of the Ministry of Home Affairs that visited Tamil Nadu for damage assessment. Relief was recommended in terms of norms under National Disaster Response Fund.

- c) **Nepal Earthquake:** A devastating Earthquake struck Nepal on 25th April, 2015. The Ministry of Health and Family Welfare supported Ministry of External Affairs in mobilizing resources for assisting the Government of Nepal in medical relief work. A 31 member team comprising Orthopaedic Surgeons (10), Anaesthetists (3), Nurses (11) and OT Technicians (7) were flown on 26.4.2015 to Kathmandu immediately. The team made functional 5 Operation Theatres and provided specialized trauma-care services. A high level team was deputed to Kathmandu on 28.4.2015 to interact with Government of Nepal and conduct a rapid need assessment from health perspective to facilitate channelizing of relevant health assistance to Nepal. Immediate requirements of medicines and consumables conveyed by the Central Assessment Team was mobilized from Central Government hospitals and Delhi Government and dispatched through NDMA. Ministry of Health also facilitated mobilizing health teams from Bihar, Gujarat, Karnataka and Maharashtra.
- d) **Influenza A H1N1:** The Pandemic Influenza virus continued to circulate as seasonal influenza virus. The year 2015 witnessed large out-breaks in the States of Andhra Pradesh, Chhattisgarh, Delhi, Gujarat, Haryana, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Punjab, Rajasthan,

Tamil Nadu and Telangana. From January 2015 to 31st December 2015 there had been 42,952 laboratory confirmed cases with 2,990 deaths. Government of India is continuing its effort initiated from 2009 to mitigate the impact of Influenza A H1N1. Video Conferences were held regularly with the affected States. Advisories were issued to the States for risk categorization, clinical management and ventilator management. Surveillance to detect clusters of influenza like illness were done through Integrated Disease Surveillance Project. Laboratory network, strengthened for the Pandemic continued to test for influenza A H1N1 virus. Ministry of Health & Family Welfare deputed Central Teams earlier this year (2015) to Rajasthan, Gujarat, Telangana, Madhya Pradesh and Maharashtra for providing technical guidance and assistance to the State Governments. A team of physicians was also deputed to Rajasthan for assisting the State in ventilator management. Diagnostic reagents were provided to 28 laboratories under IDSP and ICMR network. Sufficient stock of Oseltamivir, the drug to treat said Influenza were maintained by Ministry of Health. The States were supplied with Oseltamivir Capsules, N 95 masks, Personal Protective Equipment, VTM kits and diagnostic reagents for testing samples. Master Trainers from all the states were trained in ventilator management. IEC activities were also undertaken for dissemination of information.

- e) **Avian Influenza:** Ministry of Health and Family Welfare, Government of India took adequate measures to contain the human cases of Avian Influenza if they were to happen. The Joint Monitoring Group under the Chairmanship of DGHS reviewed the situation and preparedness measures

regularly. Avian Influenza out-breaks were notified by Department of Animal Husbandry in Allapuzha and Kottayam Districts (Kerala), Amethi (UP), Ranga Reddy district (Telangana) and Imphal (Manipur). 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.

- f) **Out-break Investigations:** Central multi-disciplinary expert teams were deputed to investigate disease out-breaks in the State of Odisha (for Hepatitis outbreak) and Malwa (Punjab) for Hepatitis out-break.

11.8.3 Medical Care Arrangements on Special Occasions/Events

Medical care arrangements were made for Republic Day celebrations, Independence Day celebrations, International Yoga Day and for India Africa Forum Summit -III 2015. Medical care arrangements were also made for India-Pacific Islands Co-operation (IPIC) Summit, Governor's Conferences, Chief Justice' Conference, Digital India Week, Permanent Indus Commission, National Film Award Function, Birth Anniversaries of Mahatma Gandhi and B.R. Ambedkar and during visits of Hon'ble Prime Minister.

11.8.4 Visiting Head of States

Medical care arrangements were made for the Heads of States of USA, Bhutan, Singapore, Sri Lanka, Qatar, Afghanistan, Netherland, Tanzania, Mozambique, Seychelles, Germany, China, Japan and Mauritius.

11.8.5 Emergency Medical Services.

The Standing Finance Committee considered a memorandum for a Central Sector Scheme submitted by EMR Division on 'Human Resource Development for Emergency Medical Services'

with an outlay of Rs. 263 crores. The project envisages setting up of Skill Centres across the country to impart training to doctors, nurses and paramedics on life saving skills. The pre-project activity included developing and pretesting a 'National Emergency Life Support Course' for doctors working in district and sub-district hospitals.

11.8.6 Logistics

- 15 Metric Tons of medical supplies arranged from Central Government Hospitals mainly to cater to the needs of trauma cases;
- 100 stretchers arranged by IRCS and airlifted on 26.04.2015;
- 18 Oxygen concentrators (6 of them donated free of cost by M/s BPL Medical Ltd) sent on 27.04.2015;
- One water purification unit (capacity of 3000 Liters/Hr) arranged by IRCS;
- 500 body bags arranged by IRCS;
- 50,000 doses of Tetanus Toxoid;
- 2 small water treatment units (of capacity 80L/Hr) and one large water purification unit of 3000 L/Hr) have also been airlifted on 01.05.2015;
- 10 MT of Bleaching Powder sent to Kathmandu;
- 20 lakh pieces of sanitary packs loaded in 18 trucks (40 ft containers of sanitary napkins) despatch for Kathmandu;
- 10 lakh Chlorine tablets dispatch;
- 800 all-weather tents, 2,000 blankets and 2,000 tarpaulins were handed over to NDRF by IRCS;
- The Commissioner, Food and Drug Administration, Government of Maharashtra arranged medicines, contributed by drug manufactures, the consignment was about 18 MT (1000 cartons) through NDMA and
- The request for drugs received from Government of Nepal (including for orthopaedic implants) was arranged, to the extent possible from Central Government Hospitals (about 5 MT). The consignment was despatched through NDMA on 04.05.2015 by train from Old Delhi Railway Station to Raxaul.

Appendix - I

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

S r . No	City	Allopathic dispensaries	Poly Clinics	Labs	AYUSH Dispensaries
1	Ahmedabad	8	1	1	2
2	Allahabad	7	1	1	2
3	Bengaluru	10	1	3	4
4	Bhopal	2	--	--	0
5	Bhubaneswar	3	--	1	1
6	Chandigarh	1	--	--	0
7	Chennai	14	2	4	4
8	Dehradun	2	--	--	0
9	Delhi	95	4	34	36
10	Guwahati	5	--	--	1
11	Hyderabad	13	2	2	6
12	Jabalpur	4	--	1	0
13	Jaipur	7	1	4	2
14	Jammu	2	--	--	0
15	Kanpur	9	--	3	3
16	Kolkata	18	1	5	4
17	Lucknow	9	1	3	3
18	Meerut	6	--	2	2
19	Mumbai	26	2	4	5
20	Nagpur	11	1	1	3
21	Patna	5	1	1	2
22	Pune	9	1	2	3
23	Ranchi	3	--	1	0
24	Shillong	2	--	--	0
25	Thiruvananthapuram	3	--	--	2
	Total	274	19	73	85

Appendix - II

List of the HCOs empanelled under CGHS in all CGHS as on 30.11.2015

S r . No.	Name of the City	Hospitals (a)	Eye Clinics (b)	Dental centres (c)		Diagnostic Centres (d)
1	Allahabad	25	4	8		5
2	Ahmedabad	10	4	1		1
3	Bangalore	14	33	4		5
4	Bhopal	13	2	Nil		3
5	Bhubaneshwar	10	1	1		Nil
6	Chandigarh	9	6	2		6
7	Chennai	16	6	2		5
8	Dehradun	08	4	Nil		4
9	Delhi	118	104	52		61
10	Guwahati	3	Nil	Nil		2
11	Hyderabad	69	16	6		5
12	Jaipur	24	13	4		3
13	Jabalpur	18	7	5		4
14	Jammu	Nil	1	Nil		Nil
15	Kanpur	39	9	1		10
16	Kolkata	8	4	Nil		15
17	Lucknow	20	13	3		10
18	Meerut	20	5	3		2
19	Mumbai	27	15	2		2
20	Nagpur	39	19	4		12
21	Pune	47	11	3		4
22	Patna	18	4	4		3
23	Ranchi	2	2	Nil		Nil
24	Trivandrum	1	3	Nil		3
25	Shillong	Nil	Nil	Nil		Nil
	Total	558	286	105	a+b+c =949	165

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

List of 27 Regional Cancer Centre(s)

1. Kamala Nehru Memorial Hospital, Allahabad, Uttar Pradesh.
2. Chittaranjan National Cancer Institute, Kolkata, West Bengal.
3. Kidwai Memorial Institute of Oncology, Bangalore, Karnataka.
4. Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu.
5. Acharya Harihar Regional Cancer, Centre for Cancer Research & Treatment, Cuttack, Odisha.
6. Regional Cancer Control Society, Shimla, Himachal Pradesh.
7. Cancer Hospital & Research Centre, Gwalior, Madhya Pradesh.
8. Indian Rotary Cancer Institute, (AIIMS), New Delhi.
9. R.S.T. Hospital & Research Centre, Nagpur, Maharashtra.
10. Pt. J.N.M. Medical College, Raipur, Chhattisgarh.
11. Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh.
12. Sher-I Kashmir Institute of Medical Sciences, Soura, Srinagar.
13. Regional Institute of Medical Sciences, Manipur, Imphal.
14. Govt. Medical College & Associated Hospital, Bakshi Nagar, Jammu.
15. Regional Cancer Centre, Thiruvananthapuram, Kerala.
16. Gujarat Cancer Research Institute, Ahmedabad, Gujarat.
17. MNJ Institute of Oncology, Hyderabad, Andhra Pradesh.
18. Pondicherry Regional Cancer Society, JIPMER, Puducherry.
19. Dr. B.B. Cancer Institute, Guwahati, Assam.
20. Tata Memorial Hospital, Mumbai, Maharashtra.
21. Indira Gandhi Institute of Medical Sciences, Patna, Bihar.
22. Acharya Tulsi Regional Cancer Trust & Research Institute (RCC), Bikaner, Rajasthan.
23. Regional Cancer Centre, Pt. B. D. Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana.
24. Civil Hospital, Aizawl, Mizoram.
25. Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow.
26. Govt. Arignar Anna Memorial Cancer Hospital, Kancheepuram, Tamil Nadu.
27. Cancer Hospital, Tripura, Agartala.