

**MEDICAL SERVICES
AND
MEDICAL SUPPLIES**

Chapter

11

11.1 CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

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 time it has spread to 29 cities and 09 cities are to 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, Bangalore and Hyderabad in 1976; Meerut in 1977; Jaipur, Lucknow and Pune in 1978; Ahmedabad in 1979; Bhubaneswar in 1988; Jabalpur in 1991; Guwahati & Thiruvananthapuram in 1996; Bhopal, Chandigarh and Shillong in 2002; Dehradun in 2005, Jammu in 2007, Gandhinagar in 2015 & Indore, Shimla and Puducherry in 2016.

11.1.1 Organizational set up

CGHS is a Central Sector Scheme administered by the Department of Health & 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 are in receipt of pro-rata pension from central Civil Estimates.

11.1.4 CGHS Beneficiaries

CGHS has a beneficiary base of 30,81,595. The break-up of the current membership profile is given in the following table:

CGHS beneficiaries

Category	Total No. of Beneficiaries
Serving and pensioners	30,36,409
MPs (including dependents)	2,061
Ex-MPs	4,805
Freedom Fighters and Others (includes autonomous bodies and Family Permit cards)	38,320
Total (as on 1.12.2016)	30,81,595

11.1.5 Subscription rates for CGHS membership

Revised monthly contributions for availing CGHS facility (w.e.f. 01.06.2009):

Sl. 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	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 ward accommodation is linked to their Basic pay in the Pay Band, as explained below (w.e.f. 01.06.2009):

[A] Entitlement of wards in private hospitals empanelled under CGHS:

Sl. 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:

Sl. No.	Ward Entitlement	Pay (in the Pay Band) / Pension / family pension drawn per month
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 278 Allopathic, 85 AYUSH dispensaries, 19 poly-clinics, 73 labs and 4 hospitals. In addition, CGHS has also taken over 19 Postal dispensaries w.e.f. 1st August, 2013 in 12 cities, where CGHS is in operation (Annexure-I). CGHS has also empanelled 927 private hospitals/Eye clinics/Dental clinics and 161 diagnostic/ imaging centres across the country in cities/ locations where CGHS is in operation to provide inpatient medical treatment to its beneficiaries (Annexure-II).

11.1.8 Expenditure on CGHS

Details of expenditure on CGHS for the years 2014-15, 2015-16 and 2016-17 is as follows:

(Rupees in Crore)

Sl.No.	Financial year	Expenditure
1.	2014-15	1799.81
2.	2015-16	1976.59
3.	2016-17 (upto 30.9.2016)	1234.43

11.1.9 Medical facilities to Central Government employees and pensioners not covered under 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 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 29 cities where CGHS is in operation.

Pensioners are not covered under CS(MA) Rules. Pensioner staying in non-CGHS areas is entitled to a fixed medical allowance (FMA) of Rs.500/- per month.

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

- a) **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. CGHS Wellness Centres at Gandhinagar, Shimla, Indore and Puducherry have been made functional. Efforts are being made to operationalize Wellness centres at the remaining locations.
- b) **Self printing of CGHS cards:** Provision has been made for self-printing of CGHS Card by any existing CGHS beneficiary vide Office Memorandum No Z.15025/1/2016/DIR/CGHS dated the 31st March, 2016.
- c) **Pendency of issue of plastic cards:** Pendency of issue of plastic cards has largely been cleared. 10.65 lakh cards have been issued during last one year.
- d) **Linkage of AADHAAR Number:** To provide web-based services for CGHS beneficiaries, an order to link AADHAAR number with the CGHS beneficiary ID of all beneficiaries has been issued.
- e) **Prescription of time limit under CGHS for Medical reimbursement:** To provide quality services to the pensioner CGHS beneficiaries, time lines for processing and settlement of medical claims of pensioner CGHS beneficiaries have been prescribed.
- f) **Revision of Income Limit:** Income limit for the dependency for availing CGHS facility has been enhanced to Rs. 9000/- plus amount of dearness relief on the basic pension of Rs. 9000/- as on the date of consideration consequent upon implementation of 7th Central Pay Commission.
- g) **Delegation of powers:** Financial powers of the Heads of Departments/Ministries have been enhanced to Rs. 5 lakh from the existing Rs. 2 lakh to settle all medical reimbursement cases where there is no relaxation of rules. Entitlement was worked out with reference to the rate list prescribed.
- h) **Grant of 90% medical advance for all treatments (IPD and OPD):** Provision for grant of 90% medical advance of the approved CGHS package rates to the serving CGHS and CS (MA)

beneficiaries for all treatments, irrespective of major or minor diseases has been made.

- i) **Implementation of e-office:** E-office has been implemented in CGIIS at CGIIS(IHQ) in Delhi.

11.2 HEALTH MINISTER'S DISCRETIONARY GRANT (HMDG)

Financial Assistance up to Rs. 1,25,000/- 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 2015-16, financial assistance totaling Rs.219.63 lakh was given for 285 patients. A provision of Rs.300.00 lakh has been made during the current financial year i.e. 2016-17(till 5th November, 2016) and a sum of Rs.163.84 lakh has been released for 200 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 2015-16 have been shown in the **Appendix-A**. Other States/Union Territories have been requested to set up the fund, as soon as possible.

Applications for financial assistance up to Rs.1.50 lakh are to be processed and sanctioned by the respective State Illness Assistance Fund. Applications for assistance beyond Rs. 1.50 lakh and also of those where State Illness Assistance Fund has not been set up, are processed in this Department for release from

the Rashtriya Arogya Nidhi.

In order to meet the need for immediate financial assistance to critically ill patients who are living below poverty line and undergoing treatment, the Medical Superintendents of Dr. Ram Manohar Lohia Hospital, Safdarjung Hospital, Lady Harding Medical College and Smt. Sucheta Kriplani Hospital, All India Institute of Medical Sciences (all 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 and Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Thiruvananthapuram have been provided with a revolving fund of upto Rs.50 lakhs and authority to sanction 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.

During the year 2015-16, financial assistance totaling Rs.1476.24 lakh was given for treatment of 376 patients under Rashtriya Arogya Nidhi (Central fund). Additionally, an amount Rs. 351.62 lakh has also been given to replenish the revolving fund at the disposal of the thirteen hospitals/Institutes. A provision of Rs.2200.00 lakh has been made during the current financial year i.e. 2016-17 and till 5th November, 2016, a sum of Rs. 873.43 lakh has been released for 199 patients and further the revolving fund of amount Rs. 380.00 lakh has also been released to the 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-B**.

During the year 2015-16, financial assistance of Rs.1384.77 lakh was given for treatment of 260 patients under Health Minister's Cancer Patient Fund (Central fund) and an amount of Rs. 979 lakh has also been given to replenish the Revolving Fund at the hospitals/Institutes. During the current financial year i.e. 2016-17 (till 5th November, 2016), a sum of Rs. 925.67 lakh has been released for 184 patients and the revolving fund of amount Rs. 620.00 lakh has also been released to the institutes/hospitals.

Health Minister's Cancer Patient Fund-CSR [HMCPF – CSR]

The Ministry of Health & Family Welfare has made available a platform to tap resources available under Corporate Social Responsibility Scheme and to engage with organizations/institutions desirous of contributing financial assistance towards health care under their CSR initiative. Accordingly HMCPF-CSR account has been created. Patients suffering from cancer and living below poverty line, as per income criteria prescribed from time to time are eligible to avail assistance. Financial assistance towards treatment for cancer ailments as per specified categories of treatment is provided to the patients having treatment in various Regional Cancer Centres (RCCs). Funds up to Rs. 50 lakhs will be placed at the disposal of the RCCs for providing treatment up to Rs. 2 lakh in each case. Cases involving treatment beyond Rs. 2 lakh are to be referred to Ministry of Health & Family Welfare, Government of India for providing funds.

An amount of Rs. 7.50 crores was received in this account from India Infrastructure Finance Company Limited (IIFCL), a Government of India PSU. Upto

November, 2016, an amount of Rs. 3.50 crore has been released as Revolving fund to specified RCCs.

11.5 INDIAN RED CROSS SOCIETY (IRCS)

The Indian Red Cross Society (IRCS-NHQ) is the largest statutory humanitarian organization in India with a network of 36 States and Union Territory branches. It has always been at the forefront to alleviate suffering at the time of man-made or natural disaster. With a strength of 12 million volunteers and over 3500 staff, it reaches out to the community through 700 branches throughout the country. IRCS has constructively been engaged in reducing vulnerability of the community and empowering it for disaster mitigation. The Society works as an Auxiliary to the Government and Armed Forces Medical services and contributes to saving lives and protecting livelihoods, provides relief in times of disasters and other emergencies, endeavours to ensure accessibility to health services, promotes safe and healthy living, works to reduce stigma and discrimination enabling better integration for disadvantaged people and increase social cohesion and promotes a culture of non-violence and peace.

The IRCS (NHQ) has six strategically located regional warehouses in the States of Haryana, Tamil Nadu, Gujarat, Maharashtra, West Bengal and Assam, a state of the art Model Blood Bank (New Delhi), and a Disaster Management Centre within the IRCS, NHQ premises, training facilities at Central Training Institute in Bahadurgarh (Haryana), Home for disabled ex-servicemen (Bengaluru) and Vocational training centres in Haryana, West Bengal and Tamil Nadu. It also has under the Maternity and Child Welfare scheme hospitals, health centres and child development centres in Uttarakhand. The Regional warehouses maintain a stock of non-food Items for providing relief during disasters. It also has large water purification machines (WPU) – NORIT, NOMAD etc. having a capacity to provide about 2000 litres of potable water per hour as well as small manually transportable and operated WPUs.

IRCS is a part of International Red Cross and Red Crescent Movement which consists of International Committee of Red Cross (ICRC), International Federation of Red Cross and Red Crescent (IFRC) and 189 National Societies and follows Movement's

seven fundamental principles. IRCS also closely works with other Government agencies like Ministry of Social Welfare on projects like drug de-addiction, artificial limb services, etc. and with Ministry of Youth Affairs and Directorate of Education for promoting the IRCS Youth programmes. The Ministry of Health and Family Welfare is, however, the nodal ministry.

Activities of IRCS: Activities of IRCS are grouped into four main core areas: Disaster Management, Health and Care in the community; Promotion of Humanitarian Principles and Values and Organisational Development.

11.5.1 Disaster Management

IRCS has been playing a very crucial role in providing relief to people in the event of any natural or man made disaster. Relief material worth Rs.2,22,56,658 was dispatched in response to Manipur earthquake and floods in Uttarakhand, Madhya Pradesh, Assam and Bihar. IRCS also provided relief material to be sent to Sri Lanka and Fiji for relief work through the Government of India.

The sharp increase in the number of natural disasters countrywide in recent years has prompted the Red Cross to devote more attention to disaster preparedness and disaster risk reduction activities. These aim to make communities more aware of the risks they face, how to reduce their vulnerability and how to cope with natural disaster. The IRCS, with the support from various movement partners like IFRC and ICRC, have been creating a cadre of First Medical Respondents (FMRs) through FMR programme. The FMR programme is being implemented in the 14 disaster prone State Branches of Red Cross at district levels through a series of training programmes with focus on training community level volunteers. The trained volunteers work as First Responders, termed Social & Emergency Response Volunteers (SERV), who are the first to respond to disasters and also help the community. The activity aims to empower Red Cross volunteers with the necessary skills to be able to respond with first-aid, relief, dead body management, restoring family links etc in times of any eventuality.

IRCS has also developed an efficient and trained National Disaster Response Team (NDRT), State Disaster Response Team (SDRT) and District

Disaster Response Team (DDRT) to tackle recurrent disasters at both National and branch level. In addition, a trained group of National Disaster Watson Response Team (NDWRT) consisting of the IRCS staff and volunteers is also in place. The NDWRT has been involved in disaster response to provide safe drinking water and disseminate messages on hygiene promotion. IRCS provides safe drinking water to the victims during disasters.

11.5.2 Health and Care in the Community: Mortality and morbidity can be reduced through access to even the most basic health services and elementary health education. Health and community care has become a cornerstone of humanitarian assistance and accounts for a large part of Red Cross spending. IRCS is presently implementing a number of community health programmes through its different state Red Cross branches in close coordination with Ministry of Health & Family Welfare, Govt. of India. Through these programmes, the Red Cross aims to enable communities to reduce their vulnerability to diseases and prepare for and respond to public health crisis. Special programmes are being implemented for detection of T.B patients and prevention of MDR T.B with the funding support from different movement partners.

11.5.3 Blood Services: IRCS (NHQ) is having blood bank in New Delhi which has been recently upgraded, renovated and expanded to make it a state of art blood bank. National AIDS Control Organization has designated it as a "Model Blood Bank" of the country. The primary objective of the IRCS blood bank is to organize motivational campaigns on regular basis with a view to achieve 100% voluntary non-remunerated blood donation. This blood bank collects approximately 30,000 units of blood annually which constituted about 10% of the total blood collected in Delhi. The IRCS Blood Bank supplies blood to approximately 900 Thalessemic patients free of cost on regular basis. In addition to this, blood is also supplied free of charge to the patients admitted in the Government hospitals. It is estimated that about 85% units of the total blood collected is supplied free of charge to Thalessemic patients and to those patients who are admitted in Government hospitals. The total cost of 85% units of blood (after blood components separation) which is supplied free of cost, works out to Rs. 2.5 crore annually. During the year 2016, till 5th December, the IRCS NHQ Blood Bank collected

22976 units of blood, issued 30520 units of blood & blood products, held 330 camps and prepared 41365 components. 90% of the total blood and components were issued free of any service charges to the deserving patients.

11.5.4 TB Project India supported by IFRC and Irish Red Cross

Indian Red Cross Society is implementing TB programme in five State branches namely Punjab, Haryana, Karnataka, Uttar Pradesh and Gujarat since 2009. It is being implemented in coordination with the Ministry of Health and Family Welfare, Govt. of India, State health department and TB Association of India with the following objectives -:

- (i) To identify most vulnerable CAT-II retreatment TB patients i.e. those who have stopped DOTs treatment without completion are put back on treatment to ensure complete adherence (cured, died, migrated).
- (ii) To support effectiveness of treatment by providing care and nutritional support.
- (iii) To reduce the stigma and discrimination attached to TB patients, through behaviour change communication campaign and inclusion of TB patients in important forums.
- (iv) Prevention of Multi Drug Resistant (MDR) TB.
- (v) Spread community awareness about TB.

In the year 2016, the project branches enrolled 1082 treatment defaulters. The total budget allocation for the year was Rs. 1.32 crores. Till the end of November, 2016, 3 street plays, 6 screening camps, 154 awareness meetings had been organized and covered a population of 1,88,400.

11.5.5 Health Promotion

a. Promotion of Humanitarian Principles and Values (IRCS-ICRC Cooperation Activity)

The IRCS-ICRC Cooperation project is supported by International Committee of the Red Cross (ICRC), to conduct activities for dissemination of proper use of

Red Cross Emblem, conduct awareness programmes on Fundamental Principles and Geneva Conventions, Safer Access, implementation of First Medical Responders (FMR) Programme, livelihood programme and Family News Service.

For the year 2016, the IRCS-ICRC cooperation programme was approved for fourteen States to conduct Emergency Preparedness & Response Programme (EPR), Youth Programme, Livelihood Programme, Family News Service, Safer Access Framework (SAF), First Medical Responders / First Aid (FMR/FA) and Physical Rehabilitation. The activities are under completion under the programme in the States of Assam, Chhattisgarh, Jammu & Kashmir, Maharashtra, Manipur, Nagaland, Odisha, Uttar Pradesh, Andhra Pradesh, Meghalaya, Gujarat, West Bengal and Tamil Nadu.

b. Organisational Development: Post Graduate Diploma Course in Disaster Preparedness and Rehabilitation has been initiated by the Indian Red Cross Society in collaboration with the Guru Gobind Singh I. P. University to develop knowledge on disaster preparedness, rehabilitation and sustainable development including framework and skills for addressing anticipated hazards, disaster and complex emergencies with emphasis on either post development or majority world context. IRCS welcomed the 11th batch in the academic session of 2016-17. So far 350 people including judges, doctors and several Government officials have successfully completed the course.

11.6 ST. JOHN AMBULANCE (INDIA)

The St. John Ambulance India is the Indian branch of St. John Ambulance, an international organization involved in teaching and practice of medical first aid and the provision of ambulance services. The St. John Ambulance Association of India was started in 1912. It has its National Headquarter (NHQ) in Delhi and operates as a federation.

The Hon'ble President of India is the President of the St. John Ambulance (India) and the Hon'ble Union Minister for Health & Family Welfare, Govt. of India is the Chairman of the St. John Ambulance (India). The Vice Chairman is elected from amongst the members of the National Council of St. John

Ambulance (India). The National Council is the Governing Body of St. John Ambulance (India).

Activities of St. John Ambulance:

St. John Ambulance (India) has its two wings viz. Association Wing and Brigade Wing. The Association Wing imparts training in First Aid, Home Nursing Care, Hygiene & Sanitation and Mothercraft & Child Welfare, which reaches to schools, colleges, aerodrome, staff mines, scouts, NCC, community projects, factories, railways, drivers and conductors, civil defence and home guards, police personnel, prisons and reformatory schools and the general public. The Brigade wing provides advance training to its volunteers to make them ready to meet any eventuality with particular stress in handling of mass casualties, improvisations, care of patients in transit to hospitals etc.

It is always on the forefront wherever there is a call to mitigate the sufferings of people. Its volunteers provide first aid cover in large public congregations at the request of the Government of India, State Governments, Public and Private sectors, NGOs and different communities on the occasion of Sports, Melas including Kumbh Melas, Festivals, Guru Parvs, Eid, Ram Lilas, Republic Day and Independence Day celebrations etc. and in emergencies like accidents, fires, floods, earthquakes and other catastrophic situations.

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

11.7.1 The primary responsibility to regulate the health care sector rests with the State/UT Governments. However, the Government of India has enacted the Clinical Establishments (Registration and Regulation) Act, 2010, to provide a legislative framework for registration and regulation of clinical establishments in the country and to also improve the quality of health services by prescribing minimum standards of facilities and services which may be provided by them. This was done after a resolution to that effect was passed by the State legislature of Sikkim, Mizoram, Arunachal Pradesh and Himachal Pradesh. The Act, initially, came into force in 4 States namely Sikkim, Mizoram,

Arunachal Pradesh and Himachal Pradesh and all Union Territories on 1st March, 2012, except Delhi. Subsequently, 6 more States namely Uttar Pradesh, Uttarakhand, Bihar, Jharkhand and Rajasthan and Assam have also adopted this Act. Thus, as on date, the Clinical Establishments Act is applicable in 10 States and 6 Union Territories

11.7.2 Benefits of Clinical Establishment Act

Clinical Establishments Act, 2010 envisages creation of a comprehensive Digital Registry of clinical establishments which shall help in better policy formulation, better surveillance, response and management of outbreak 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 better regulation of healthcare 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 levels 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. Only clinical establishment belonging to recognized systems of medicines are allowed to register under this Act. This provision acts as deterrent against quackery. Implementation of Minimum Standards and Standard Treatment Guidelines is expected to improve quality of health care.

11.7.3 Steps taken for implementation of the Act

The Government has notified the National Council for Clinical Establishments under the chairmanship of Director General Health Services for implementation of the Act. So far, eight meetings of the National Council have been held and minutes thereof are available on the website (www.clinicalestablishments.nic.in). National Council for Clinical Establishments has completed devising of application form for permanent registration, devising of Certificate of Permanent Registration, categorization of Clinical Establishments, formulation of minimum standards in respect of 15 general categories of clinical

establishments and 34 specialty/super-specialty wise departments/categories of clinical establishments, formulation of Standard Treatment Guidelines (STGs) for proper health care for 215 medical conditions belonging to 21 clinical specialties and also for Ayurveda, 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, formulation of list of Standard Medical Procedures and a Standard Template of Costing of Procedures which have also been shared with the States and UTs and STGs prescribed under National Health Programmes. Further, operational guidelines for implementation of the Clinical Establishments Act by State Authorities have also been drafted. Online registration is functional in 8 States/UTs viz. Himachal Pradesh, Rajasthan, Jharkhand, Chandigarh, Daman and Diu, Dadra and Nagar Haveli, Andaman and Nicobar and Puducherry. As on 15.12.2016, 9514 Clinical Establishments have been registered online, forming part of the Digital National Register and 1543 have been registered offline.

11.8 EMERGENCY MEDICAL RELIEF (EMR)

11.8.1 Health Sector Disaster Management

Emergency Medical Relief Division (EMR) of DGHS, 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: Under the Central Sector Scheme "Health Sector Disaster Preparedness and Response" (approved in year 2015 with an outlay of Rs. 483.41 crores) capacity building activities were initiated for country wide training of Public health managers for managing public health emergencies and hospital managers for managing hospital emergencies. National Institute of Health & Family

Welfare (NIHFW) has been identified as the Nodal Agency for developing and implementing these training programs. A major component of the said scheme is to build capacities to manage medical aspects of disasters including those from Chemical, Biological, Radiological and Nuclear (CBRN) disasters. In this context, an agreement was signed with Govt. of Tamil Nadu to develop a tertiary care CBRN Medical Management Centre at Stanley Medical College, Chennai. HLL Infra Tech Services Limited (HITES) has been selected as the consulting agency to develop the detailed project report. Similar Centres at Mumbai and Kolkata are being decided in consultation with concerned State Govt. Training of Medical Officers working in the medical facilities covered in the offsite plans of the Nuclear Power Plants have been tied up with Nuclear Power Corporation of India Limited (NPCIL). Further, under the said Scheme, 10 Emergency Operation Centre (EOC) are being planned and to be implemented in consultation with Health department of the disaster prone States. One such centre is under construction in the Ministry of Health & Family Welfare, New Delhi.

Crisis Management Plan for Biological Disasters and the Emergency Support Function Plan were reviewed in August 2016 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 mechanism for crisis management, resource inventory etc. This plan also contained instructions regarding deployment of resources in the event of disasters.

b) Response Seasonal Influenza: The Pandemic Influenza virus continued to circulate as Seasonal Influenza virus. EMR Division continued to monitor the countrywide situation. As compared to 2015, the year 2016 witnessed fewer number of cases reported from the States of Delhi, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, Tamil Nadu and Telangana, Uttarakhand and Uttar Pradesh. From January 2016 to 31st December 2016, there had been 1771 laboratory confirmed cases with 263 deaths reported by 20 States and 4 UTs Administrators.

Ministry of Health and Family Welfare has reviewed

the preparedness of the States / UTs to deal with outbreak of Seasonal Influenza, ahead of the ensuing winter season (2017). Advisory has been issued to all the States and UTs. The guidelines on risk categorization, clinical management, home care, use of masks, vaccination etc have been updated and made available on the website of the Ministry and also made available to the States/UTs. Laboratories to test samples have been identified. Stocks of drug Oseltamivir, laboratory reagents and Personal Protective Equipment have been procured & kept with institutions under Ministry of Health and Family Welfare to support States/UTs reporting Seasonal Influenza outbreaks.

c) 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 review the situation and preparedness measures regularly. During the period reported upon, Avian Influenza outbreaks were notified by Department of Animal Husbandry in Tripura west district (Tripura), Bidar district (Karnataka), Alappuzha District (Kerala), Bellary district (Karnataka), National Zoological Park, Delhi and Khorda district (Odisha). 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. No human case of Avian Influenza was reported.

d) Zika Virus Disease: Zika virus disease, primarily transmitted by Aedes mosquitoes, was declared as Public Health Emergency of International Concern (PHEIC) by World Health Organization (WHO) in February, 2016 due to its temporal association with neurological defects in newborn (Microcephaly) and in adults (Guillain Barre Syndrome). Ministry of Health & Family Welfare took adequate measures to prevent/control Zika virus disease outbreak. The global situation was monitored constantly. Advisories including travel advisory were issued. Help desk and displays conveying information to travellers from affected countries were put up at Airports & Ports. Passive Surveillance was instituted at the Airports and in the community. Laboratories to test Zika virus were strengthened. Vector control measures were intensified at the

Airports, Ports and in the community. A detailed action plan was prepared to manage Zika virus disease and shared with all the States/UTs. The representatives of the State Governments/UTs have been briefed on the action plan. All these documents have also been made available on the website of the Ministry.

A 24X7 control room operated from EMR division providing information to public on Zika virus disease. WIIO has withdrawn the PHEIC status of Zika virus disease in the month of November 2016. No cases of Zika virus disease has been reported in India.

11.8.3 Deployment of Rapid Response Team

A 25 member Quick Response Medical Team was deployed following the fire tragedy in Kollam, Kerala in April, 2016 and the situation was monitored. A Central Team was also deployed for rapid health assessment of flood affected population of Uttar Pradesh in September, 2016. During the reporting period, central multi-disciplinary expert teams were deputed to investigate disease outbreaks in the State of Odisha (for JE/AES in Malkangiri), State of Uttar Pradesh (for febrile illness in Baduan district), State of Madhya Pradesh (for cholera outbreak in Ratlam district) and State of Rajasthan (episodes of water borne diseases).

11.8.4 Medical Care Arrangements on Special occasions/ events

Medical care arrangements were made for Republic Day Celebrations, 2016, Independence Day Celebrations, 2016 and the BRICS Summit, 2016 (held in Goa). Medical care arrangements were also made for All India Conference of Women Legislatures, World Culture Festival, Delhi; Seventh Session of Conference of Parties against Tobacco (COP7), National Tribal Carnival, Asian Ministerial Conference on Disaster Risk Reduction (AMCDRR), Conferences of Governors and Chief Justice's (held in Delhi).

11.8.5 Visiting Head of States

Medical care arrangements were made for the Heads of States/Govts. of France, Afghanistan, Nepal, Mauritius, Maldives, Thailand, Egypt, Myanmar, Sri

Lanka, Singapore, New Zealand, United Kingdom, Israel and Crown Prince of UAE.

11.8.6 Emergency Medical Services.

The Standing Finance Committee approved a memorandum for a Central Sector Scheme of EMR Division on 'Human Resource Development for Emergency Medical Services' with an outlay of Rs. 263.013 crores in March, 2016. The overall objective is to establish human resource capacities for providing Emergency Medical Services. Under this

project, Skill Centres are to be established in 86 Medical Colleges/Institutions across the country to impart training to doctors, nurses and para – medical personnel in emergency life support. Grant-in-Aid has been provided to 10 Medical Colleges/Institutes for establishment of Skill Centres. In addition, 40 Medical Colleges/Institutions have been assessed on their feasibility to set up such Skill Centres. An indigenous course, namely, National Emergency Life Support Course has been developed for doctors and is being pre-tested.



National Emergency Life Support(NELS) course for doctors in progress at RML Hospital, New Delhi

Annexure-I**Statement showing the details of CGHS Hospitals / Wellness Centres according to different systems of medicine**

Sl. No.	City	Allopathic dispensaries	Poly Clinics	Labs	AYUSH
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	Gandhinagar	1			
11	Guwahati	5			1
12	Hyderabad	13	2	2	6
13	Indore	1			
14	Jabalpur	4		1	0
15	Jaipur	7	1	4	2
16	Jammu	2			0
17	Kanpur	9		3	3
18	Kolkata	18	1	5	4
19	Lucknow	9	1	3	3
20	Meerut	6		2	2
21	Mumbai	26	2	4	5
22	Nagpur	11	1	1	3
23	Patna	5	1	1	2
24	Puducherry	1			
25	Pune	9	1	2	3
26	Ranchi	3		1	0
27	Shillong	2			0
28	Shimla	1			
29	Thiruvananthapuram	3			2
	Total	278	19	73	85

Annexure-II**Number of empanelled private hospitals and diagnostic centres under CGHS**

City	Private Hospitals	Private Diagnostic centres
Delhi & NCR	252	57
Hyderabad	91	5
Guwahati	3	2
Patna	26	3
Ahmadabad	15	1
Bengaluru	51	5
Jammu	1(EYE)	0
Ranchi	4	0
Thiruvananthapuram	4	3
Bhopal	15	3
Jabalpur	30	4
Mumbai	44	2
Nagpur	62	12
Punc	61	4
Shillong	0	0
Bhubaneshwar	12	0
Jaipur	41	3
Chennai	24	5
Dehradun	12	4
Allahabad	37	5
Kanpur	49	10
Lucknow	36	10
Meerut	28	2
Kolkata	12	15
Chandigarh	17	6
Total	927	161

Appendix-A**Details of Budget Estimate and grant released to States****(Rs. in Crores)**

Year	Budget Estimate	States/UTs to which grant released	Amount
2015-16	11.00	Odisha West Bengal Assam	5.00 3.50 2.50
2016-17 (upto 15 th November, 2016)	13.00	West Bengal	5.00

Details of Budget Estimate and grant released to UTs**(Rs. in Crores)**

Year	Budget Estimate	States/UTs to which grant released	Amount
2015-16	0.75	Puducherry	0.75
2016-17 (upto 15 th November, 2016)	1.00	Puducherry	0.75

Appendix-B**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, Bengaluru, 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, Pondicherry
19.	Dr. B.B. Cancer Institute, Guwahati, Assam
20.	Tata Memorial Hospital, Mumbai, Maharashtra
21.	Indira Gandhi Institute of Medical Sciences, Patna, Bihar
22.	AcharyaTulsi 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