

**STRENGTHENING HEALTH INSTITUTIONS FOR
CHILD HEALTH: NCPCR INTERVENTIONS**

AUG 2012 – NOV 2013



PART I

**STRENGTHENING OF SERVICES IN KALAWATI
SARAN CHILDREN'S HOSPITAL, NEW DELHI**



**NATIONAL COMMISSION FOR PROTECTION OF
CHILD RIGHTS**

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**NATIONAL COMMISSION FOR PROTECTION OF
CHILD RIGHTS**

Executive Summary

The **National Commission for Protection of Child Rights** has been engaged in child health processes from the point of view of protecting the rights of children to adequate access and standards of health, as well as grievance redressal where violations or negligence has taken place against the health of children. A mature understanding of the role of the State in ensuring the rights to health makes it necessary to take a 'systems approach' which analyses current health policy and its implementation with respect to health care services for children.

As we are aware, the most recent indication of trends in health policy lies within the documents of the 12th Plan and programme documents related to the NRHM (the framework for implementation). Both speak of the need to strengthen public health systems as well as bring in partnerships with the private sector to supplement it.

This report, in three parts, takes up case studies pertaining to the current practices and challenges of health care systems in relation to children in the context of i) Kalawati Saran Children's Hospital; a historical multispecialty apex hospital dedicated to children in New Delhi ii) the health care systems related to the management of children with JE/AES in Gorakhpur region (Uttar Pradesh) including BRD Medical College and iii) the utilization of services by children in the so-called 'free beds' in private hospitals in New Delhi.

The report attempts to use these case studies to highlight critical policy issues which lie in common; such as challenges of addressing Human Resources gaps, quality of care, lapses in governance, failures to achieve convergence, failures of adequate monitoring and lack of comprehensive vision for child health. Recommendations are placed within the relevant sections, services for children. They also illustrate the potential of the NCPCR in not just monitoring, but engaging in constructive action as an agency that can provide a forum for a much needed convergence between ministries and departments so that comprehensive preventative, curative and rehabilitative care is provided to children with improved access and quality.

**Dr. Vandana Prasad, MRCP (Pediatrics), MPH
Member, Child Health, Welfare and Development, NCPCR**

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Kalawati Saran Children's Hospital

A.Introduction

Kalawati Saran Children's Hospital, a tertiary care centre catering entirely to children in the heart of the city of New Delhi, was established on 17th March 1956 as a centre for excellence in paediatric care and research. It is today part of the Lady Hardinge Medical College (LHMC) & Associated Hospitals alongwith Smt.Sucheta Kriplani Hospital. At the outset it had only 50 beds. Gradual expansion of the hospital has periodically been undertaken and during 1992-2000, 150 beds were added as part of collaboration between India and the **Japan International Co-operation Agency (JICA)**. Presently the bed strength is 375 beds. The hospital has the distinction of being one of the largest children's hospitals in Asia with the largest neonatal wing in Delhi with 84 beds. The Hospital has historically been a premier centre catering to the needs of poor children not just of Delhi, but many Northern Indian states.

The Commission had undertaken a process of inspecting medical services (public and private) available for children in New Delhi, as part of its rapid appraisal of medical services for EWS children in the city¹. A visit to Kalawati Saran Hospital for Children was made on 18.10.12, as part of the process² (Annexure 1). At the visit it was observed that the hospital has been suffering from a drastic shortage of staff at all levels other than the medical staff which is just adequate, resulting in a very critical failure to achieve quality of care by any standards³. The hospital was found to have a bed occupancy rate of almost 150 %. It was noted that the hospital didn't have a functional management committee, nor a dedicated Medical Superintendent (MS), as it came under the LHMC & Associated Hospital. Severe staffing gaps of sanitation workers, technician, paramedics and nurses resulted in parents having to assist in the supportive paramedical care of the children. The Commission found the Hospital struggling in its efforts at providing quality care and saving the lives of thousands of children. The Commission deeply concerned with the situation at the Hospital and responding to reports in the media⁴, decided on taking suo moto cognizance of the matters related to KSCH, and aimed at following up the issue with concerned agencies on the same.

¹ Utilization of Free Medical Services by Children Belonging to the Economically Weaker Sections (EWS) in Private Hospitals in New Delhi, 2012-13, A Rapid Appraisal Report (**NCPCR, 2013**)

² Letter to Addl MS,KSCH

³ Letter to Secy, Mohfw

⁴ HAQ document, Hindu article, IE article

B. Chronology of Commission’s Interventions in the Matters Related to KSCH⁵

Sr. No.	Events	Date
1.	Proforma as part of Rapid Appraisal of Medical Services sent to KSCH	Oct, 2012
2.	Hospital visited as part of the RA	18.10.2012
3.	Letter written, appraising of the situation at KSCH to Sh. Pradhan, Secy, MOHFW and Sh. K N Desiraju, Spl Secy, MOHFW	19.10.2013
4.	Meeting of CP and Mem VP with Desiraju, Spl Secy, MOHFW	19.10.2013
5.	Visit of Sh. K N Desiraju, Spl Secy, MOHFW to KSCH	
6.	Letter to MS, LHMC & Associated Hospitals for submission of proposal for phase 1 of the Comprehensive Redevelopment Plan (CRP) of LHMC and documents of allocations specified for KSCH ,	9.11.2012
7.	CP, NCPCR writes to Sh. K N Desiraju, Spl Secy, MOHFW	9.11.2012
8.	Reminder sent to Addl. MS, KSCH to submit required documents	14.11.2012
9.	CP’s letter to Honble MOS (I/C) MWCD, thanking her for agreeing to joint visit to KSCH	15.11.2013
10.	Visit of Honble MOS (I/C) MWCD to KSCH accompanied by Mems, NCPCR and MS NCPCR, declares constitution of high powered committee	21.11.2012
11.	CP’s letter to Honble MOS (I/C) MWCD, thanking her for making the visit to KSCH and declaring constitution of a committee to look into matters plaguing the Hospital	23.11.2012
12.	Visit to KSCH by consultants to identify existing space for patient attendant shelter, and identify available space	5.12.12
13.	Follow- up Meeting held at NCPCR	21.12.2012
14.	CP’s letter to Honble MOS (I/C) MWCD for constitution of committee alongwith members and mandate	14.01.2013
15.	Meeting held at JS (H), MOHFW’s chamber	21.01.2013
16.	Review Meeting at NCPCR	5.02.2013
17.	Meeting of CP and Mem VP with Secy, Mohfw to discuss KSCH alongwith other issues	11.03.2013
18.	Meeting held at Jt.Secy MOHFW chamber (Mem VP attended the meeting)	21.03.2012
19.	Review Meeting at NCPCR	18.06.2013
20.	Visit to KSCH to assess improvement in attendants’ shelter facilities By Mem VP and TE	27.06.2013
21.	Meeting with Secy, Mohfw to discuss KSCH alongwith other issues	8.08.2013
22.	Letter to Dir, LHMC for submission of required documents	9.09.2013
23.	Meeting held at NCPCR	14.11.2013

⁵ Refer to Annexures and Kalawati Saran Children’s Hospital file (F.no.22-3/12-NCPCR (PD))for further details.

C. Key Observations

I. Visit to KSCH as part of the Rapid Appraisal of Medical Services (18.10.2013)

As mentioned briefly above, the Commission, under its mandate, u/s 13(1) (a) to examine and review safeguards provided by and under any law for the protection of child rights, had conducted an inspection of medical services available for children belonging to the EWS category⁶, in New Delhi, from September, 2012 to November 2012. For the appraisal, a total of **37 hospitals** (public and private) were administered a proforma (Annexure) to analyse medical services available to children belonging to EWS category in Delhi. KSCH was one of the two public hospitals included in the survey, the other being LNJP Hospital. The objective of the appraisal was to see how free beds in private institutions are being utilized for providing medical services to *children* in particular in order to get a broad, rapid basic and preliminary understanding of the current situation so that policy issues can be highlighted for further in-depth study and analysis. The two public hospitals were contacted in order to make a comparison. In this matter, the survey proforma was sent to KSCH and a visit to the hospital was also scheduled to assess the situation.

The Commission thus visited the Hospital on 18.10.2012 to assess services at the hospital. While the Commission appreciated the efforts of the doctors and supportive staff, it was shocked at the abysmal condition in which they (doctors and staff) were struggling in their efforts at providing quality care and saving the lives of thousands of children coming not only from Delhi and the NCR, but also from states like UP, Bihar and Rajasthan.

The Commission observed the issues that were of grave concern, related to the twin issues of inadequate space and highly inadequate staff at the premier children's hospital. With a bed capacity of 375 in very little space, the Hospital, it was observed, has/had a bed occupancy rate of almost 150% with more than one child to a bed. In addition, there were no shelter facilities for parents and cases.

The lapse of the JICA project in 2000 resulted in the subsequent lapse of more than 150 staff positions. A shortage of support staff for cleaning, laundry, security and social workers and technicians, and nursing staff was observed. With a severe shortage of space and staff at all levels especially of the supportive paramedical care, doctors were having to register patients, treat patients, as well as escort patients to various departments for investigations and resuscitate patients within the available space. Parents were seen to be doing much of the supportive paramedical care, manually ventilating their tiny incubated babies with Ambu bag,

⁶ NCPCR, op.cit

on a 24/7 basis. It was informed that many communications/ proposals had been sent to Ministry, but no action had been taken for a period of time.

II. Visit of Hon'ble MOS (I/C) MoWCD to KSCH accompanied by Members, NCPCR and MS NCPCR (21.11.2012)

The Commission concerned with the situation in KSCH, and having taken suo moto cognizance of the said matter, invited the Hon'ble Min (IC) of Women & Child Development to make a visit to the Hospital alongwith its Members. The H'ble Minister of State (IC) of Women & Child Development, **Smt. Krishna Tirath** visited Kalawati Saran Children's Hospital, New Delhi on 21st Nov, 2012. She was accompanied by Dr. Vandana Prasad, Member NCPCR, Shri. Vinod Kumar Tikoo, Member NCPCR and Shri. Asheem Srivastav, Member-Secretary, NCPCR.

During her visit, the H'ble Minister emphasized the importance of KSCH as a specialised institution for the most underprivileged and vulnerable children. She also observed that the hospital continued to suffer from critical shortages of space and understaffing including shortage of paramedical staff. There was also a need for a cadre of social workers to assist and counsel families of admitted children to promote child health and nutrition. No facilities existed for accompanying family members of admitted infants and children such as Dharamshalas which are normally present in the vicinity of most other hospitals. She pointed out that while plans for upgradation of this hospital had been floated since 1999 these had not fructified till date.

During the presentation made to the Minister, the Hospital Administration informed that in the last few weeks some proposals and ideas had been put forward to create more space for in-patients in KSCH. These include:

- **Vertical Expansion of the Hospital:** The feasibility of adding two floors to the existing building was being explored. A proposal had very recently been put up to the CPWD to seek their approval.
- **200 Additional Beds:** 200 additional beds may be made available to KSH after completion of Phase-I of the upgradation of the hospital in Dec 2013.
- **Land Due from DMRC:** It was noted that some land very close to the hospital was due to KSH from the DMRC in lieu of land that was acquired from the hospital for construction of the Metro and the Minister promised to investigate the matter and expedite its allocation. She also committed to finding extra funds if required for key facilities such as building the Dharamshala and other facilities once the land was made available.

However, the Minister noted that these ideas need intensive follow-up and impressed upon inter-departmental coordination to ensure fructification.

D. Issues of Concern/Identified

In the course of visits, discussions and subsequent to the Hon'ble Minister's, (WCD) visit to KSCH, it had emerged that the Hospital was facing a critical shortage of staff and inadequate space. The issues in particular were as follows:

1. Staffing Gaps

Critical staffing gaps in almost all sanctioned posts viz nurses, paramedical staff, cleaning/ Class IV employees was observed. The lapse of the JICA project in 2000, resulting in the subsequent lapse of more than 150 staff positions, had added to the shortage of personnel. In response to the Rapid Appraisal proforma⁷ (Annexure 4), the Hospital listed the following issues as difficulties perceived by them in providing better services:

- ***Shortage of space***
- ***Shortage of staff: especially technical staff, paramedical and clerical staff***
- ***No nutritional counselor for children : 10 nutrition counselors are required***
- ***Paramedical support: present staff not enough***

The following information on staffing gaps was submitted:

	<i>Sanctioned Posts</i>	<i>Operational Posts</i>	<i>Staffing Gaps</i>
<i>Doctors</i>	129	126	<i>03</i>
<i>Nurses</i>	424	321	<i>103</i>
<i>Paramedical Staff</i>	128	71	<i>57</i>
<i>Social Worker</i>	2	1	<i>1</i>
<i>CleaningStaff/Class IV employees</i>	58/112	46/108	<i>12/04</i>

As seen, the maximum gap in sanctioned and operational posts was observed for nurses and paramedical staff with 103 and 57 respectively.

The Commission was gravely concerned with these gaps and noted that extreme confusion existed regarding the status and reasons for the staffing gaps that exist in the categories of Paramedical Staff and Cleaning Staff/Class IV employees. At the follow up meeting held on the **21st Dec, 2012** (Minutes, Annexure 5), the Commission enquired regarding the plan for filling up these posts. Responding to the above, Dir, LHMC informed that recruitment process for nurses

⁷ KSCH response dated 26.11.2012

had been initiated and that appointment would be done by the end of two months. With regards to paramedical staff like physiotherapists, social workers etc, Addl M S, KSCH informed that the hospital was in the process of screening applications for the same and that it would take three months for appointing the required staff. With regards to appointment of Security and Sanitation staff, also, the Commission was informed that proposals had been sent to the Ministry, but approval had not been received any for the same as yet. Dir (H), MOHFW noted that the proposal was under process.

The Commission, observing that the issue of staffing gaps was very crucial and that there was an urgent need to have clarity regarding the same, recommended the appointment of a nodal person from the Ministry for KSCH. A status note regarding staffing gaps, and proposals, letters etc sent to the Ministry would be submitted to the Commission by KSCH and the Ministry.

The Commission also recommended that MOHFW expedite the proposal of appointment of Security and Sanitation staff and appraise it of the same. On the issue of a dedicated MS for the KSCH, the Commission observed that it would follow up with MOHFW on the same.

Main Decisions (21.12.2012)

- 1. Appointment of nurses at KSCH to be finalized within two months.**
- 2. Status note regarding staffing gaps, and proposals, letters etc sent to the Ministry would be submitted to the Commission by KSCH as well as Ministry.**
- 3. MOHFW to expedite the proposal of appointment of Security and Sanitation staff.**
- 4. A nodal person from the Ministry to be appointed for KSCH.**
- 5. The Commission would follow up with MOHFW on the appointment of a full time Medical Superintendent for KSCH.**

In response to recommendations given at the above meeting an Action Taken Report (ATR (KSCH/10-11/R. Sec/21/JICA/12-13/225 dated 17th Jan, 2013, Annexure 6) regarding the following was submitted to the Commission along with attached copies of the same:

- i.) The pending issues with MOHFW and their correspondence mentioning status report on the various issues/posts pending for approval with the Ministry
- ii.) The details of vacancy position of regular posts and the posts crested under JICA project with reasons of vacancy

However, during the meeting held on **5.2.2013** (Minutes, Annexure 7), the Commission was informed that recruitment process of nurses was required to be cancelled in view of

irregularities involved in the procedure. The Commission was deeply concerned regarding this and directed the authorities to conduct an enquiry by the Dir/MS LHMC & Associated Hospitals, into the procedural lapses in the interviews for nurses and that suitable disciplinary action be taken against those found responsible.

It also directed MOHFW as well as KSCH to formally present a joint action plan on filling in current staffing gaps (Grps A, B, C, D) within a month.

JS(H) also desired to know the reasons for shortage of staff at hospital when all concerned hospitals have been delegated to recruit personnel as per requirement at meeting held on 21.03.2013 (Minutes, Annexure 8).

At the follow up meeting held on **18.06.2013** (Minutes, Annexure 9), the Commission was informed that the issue of staffing gaps at various levels has been reviewed by the DGHS (details in presentation attached, Annexure 10) and the following information was submitted:

a. Recruitment of Nurses: The feasibility of conducting recruitment through the **National Board of Examinations (NBE)** had been explored, in this regard. The Commission however observed concern that the process would take long. The Commission was also informed that these posts would however all be regular in nature, and would not lapse. The Commission also directed KSCH to submit the enquiry report of procedural lapses in the recruitment of nurses that had previously been attempted (Refer Minutes of Meeting held on 5.02.2013).

b. Other Posts: With regards to other posts, the Commission was apprised of the posts that had been filled since November, 2012:

Sr.No.	Posts	No. of Posts Filled
1	DEOs	8
2	Group C	4
3	Additional M.S	1
4	Academic Posts (Group A)	6

The Commission was also informed that the process of submitting proposals for filling up posts of Group C (MTS) (formerly Group D) is also under process.

At the last meeting held on **14.11.2013** (Minutes, Annexure 11), regarding enquiry into the procedural lapses in nurses' recruitment, Dir, LHMC informed that the enquiry report had been submitted to the Dte. GHS/ MOHFW (**F.DIR/NCPCR/2013/8144 dated 27th/30th Sept, 2013**, Annexure 12) and suitable disciplinary action would be recommended by them. However, Member NCPCR, Dr. Vandana Prasad citing the CPCR Act, observed that copy of the enquiry

report should have been submitted to the Commission as well, since Commission had asked for the enquiry.

Regarding confusion as to how to deal with shortage of nurses in the interim period, Dr. Prasad asked LHMC to clarify the same from Dte.GHS/MOHFW on whether outsourcing of nurses could be a solution till such time that recruitment is not done.

The Commission was informed that process for recruitment to other posts have been initiated.

2. Management Structure of KSCH

The Commission had been concerned that there was no dedicated MS for KSCH and stressed that the need for a full time MS for KSCH was foremost. It was informed that proposal for the same had been submitted.

At the meeting held on **21.03.2013** at JS(H) MOHFW office (Minutes, Annexure 13)to discuss various matters relating to KSCH, also, Member, NCPR, Dr. Vandana Prasad raised the issue of upgrading the post of Addl MS to MS in order to oversee everyday managerial issues properly.

The Commission was informed that the proposal for an independent MS for KSCH with adequate financial powers had already been moved. The Commission directed MOHFW to report on its progress on proposal for 2 posts of MS and 1 Dean in LHMC & Associated Hospitals (Annexure 9).

The issue was also discussed with Secy, MOHFW at meeting held on **8.08.2013** (Minutes, Annexure 14), where it was discussed that one fulltime MS could be posted against one of the three SAG level posts at KSCH.

At meeting held on **14.11.2013**, MOHFW representative observed on the issue of separate posts of MS for KSCH, that the proposals have been sent to the Finance Dept, and their reply is awaited (Annexure 11).

3. Improvement in facilities for attendants of admitted children

The Commission had been concerned that the there was no/limited shelter facilities available for attendants of the children/patients. The Commission had noted that it was imperative to locate suitable space available within the hospital premises, for building a dharamshala. In this regard two options had come up: 1.) Open space available opposite the canteen. 2.) Area opposite the hospital which currently has some Type 3 quarters for Group D employees that have been deemed unfit for habitation. However, these areas were currently informed to be

not suitable as the former was earmarked for multi level parking and other utilities in subsequent phases of construction.

The Commission however noted that other possibilities and plans on utilizing available space/land for shelter facilities need to be examined. A proposal to use 'Port-a-cabins' as a temporary arrangement for providing shelter to attendants of patients to be examined by the management of KSCH was discussed at the meeting held on 21.12.12. It was also decided that in the current situation, the existing waiting area which has a roof but no walls and no bathing facilities would be enclosed, improved and more sitting/sleeping space would be provided. The Hospital authorities observed that they would be the needful.

In response to recommendations given at the above meeting an Action Taken Report was submitted (**ATR (KSCH/10-11/R. Sec/21/JICA/12-13/225 dated 17th Jan, 2013**) regarding provision of Dharamshala in existing space available. It noted that necessary changes in the CRP project would be decided by appropriate authority regarding the same. In the meantime, instructions have been issued to CPWD for improving present patient shelter, by enclosing the area, making arrangements for bathing facilities, emergency light and fan connections and better sitting arrangements etc.

At the review meeting held on **5.02.2013**, it was informed that some facilities had been added to the existing patient attendant shelter facility to make it suitable for attendants. The area had been partitioned, walls had been constructed and some improvements had been made to existing facilities. However, water facility/connection was still pending. The Commission decided on making a visit to the KSCH to inspect/assess the changes made in existing patient attendant shelter facility which was subsequently carried out on **27.06.2013**.

In ATR from MOHFW (**no.A.12034/03/2013-ME-III dated 4th Feb, 2013**, Annexure 15) it was noted that KSCH has written to CPWD to consider use 'Port-a-cabins' as a temporary arrangement for providing shelter to attendants of patients.

At the meeting on **18.06.2013**, it was decided that Dir, LHMC would re examine Phase II plans to see if it is possible to accommodate facilities for attendants in Phase II. This was reported in the ATR (**F.DIR/NCPCR/2013/8144 dated 27th/30th Sept, 2013**) submitted to the Commission by Dir, LHMC.

The facility was visited on 27.06.2013, as mentioned above, to assess improvement in attendants' shelter facilities, and the Commission was pleased to observe that certain improvements, as was reported above, had been made.

4. Expansion of KSCH (extra beds and space)

It was noted in the letter (F:LHM/PMS/2012-13/7713 dated 26th/30th Nov, 2012 Annexure 16) submitted by the Dir, LHMC, that under Phase 1 of the CRP, focus was on additional UG and PG admissions, recruitment of additional nursing and technical staff, creation of additional infrastructure like new additional lecture theatres, laboratories, operation theatres, accident and emergency services, outdoor and indoor facilities, faculty rooms, UG and PG hostels, faculty and staff quarters etc for large number of additional students, doctors, faculty, nursing staff and technical staff.

Under Phase I, the following infrastructure was planned and is underway:

- New OPD
- New A & E Block
- IPD Block
- Radiotherapy Block
- UG Hostel
- PG Hostel
- Staff Qtrs
- Faculty qtrs
- Academic Block

✚ Under the new Master Plan for LHMC AND ASSOCIATED HOSPITALS, approved by the MOHFW/NDMC/other statutory bodies, a multistory block for KSCH is proposed after demolition of existing old KSCH building in the 3rd Phase of CRDP of LHMC & ASSOCIATED HOSPITALS

✚ Possibility of adding two more floors above JICA bldg also examined by CPWD.

✚ As short term measure upto 200 more pediatric beds (including 50 under Phase 1) can be added in the wards vacated by depts. Of Med, Surgery, Ortho etc after these shift to new IPD block under Phase 1 of CRP.

i.) Sanction of 200 additional beds in the Hospital, following completion of Phase –I construction

The Commission had noted that LHMC & Associated Hospitals had previously (during the visits of the Hon'ble Union Minister of State (IC) of Women and Child Development, Smt. Krishna Tirath as well as Shri Desiraju, MOHFW) submitted that 200 additional beds would be provided to KSCH on completion of Phase I construction in December 2013. The Commission directed concerned officials to formalize this and submit proposal to the Ministry with a copy to the Commission at the review meeting held on **21.12.201**. This was carried out by the concerned

hospital authorities and the Commission was informed of the same during the review meeting on **5.02.2013**. MOHFW representative acknowledged receiving the same and informed that the proposal was under consideration. An exhaustive proposal for the 200 additional beds inclusive of required budget, equipments, manpower etc would be prepared by KSCH was decided to be submitted to the Ministry for approval. The same has been submitted as reported in ATR (**F.DIR/NCPCR/2013/8144 dated 27th/30th Sept, 2013**) received from Dir, LHMC.

ii.) Proposal for 1000 bedded “Advanced Pediatric Centre”

At the meeting held on **18.06.2013**, it was reported that another proposal for expansion of KSCH as a 1000 bedded Hospital /for subsequently setting up the “Advanced Pediatric Centre” on completion of Phase III, has also been submitted to MOHFW. The Commission directed concerned officials of MOHFW to appraise the Commission regarding status of the two proposals.

In ATR (**F.DIR/NCPCR/2013/8144 dated 27th/30th Sept, 2013**) received from Dir, LHMC copies of proposal for 1000 bedded “Advanced Pediatric Centre” submitted to MOHFW were enclosed.

At the last meeting held on **14.11.2013**, on examining documents received from MOHFW, Dr. Vandana Prasad, Member, NCPCR sharing the Commission’s concern, observed that proposal for human resources for 200 beds could not be merged with the proposal for human resources for 1000 beds, as there was a significant difference of time involved in realizing both proposals. **She stressed the need to treat the proposal for human resources for 200 beds as separate and directed MOHFW to act on it on urgent basis.**

iii.) Acquisition of land from DMRC (in lieu of the land given to DMRC)

The Commission had been informed that certain stretch of KSCH land had been surrendered to DMRC for road widening purposes in 2003 and alternate piece of land had been promised to be given in return.

However, since then, inspite of repeated communications between concerned agencies, there had been no development on this front. The Commission observed that the concerned ministries are required to further discuss the matter. In this regard, it directed MOHFW to arrange a meeting of the Joint Secretaries of the respective ministries (MOHFW and MUD&PA/L&DO) to discuss the issue of acquisition of land from DMRC and update the Commission of developments. In this regard, a meeting was called on 15.01.2013 by JS (H) MOHFW (**ATR from MOHFW (no.A.12034/03/2013-ME-III dated 4th Feb, 2013**).

At the meeting at JS (H) office (**21.01.2013**), it was noted that LHMC officials had identified land opposite LHMC on which P&T quarters are built as possible land that could be acquired in lieu of land surrendered to DMRC. Dir, LHMC had confirmed that land is still required for building Dharamshala. However, DMRC representative informed that there is no provision for allotment of land in lieu of land taken over by DMR. Hence, DMRC representative noted that they have no role to play in allotting alternate land. The L& DO also informed that it had informed the Ministry in 2008, of no policy to allot land in lieu of land taken over for implementing DMRC project. He, however, assured that matter may be re examined. It was decided that Dir, LHMC would prepare and submit a detailed background note and chronology of events alongwith supporting documents to MOHFW for perusal of L & DO matter to reconsider the matter.

At the meeting on **18.06.2013** it was reported that the L&DO had orally communicated that land could not be made available to KSCH/LHMC in lieu of land taken from KSCH by DMRC, the Commission however observed that this would need to be documented and asked MOHFW to be provided with copy of letter sent by MOHFW to L&DO on the same. Dir (H) MOHFW to submit a copy of the letter sent by MOHFW to L&DO and NCPCR to also pursue to same with L&DO.

In this regard, a meeting was called by the Commission on **14.11.2013** wherein Deputy Land Development Officer pointed out that the said land had been allotted to NDMC for road widening, not given to DMRC. He also observed that in letter dated 17th July, 2013, to JS (H), MOHFW (**D.O. No. L&DO/L-II- B/18(22)/275 Annexure 17**) it was stated that it would not be feasible to allot land in lieu of land given to NDMC. On query about the vacant piece of land he pointed out that the land opposite KSCH, the P&T Qtrs land is being considered to be given to Govt. of Jharkhand for building guest house.

The Commission observed that this showed complete lack of priority for children's hospital. She enquired from MOHFW if it could ask for land for KSCH. It also recommended that LHMC/KSCH authorities respond to L&DO saying that no development work had been carried out in the premises.

Dr. Prasad, Member NCPCR observed that the Commission would not pursue this issue any further. She however noted grave concern that land was being considered to be given to Govt. of Jharkhand, for a guest house completely ignoring the concerns of children.

ATRs/Documents Received

1. No. KSCH/Admn/NCPCR/85/12-13/5464 dated 26th Nov,2012 : Proforma of Rapid Appraisal submitted.
2. Letter from Dir, LHMC (F: LHMC/PMS/2012-13/7713 dated 26th/30th Nov, 2012) Info reg CRP Phase I pertaining to KSCH (in response to NCPCR letter of 9th Nov, 2012)
3. ATR (KSCH/10-11/R. Sec/21/JICA/12-13/225 dated 17th Jan, 2013) in response to recommendations given at meeting 21.12.2013
4. ATR from MOHFW (no.A.12034/03/2013-ME-III dated 4th Feb, 2013)
5. ATR from Dir, LHMC (F. Dir/NCPCR/2013/8144 dated 27th/30th Sept, 2013)

E. Key Achievements

1. Some improvement in general services-sanitation, facilities for attendants.

The Commission noted that there were improvements in the existing facility for shelter for attendants. The area had been covered. Facilities for water and bathing had been made available. Sitting arrangements had been added.

Dir, LHMC would re examine Phase II plans to make possible facilities for attendants in Phase II (ATR no. F.DIR/NCPCR/2013/8144 dated 27th/30th Sept, 2013).

2. Some improvement in HR appointment of Group D, nurses has progressed and is in progress. Dte.GHS in charge.

The feasibility of conducting recruitment of Nurses through the **National Board of Examinations (NBE)** was being explored. The DGHS would expedite the processes for appointments in all categories. The Secy, MOHFW has also desired that process may be expedited so that vacant posts are filled up by the 1st Jan 2014 (Minutes, Annexure)

3. Some management related issues have been raised with MOHFW-a proposal for full fledged MS for KSCH has been put up.

A proposal for an independent MS for KSCH with adequate financial powers has been submitted to MOHFW, and is under consideration.

4. Increase in beds for KSCH from 50 to 200 after Phase I

A proposal to increase the existing bed strength of KSCH to 200 has been submitted to DGHS by LHMC vide his letter (F.No.5/Dir/Adv.Paed.Centre/2013/3248 dated 18th May, 2013) in accordance with the Commission's directive/recommendation.

5. Proposal for 1000 bedded hospital has been put up to MOHFW. However, this is only feasible in Phase III, which would be at least 5 years in the making

A detailed proposal for upgradation of KSCH to 1000 bedded “**Advanced Pediatrics Centre**” has also been submitted to the DGHS. This would be a part of Phase 3 of the Comprehensive Redevelopment Plan for LHMC and Associated Hospitals.

F. Conclusions and Policy Level Recommendations

This case summarizes some of the key problems beleaguering the public health system currently in its efforts to provide services to children of adequate quality. One of the major issues that emerges is that of inadequate HR; the problems related to contracting out of Group D (Group C (MTS)) employees, complicated and long drawn out procedures of recruitment with no clear guidelines or agencies to support, and inadequate management capacities to resolve HR issues.

The other main issue that emerges is the relative lack of monitoring of these institutions for quality assurance. While these institutions have a relative autonomy; as they should, this also implies that they largely escape the notice of the Central Ministry unless they themselves initiate a process involving the Ministry, or a problem is brought up by another agency – as with this case.

For both these major problems, agencies like NCPCR may play a major role in highlighting issues and ensuring convergence and intra departmental coordination. The main macro recommendations from this case study would be:

1. Institutionalization of processes of social audit of these large hospitals, as with other public health facilities associated with the national rural health mission. With the upcoming 'national health mission' that encompasses rural and urban health systems both, this may now become more possible.
2. Similarly, a mandatory 'Quality Assurance Committee' should be in place to monitor the quality of services.
3. The policy of contractual appointments of hospital related staff could be reconsidered considering that the requirement is permanent. This may ease the problems of constant turn-over using convoluted processes of recruitment that have not been sufficiently insitutionalised to allow speed and ensure that staffing gaps are minimised and there is continuity of care.
4. There is an urgent need to build upon resource institutions such as KSCH to function as a mentoring organization to peripheral facilities so that a hub-and-spoke system is built up. Not only would this decongest KSCH and lessen its burden, it would eventually build the capacities of the tiered facilities so that children may receive better care along the spectrum of services and not have to travel long distances to tertiary facilities for conditions that could be managed at a lower level. Since this would require inter-state coordination as well as inter ministerial / inter departmental coordination, the leadership of the Central Ministry at the highest level would be required to allow such a vision to be detailed into reality.

While some micro level actions have been achieved in the case of KSCH, the larger issues have mostly remained unresolved since the challenges are too complex to be set right in the short term. It is hoped that the management changes, as well as the momentum that has been achieved amongst the various agencies will carry forward the long term plans for expansion of the hospital to the 1000 Bedded National Institute of Pediatrics. The National Commission for Protection of Child Rights, as part of its mandate, is sincerely committed to protecting the rights of children to good quality and adequate health care services and will be following up these issues at policy level.

References

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2. Letter to Secy, and Spl. Secy (MOHFW) regarding situation at KSCH (D.O.No.Member(VP)/NCPCR/25876-78 dated 19.10.2012)
3. <http://www.haqcrc.org>, "Even money does not make them accountable to children" dated 7th Nov, 2012
4. www.thehindu.com, "Kalawati Saran workers allege corruption in hospital" dated 11th May, 2012
5. www.indianexpress.com, "9 ventilators not working at Kalawati Saran" dated 22nd Oct, 2013
6. Letter to Addl.MS, KSCH (D.O.NO. 22/2/12-NCPCR(PD)/25720 dated 04.10.2012
7. KSCH Response to Proforma of Rapid Appraisal of Hospitals conducted by NCPCR
8. Minutes of Meeting held on 21.12.2012 to discuss matters related to KSCH, at NCPCR
9. ATR submitted by KSCH (KSCH/10-11/R.Sec/21/JICA/12-13/226 dated 17.01.2013)
10. Minutes of Meeting held on 5.02.2013 to Review Action Taken on Matters Relating to KSCH, at NCPCR
11. Minutes of Meeting held on 21.03.2013 at office of JS (H) (MOHFW)
12. Minutes of Meeting held on 18.06.2013 to Review Action Taken on Matters Relating to KSCH, at NCPCR
13. Presentation on KSCH by Dir (H), MOHFW at Review meeting held on 18.06.2013 at NCPCR

14. Minutes of Meeting held on 14.11.2013 to Review Action Taken on Matters Relating to KSCH at NCPCR
15. ATR from Dir, LHMC (F. Dir/NCPCR/2013/8144 dated 27th/30th Sept, 2013)
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17. Minutes of Meeting held on 8.08.2013 at office of Secy (HFW) (MOHFW)
18. ATR from MOHFW (no.A.12034/03/2013-ME-III dated 4th Feb, 2013)
19. ATR from Dir, LHMC (F: LHMC/PMS/2012-13/7713 dated 26th/30th Nov, 2012)
20. Correspondence between L&DO and MOHFW

Annexures

1. Letter to Addl.MS, KSCH (D.O.NO. 22/2/12-NCPCR(PD)/25720 dated 04.10.2012
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18. Other Letters

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Annexure 1

DR. ANITA KULSHRESHTHA
M.D.S., M.Ch. (Pediatrics) D.P.M.D. (DIPLOMA)
Jawahar

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O. NO. 22/2/12-NCPCR(PD) 625 720.

Dated: 04.10.2012

Dear

As you may be aware, the National Commission for Protection of Child Rights (NCPCR) has been constituted by Government of India, as a Statutory Body under Section 3 of the Commissions for Protection of Child Rights (CPCR) Act, 2005 (No. 4 of 2006) for dealing with protection of child rights and related matters.

The Commission is seized of the tremendous good work being done by public hospitals in the capital of New Delhi despite a high patient load and many structural difficulties.

We are attempting to do a rapid appraisal of the facilities being provided for children in order to understand current gaps and make recommendations to the involved Ministries for future action. We would appreciate it if you give the attached questionnaire your considered response so that we can support you in our joint objective of reaching the best care health care possible to children. Please do not hesitate to contact Ms. Shaifali Avasthi, Consultant, NCPCR at Mob; 9910911202 e-mail; shaifali.avasthi@gmail.com, if any clarifications are required. We would request that responses be sent within 30 days of receipt of this letter. I would like to visit your hospital on 18.10.2012 after the OPD timings, as per the convenience of your staff availability for around 2 hrs. Please let us know what time will be convenient.

With

Yours faithfully,

Vandana Prasad

(Dr Vandana Prasad)

Dr. Anita Kulshreshtha,
Medical Superintendent,
Kalawati Saran Children's Hospital,
Bangla Sahib Marg, Connaught Place,
New Delhi- 110001,
Near Gurudwara Bangla Sahib,
Ph; 23344160, 23344162, 23344165

o/c
4/10/12

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001
फोन / Tel.: 23478275 फैक्स / Fax: 23724026 ईमेल / Email: prasad.vandana@nic.in

Anneasure2 (7)



Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O. No. Member(VP)/NCPCR/25896-78
Dated: 19/10/12

Dear *Shri Pradhan,*

Subject: Urgent and Immediate Decongestion and Adequate Staffing of the Kalawati Saran Hospital for Children

As you would be aware, the **National Commission for Protection of Child Rights (NCPCR)** is a statutory body constituted under Section 3 of the Commission for Protection of Child Rights (CPCR) Act, 2005 (No.4 of 2006) for dealing with child rights and related matters.

The Commission has undertaken a process of inspecting medical services (public and private) available for children in New Delhi, as part of which, a visit was made to Kalawati Saran Hospital for Children on 18.10.12.

We are writing about the abysmal situation in which doctors are struggling to provide medical care and children are struggling for their lives in Kalawati Saran Hospital for Children, New Delhi.

As you know, this is a tertiary care centre that caters entirely to children in the heart of the city of New Delhi. Though it has a capacity of 375 beds in very little space, it has almost a 150% bed occupancy rate. Additionally, there is a drastic shortage of staff at all levels other than the medical staff which is just adequate. This is resulting in a very critical failure to achieve quality of care by any standards. There are more than one child to a bed and beds are nearly touching each other barely allowing the medical staff to move about. Parents are occupying every possible inch of floor space. Since staff is critically short, parents are doing much of the supportive paramedical care. **Parents and family members were seen manually ventilating with Ambu bag,** their tiny intubated babies, on a 24/7 basis. Doctors are registering patients, treating patients, escorting patients to various departments for investigations and resuscitating patients without any space. There is a dire shortage of cleaning staff, laundry staff, security staff, social workers and technicians. The hospital does not seem to have a functional management committee or a management that is able / has the powers and capacity to make changes in favour of quality of care.

In all, the hospital resembles a camp hospital in a disaster camp rather than a well established historical children's hospital in the heart of the capital city.

OLC
19/10/12

The Commission was informed that while 50 beds are likely to be increased due to new construction, even these would not suffice for the current load. Meanwhile, the staffing is HIGHLY INADEQUATE at all levels since more than 150 staff positions lapsed when the Japanese funding to the hospital lapsed. We were informed that many files exist to increase staffing and various permissions have been sought but are pending for *many years*. The Commission requests the following steps to be taken immediately:

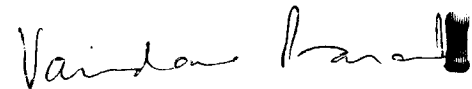
1. The highest priority to be given to matters pending with the Ministry, related to increase the staffing of Kalawati Saran Hospital for Children.
2. Urgent appointment of an external Quality Assurance Team to evaluate the situation and work out a plan for decongestion (hub and spoke the surrounding primary and secondary care institutions so that admissions can be filtered and non-acute cases can be cared for at a linked institution)
3. Urgent institution of a committee to oversee improvement through interim arrangements.

The Commission has decided to take suo motu cognizance of this matter and will be following it up with you periodically.

We hope you will appreciate the degree of suffering that can be alleviated for lakhs of children a year by just improving the working conditions Kalawati Saran Hospital for Children and will give it your highest priority.

With Regards,

Yours Sincerely,



(Vandana Prasad)


Shri. P. K. Pradhan
Secretary (H&FW)
Ministry of Health & Family Welfare
Nirman Bhawan, C Wing
New Delhi 110001

Copy to

Dr. Atul Murari
Medical Superintendent
Lady Hardinge Medical College & Smt. Sucheta Kriplani Hospital
Shadeed Bhagat Singh Marg,
New Delhi-110001

Smt. Anita Kulsreshtra
Medical Superintendent
Kalawati Saran Children's Hospital
Bangla Sahib Marg, Connaught Place,
Near Gurudwara Bangla Sahib,
New Delhi-110001

Sd/-
(Vandana Prasad)


Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

(3)
भारत सरकार
GOVERNMENT OF INDIA
राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O. No. Member(VP)/NCPCR/
Dated: 19/10/12

Dear *Shri Desiraju,*

Subject: Urgent and Immediate Decongestion and Adequate Staffing of the Kalawati Saran Hospital for Children

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5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001

5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001

फोन / Tel: 23077260, 23077261, 23077262, 23077263, 23077264, 23077265, 23077266, 23077267, 23077268, 23077269, 23077270, 23077271, 23077272, 23077273, 23077274, 23077275, 23077276, 23077277, 23077278, 23077279, 23077280, 23077281, 23077282, 23077283, 23077284, 23077285, 23077286, 23077287, 23077288, 23077289, 23077290, 23077291, 23077292, 23077293, 23077294, 23077295, 23077296, 23077297, 23077298, 23077299, 23077300, 23077301, 23077302, 23077303, 23077304, 23077305, 23077306, 23077307, 23077308, 23077309, 23077310, 23077311, 23077312, 23077313, 23077314, 23077315, 23077316, 23077317, 23077318, 23077319, 23077320, 23077321, 23077322, 23077323, 23077324, 23077325, 23077326, 23077327, 23077328, 23077329, 23077330, 23077331, 23077332, 23077333, 23077334, 23077335, 23077336, 23077337, 23077338, 23077339, 23077340, 23077341, 23077342, 23077343, 23077344, 23077345, 23077346, 23077347, 23077348, 23077349, 23077350, 23077351, 23077352, 23077353, 23077354, 23077355, 23077356, 23077357, 23077358, 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The Commission was informed that while 50 beds are likely to be increased due to new construction, even these would not suffice for the current load. Meanwhile, the staffing is HIGHLY INADEQUATE at all levels since more than 150 staff positions lapsed when the Japanese funding to the hospital lapsed. We were informed that many files exist to increase staffing and various permissions have been sought but are pending for *many years*. The Commission requests the following steps to be taken immediately:

1. The highest priority to be given to matters pending with the Ministry, related to increase the staffing of Kalawati Saran Hospital for Children.
2. Urgent appointment of an external Quality Assurance Team to evaluate the situation and work out a plan for decongestion (hub and spoke the surrounding primary and secondary care institutions so that admissions can be filtered and non-acute cases can be cared for at a linked institution)
3. Urgent institution of a committee to oversee improvement through interim arrangements.

The Commission has decided to take suo motu cognizance of this matter and will be following it up with you periodically.

We hope you will appreciate the degree of suffering that can be alleviated for lakhs of children a year by just improving the working conditions Kalawati Saran Hospital for Children and will give it your highest priority.

With Regards,

Yours Sincerely,



(Vandana Prasad)

Shri K. N. Desiraju
Special Secretary,
Ministry of Health & Family Welfare
Nirman Bhawan, C Wing
New Delhi 110001

Copy to

Dr. Atul Murari
Medical Superintendent
Lady Hardinge Medical College & Smt. Sucheta Kriplani Hospital
Shadeed Bhagat Singh Marg,
New Delhi-110001

Smt. Anita Kulsreshtra
Medical Superintendent
Kalawati Saran Children's Hospital
Bangla Sahib Marg, Connaught Place,
Near Gurudwara Bangla Sahib,
New Delhi-110001

Sd/-
(Vandana Prasad)

National Commission for Protection of Child Rights

Rapid appraisal of pediatric wards in Public hospitals to assess the state of services for children, find gaps and recommend action

1. Date _____
2. Name of the Hospital _____
3. Is there any special pediatric referral desk / help desk for children which is functional round the clock and managed by a nodal officer?
Yes No
4. If yes, name of the nodal officer _____
5. Total no. of beds for children _____
6. Total no. of children admitted during last year _____
7. Total no. of children of EWS / BPL category _____
8. Reasons for admissions (please give consolidated details of diagnosis)

9. Average days of stay _____
10. Total no. of deaths of children occurred in last one year (Aug. 2011-Aug. 2012) _____
11. Cause of death (please give consolidated figures)

12. If all the facilities provided to the children are all free:

Yes No

13. If, not what are the charges for (please describe all the user fees currently in practice)?

14. Average amount charged over the last year _____

15. Please provide the details in the following for pediatrics;

	Sanctioned posts	Operational posts	Staffing gap
Doctors			
Nurses			
Paramedical staff			
Social Worker			
Cleaning staff/Class IV employees			

16. What are the perceived specific requirements/difficulties in order to provide a better service for children at your facility?

Annexure 4/12

भारत सरकार
GOVERNMENT OF INDIA
चिकित्सा अधीक्षक का कार्यालय
OFFICE OF THE MEDICAL SUPERINTENDENT

क०स०ब०च०-109
KSCH-109
दूरभाष : संख्या
Tel. No. : 343432
343609/362
343609/302
343609/313

कलावती सरन बाल चिकित्सालय
KALAWATI SARAN CHILDREN'S HOSPITAL
(लेडी हार्डिंग मेडिकल कालेज एवं सहस्रस्पताल)
(LADY HARDING MEDICAL COLLEGE & ASSOCIATED HOSPITAL)
बंगला साहिब मार्ग, नई दिल्ली-110001
BANGLA SAHIB MARG, NEW DELHI-110001

सं०
No:

दिनांक
Dated :

NO:KSCH/Admn./NCPCR/85/12-13/ 5464

Dated : 26-11-12

To

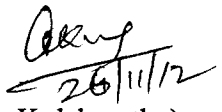
Dr. Vandana Prasad
MBBS, MRCP (Pediatrics) U.K.
MPH(UWC),
Member
National Commission for Protection of Child Rights
5th Floor, Chander Lok Building,
36 Janpath, New Delhi 01

Sub: Furnishing of information regarding KSCH.

Respected Madam,

Your kind attention is drawn to your DO No.22/2/12-NCPCR(PD)/25720 dated 4/10/12 on the above mentioned subject. The requisite information is enclosed herewith as per prescribed proforma.

Yours faithfully


(Dr. (Mrs.) Anita Kulshrestha)
Addl. Medical Supdt.

Information in r/o KSCH in Prescribed Proforma

- 1. Name of the Hospital : Kalawati Saran Children's Hospital
- 2. Is there any special pediatric referral desk / help desk for children which is functional round the clock and managed by a Nodal Officer?

Not applicable, this being Children's Hospital only.

- 3. If yes, name of the nodal officer: Not applicable
- 4. Total No. of Beds for children 345 + 30
- 5. Total no. of children admitted during last year (2011) : 27,123
- 6. Total no. of children of EWS / BPL category : Data not available
- 7. Reasons for admissions:-
 - a. Critical patients are admitted in the Hospital
 - b. Patients are admitted for chronic disease e.g. Leukemia, Diabetes etc.
 - c. Patients are also admitted to provide them life saving drugs and supportive system aid like oxygen etc.
 - d. Main morbid condition reported are Bronco Pneumonia/ Acute Diarrheal Disease/ Prematurity & LBW etc./ Septicemia/ Meningitis /Malaria/ Dengue/ Typhoid etc.
 - e. For surgical & diagnostic procedures
- 8. Average days of stay : 5 days
- 9. Total No. of deaths of children occurred in last one year (Jan -Dec2011): 1782

10. Cause of Death (Please give consolidated figures) (Jan -Dec.2011)

a. Preterm & other ill defined condition in perinatal period:	651
b. Bronchopneumonia & other respiratory infection	: 580
c. Neonatal septicemia & other septicemia	: 291
d. Meningitis & Meningococcal infection	: 112
e. Intestinal infections & other diseases	: 138
Total	: 1782

- 11. If all facilities provided to the children are all free : Yes except for nominal charges for certain investigation. These too are free for BPL patients.

12. If not what are the charges for (please describe all the user fees currently in practice)?

Name of Test	OPD	IPD
USG	150	75
EEG	200	100
C.T.(Brain)	1000	500
CT (Abdomen)	2000	1000

All the above facilities are provided free of cost to the patients belonging to BPL Families or at concessional rates to poor families.

13. Average amount charged over the last year : Rs.10.41lacs from August 2011 to August 2012.

14. Please provide the details in the following for pediatrics:-

	Sanctioned Posts	Operational Posts	Staffing gap
Doctors	129	126	03
Nurses	424	321	(103)
Paramedical Staff	128	71	(57)
Social Worker	2	1	1
Cleaning Staff/Class IV employees	58/112	46/108	12/04

15. What are the perceived specific requirements/difficulties in order to provide a better service for children at your facility?

- Shortage of Space
- Shortage of Staff : Especially Technical Staff, Paramedical Staff and Clerical Staff
- No Nutritional Counselor for children: 10 Nutritional Counselors are required
- Paramedical Support : Present staff not enough

Yours faithfully

(Dr. (Mrs.) Anita Kulshrestha)
Addl. Medical Supdt.

Annexure -I

1. As per the table given below the total number of child death in the Hospital since 2007, the gross death rate varies from 9% (year 2007) to 6.3% (year 2012 till date).

Gross Death rate and Net death rate in the last 5 years excluding the census of Neonatal Ward and Nursery

Year	Total admissions	Total deaths	Gross death rate	Net death rate (deaths over 48 hrs stay)
2007	30329	2756	9.0	3.7
2008	29985	2713	9.0	3.8
2009	27951	2499	8.9	4.0
2010	28840	2144	7.4	3.2
2011	27123	1782	6.5	2.6
2012	21309	1362	6.3	2.8

Data of admissions and death of neonates admitted in Neonatal Ward and Nursery:-

Year	Total no. of Birth	Total no. of Admission in NN Ward and Nursery	Total No. of deaths	% death out of admission	% death out of births
2008	13894	2653	271	10.2%	1.9%
2009	13182	2014	269	13.3%	2.0%
2010	12751	2769	277	10.0%	2.1%
2011	12751	2769	277	10.0%	2.1%
2012	22800	1362			

2. More than 50% of these deaths occur within 1st 48 hours of admission indicating that these patients were brought late and in a critical condition.
3. The net death rate i.e. death occurring after 48 hrs or more of stay was observed to vary from 3.7 (year 2007) to 2.8% (year 2012 till date).
4. It may further be pointed out that the Hospital gets referral of extremely sick infants from Delhi and neighboring States. About 45-50% of these deaths are occurring in the newborns (born outside the Hospital) who known to have higher mortality than older infants and children.
5. There is a significant decline in gross death rate & net death rates during the years 2010, 2011.

File No.22-3/12-NCPCR (PD)

National Commission for Protection of Child Rights

Dated:4/1/13

As a follow up to the suo moto cognizance of the Commission and the visit of the Hon'ble Union Minister of State (IC) of Women and Child Development, Smt. Krishna Tirath alongwith Members NCPR- Dr. Vandana Prasad and Shri Vinod Kumar Tikoo, and Member Secretary, NCPCR, Shri Asheem Srivastav, to Kalawati Saran Children's Hospital on 21st Nov 2012, a meeting to discuss various matters related to Hospital was called by NCPCR on 21.12.12.

Please find minutes of the said meeting.

Vandana Prasad

(Dr. Vandana Prasad)
Member, NCPCR

Distribution:

- Chairperson *PS 4/1/13*
- Member (VKT) *4/1/13*
- Member (DD) *4/1/13*
- Member (YD) *Vinod Deshpande 4/1/13*
- Member (NN) *4/1/13*
- Member-Secretary *4/1/13 PS to MS*
- Registrar *4/1/13*

23387384
23074052

Minutes of Meeting held to discuss matters related to Kalawati Saran Children's Hospital on 21.12.12 at NCPCR

Members Present

- 1. Dr. Vandana Prasad, Member, NCPCR**
- 2. Shri Vinod Kumar Tikoo, Member, NCPCR**
- 3. Shri Asheem Srivastav, Member Secretary, NCPCR**
- 4. Shri Binod Kumar Sahu, Registrar, NCPCR**
- 5. Dr. Atul Murari, Dir./ M S LHMC & Associated Hospitals**
- 6. Dr. Y.K. Saxena, Dir, Prof. Radiotherapy Dept., LHMC**
- 7. Dr. Anita Kulshreshtra, Addl. MS, Kalawati Saran Children's Hospital**
- 8. Ms. Gayatri Mishra, Dir, MOHFW,GOI**
- 9. Parantap Das, Consultant, NCPCR**
- 10. Swati Das, Consultant, NCPCR**

As a follow up to the suo moto cognizance of the Commission and the visit of the Hon'ble Union Minister of State (IC) of Women and Child Development, Smt. Krishna Tirath alongwith Members NCPCR- Dr. Vandana Prasad and Shri Vinod Kumar Tikoo, and Member Secretary, NCPCR, Shri Asheem Srivastav, to Kalawati Saran Children's Hospital on 21st Nov 2012, a meeting to discuss various matters related to Hospital was called by NCPCR on 21.12.12.

Dr. Vandana Prasad initiated the meeting by observing that although the Commission is aware that KSCH has long been a centre for excellence in paediatric care and research, and that a high level of commitment on the part of doctors and staff can be seen, it is a fact that children and their parents are not getting their due because of many constraints faced by the hospital. Recent visits have brought forth many issues faced by the hospital. The Commission would like to ensure that urgent/immediate steps are taken in improving the quality of services and that longer term reforms are planned. This meeting has been called in this regard. She also noted that the Commission had requested MOHFW to take cognizance of the absence of any quality assurance system for the hospital. The Ministry had been requested to take account of this and constitute a quality assurance team at the earliest.

The agenda for the current meeting was as follows:

- i.) Gaps in the staffing of sanctioned posts in the Hospitals (Nurses, Medical Staff, Cleaning Staff, Class IV employees etc)**
- ii.) Acquisition of land from DMRC (in lieu of the land given to DMRC)**
- iii.) Provision of Dharamshala/Rest house for the attendants of in-patients from the existing space available in the premises/campus of the Hospital**
- iv.) Sanction of 200 additional beds in the Hospital, following completion of Phase -I construction**
- v.) Other short term and long term measures that may be required for decongestion and improvement in the quality of services for children in the Hospital.**

Commission. It was also decided that in the current situation, the existing waiting area which has a roof but no walls and no bathing facilities would be enclosed, improved and more sitting/sleeping space would be provided.

The third point discussed was the formalization of provision of 200 beds to KSCH at the completion of Phase I construction in December 2013.

LHMC & Associated Hospitals had previously (during the visits of the Hon'ble Union Minister of State (IC) of Women and Child Development, Smt. Krishna Tirath as well as Shri Desiraju, MOHFW) noted that 200 additional beds would be provided to KSCH on completion of Phase I construction in December 2013. However, there had been no formalization of this proposal. The Commission reiterated that this requires to be formally put up to the Ministry and be approved of. Dr. Prasad asked Dr. Murari to submit a proposal to the Ministry for the same, and submit a copy to the Commission. She also noted that the Commission would also support this and follow up on it.

The fourth point discussed was: Gaps in the staffing of sanctioned posts in the hospital (nurses, medical staff, cleaning staff, Class IV employees etc).

As part of a rapid appraisal of medical services for children in public and private hospitals undertaken by the Commission, the Commission received the following details submitted by KSCH, relating to staff in position, vacancies in sanctioned posts, and staffing gaps:

	Sanctioned Posts	Operational Posts	Staffing Gaps
Doctors	129	126	03
Nurses	424	321	103
Paramedical Staff	128	71	57
Social Worker	2	1	1
Cleaning Staff/Class IV employees	58/112	46/108	12/6

Staffing gaps for nurses and paramedical staff is the maximum with 103 and 57 respectively. Responding to this, Dr. Prasad enquired the status of recruitment process for the required staff.

- i.) **Nurses:** Dr. Murari informed all that interviews for the post of nurses had taken place and that the hospital is in the process of going through the files and contacting short listed candidates. The Commission asked the concerned officials to ensure that nurses be appointed and be on the job. Dr. Murari assured the Commission that it would be done by **the end of two months**. Dr. Prasad asked Dr. Kulshrestha to inform all staff concerned and ensure that these deadlines are met.
- ii.) **Paramedical Staff:** With regards to paramedical staff like physiotherapists, social workers etc, Dr. Kulshrestha informed that the hospital was in the process of screening applications for the same and that it would take **three months** for appointing the required staff.
- iii.) **Cleaning Staff/Class IV employees:** With regards to appointment of Security and Sanitation staff, the Commission was informed that proposals had been sent to the Ministry, but they had not received any

**KALAWATI SARAN CHILDREN'S HOSPITAL
NEW DELHI**

- (1) The information in respect to the compassionate appointment in Kalawati Saran Children's Hospital are as under: -

SN	Subject	KSCH	Ministry/DGHS	Remarks
01	For seeking relaxation in Ed. Qualification to appoint 3 candidates	KSCH/38/II/4196 dated 30.8.12		Initially proposed for appointment
02	To apprise the case	KSCH/38/II/5797 dated 18.12.12		Dr. G. K. Sharma DDG (M), DGHS
03	Received three queries		A.12034/42/2012-ME dated 22.11.12	Received in the Recruitment Cell on 17.12.2012
04	Reminder		A.12034/42/2012-ME dated 12.12.12	
05	Reply of the above letter	KSCH/38/II/5875 dated 24.12.12		With details of vacancy of Group 'C' and Group 'D'

- (2) The information in respect to the regularization of Daily Wage Worker with Temporary Status and Daily Wage Worker Employees in Kalawati Saran Children's Hospital are as under: -

SN	Subject	KSCH	Ministry/DGHS	Remarks
01	Regularization of the services	KSCH/Admn./297 dated 17.1.2007		First time a proposal was sent to regularize the services of TS
02	Clarification required		A.12034/6/2007-ME dated 30.3.2007	Regularization of Temporary Status Employee
03	Reply of the above letter	KSCH/611 dated 19.2.08		Clarification given by the hospital
04	Information required		A.12034/6/2007-ME dated 6.5.08 and 29.5.2008	Regularization of Temporary Status Employee
05	Reply of the letter	KSCH/Admn./2036 dated 19.6.08		Regularization of Temporary Status Employee
06	Information required		A.12034/6/2007-ME dated 17.9.2008	Seniority List for regularization of TS employees
07	Reply of the letter	KSCH/Admn./4165 dated 8.11.2008		
08	Information required		A.12034/6/2007-ME dated 28.8.2009	For afresh reply of letter dated 30.3.2007

09	Reply of the letter	KSCH/Admn./5057 dated 8.12.2009		A fresh reply of letter dated 30.3.2007
10	Information required		A.12034/6/2007-ME dated 20.11.2010	For training of TS
11	Reply of the letter	KSCH/Admn./440 dated 10.2.2010		
12	Information required		A.12034/6/2007-ME dated 19.3.2010	Vacancy position of Group 'D'
13	Reply of the letter	KSCH/Admn./1971 dated 25.5.2010		Vacancy Position of Group 'D'
14	Information required		A.12034/6/2007-ME dated 6.6.2010	Regularization of TS as one time measure
15	Reply of the letter	KSCH/Admn./4815 dated 10.11.2010		
16	For regularization	KSCH/Admn./1663 dated 6.4.2011		
17	Information required		A.12034/6/2007-ME dated 4.5.2011	7 queries
18	Reply of the letter	KSCH/Admn./3489 dated 23.6.2011		Reply of 7 queries
19	Amended information submitted	KSCH/Admn./4684 dated 14.9.2011		
20	Information required		A.12034/6/2007-ME dated 28.9.2011	3 queries
21	Reply of the letter	KSCH/Admn./177 dated 13.1.2012		Reply of 3 queries
22	After Several correspondence and clarification in different years	The last correspondence in 2012 are ->	A.12034/43/2010-ME.III dated 9.4.2012, 6.6.12, 22.8.12	For seeking some clarifications
23	Reply of the above letter	KSCH/Ms./6/5666 dated 10.12.12		For reply of 5 points raised by DGHS

- (3) For the augmentation of the services of the sanitary and security, the combined proposal is sent by the LHMC & SSK Hospital.
- (4) The information in respect of the continuation of the posts beyond 31.3.2012 and conversion of Temporary Posts into Permanent Post in Kalawati Saran Children's Hospital are as under:-

SN	Subject	KSCH	Ministry/DGHS	Remarks
01	For continuation of 71 Temporary posts beyond 31.3.12	KSCH/5074 dated 30.10.12 and Several letters dated 7.5.2012, 14.8.2012, 21.9.2012		No extension is received till date.
02	A proposal for revival of the posts and conversion of	Letter dated 8.11.2010 and 18.11.2010 and further requested vide	A.12034/43/2010-ME dated 28.5.2012 and	For seeking some information

	Temporary posts into Permanent Posts	letter dated 8.4.2011, 15.9.2011, 5.12.2011, 2.2.2012 and, 12.3.2012	26.10.2012	and clarification.
03	Reply of the above letter	KSCH/175 dated 14.1.2013		For vacancy position

- (5) The information in respect to the appointment of Junior Bio-chemist on contract basis in Kalawati Saran Children's Hospital are as under:-

SN	Subject	KSCH	Ministry/DGHS	Remarks
01	For appointing Jr. Bio-chemist on contract basis	KSCH/4577 dated 26.9.2012		First time a proposal was sent to appoint on contract basis
02	Received three queries		A.12034/39/2012-ME dated 6.11.12	For clarification
03	Reply of the above letter	KSCH/Ms./4/5665 dated 10.12.12		For reply of 3 points raised by DGHS
04	Reminder received		A.12034/39/2012-ME dated 12.12.12 and 7.1.2013	
05	Again reply	KSCH/4/173 dated 14.1.2013		For reply of 3 points raised by DGHS

**KALAWATI SARAN CHILDREN'S HOSPITAL
NEW DELHI**

VACANCY POSITION OF 217 POSTS SANCTIONED UNDER JICA PROJECT

S. No.	Name of the Post	Pay Scale of the post Revised/Pre-revised	N/o Post	Remarks
1.	Professor	37400-67000+8700 GP 14300-18300	2	Filled – 10 Vacant – 7 (1.5.2000)
	Assoc. Prof.	15600-39100+7600 GP 12000-16500	3	The same are to be filled by the Ministry of Health & Family Welfare. The details are kept in LHMC & SSK Hospital.
	Asstt. Professor	15600-39100+6600 GP 10000-15200	12	
2.	Chief Bio-chemist	37400-67000+8700 GP 14300-18300	1	
3.	Senior Bio-chemist	15600-39100+6600 GP 10000-15200	1	Vacant – 1 (1.5.2000) The post is to be filled by the M/o H&FW
4.	Junior Bio-chemist	15600-39100+5400 GP 8000-13500	2	Vacant – 2 (1.5.2000) The post is to be filled by the M/o H&FW
5.	Blood Bank Officer	15600-39100+6600 GP 10000-15200	1	Vacant – 1 (8.07.2011) The post is to be filled by the M/o H&FW
6.	Chief Nursing Officer	15600-39100+6600 GP 10000-15200	1	Vacant – 1 (1.5.2000) The post is to be filled by the M/o H&FW
7.	Dy. Nursing Supdt.	9300-34800+5400 GP 7500-12000	1	Vacant – 1 (1.8.2011) The DPC has already been done, waiting for continuation
8.	Asstt. Nursing Supdt.	9300-34800+5400 GP 6500-10500	2	Vacant – 2 (1.11.2012 and, 1.12.2012) The DPC has already been done, waiting for continuation
9.	Staff Nurse	9300-34800+4600 GP 5000-8000	58	Filled – 51 Vacant – 7 (2007-2011) Interview has already been done, waiting for continuation
10.	Psychological Social Worker	9300-34800+4200 GP 5000-8000	1	Vacant – 1 (1.5.2000) Recruitment Rules are not available
11.	Technical Supervisor (W)	9300-34800+4200 GP 5500-9000	1	Vacant – 1 (1.5.2000) Recruitment Rules are not available
12.	Technical Assistant (W)	9300-34800+4200 GP 5000-8000	2	Filled - 1 Vacant – 1 (1.5.2000)
13.	Technician (W)	5200-20200+2400 GP 4000-6000	2	Vacant – 2 (1.5.2000) Recruitment Rules are not available
14.	Sr. Dietician	9300-34800+4600 GP 6500-10500	1	Vacant – 1 (1.5.2000) Recruitment Rules are not available
15.	Technical Supervisor	9300-34800+4600 GP 6500-10500	2	Vacant – 3 (1.5.2000) Recruitment Rules are not available
16.	Sr. Technical Assistant	9300-34800+4200 GP 6500-10500	3	Vacant – 3 (1.5.2000) Recruitment Rules are not available
17.	Sr. Resident	15600-39100+6600 GP 10940-11650	27	Filled – 27. (The same are to be filled by the LHMC & SSK Hospital)
18.	Pharmacist	5200-20200+2800 GP 4500-7000	3	Filled
19.	Pipe Line Operator	5200-20200+2400 GP 4000-6000	2	Filled – 1 Vacant – 1 (30.01.2010)

20.	Tech. (ICU)/ Haemodialysis	5200-20200+2800 GP 4500-7000	1	Vacant – 1 (1.5.2000) Recruitment Rules are not available
21.	Technical Assistant	5200-20200+2800 GP 4500-7000	5	Filled
22.	Lab. Technician	5200-20200+2800 GP 4500-7000	9	Filled – 8 Vacant – 1 (12.3.2011) No continuation
23.	Lab. Asstt.	5200-20200+2000 GP 3200-4900	5	Vacant – 5 (10.5.2002, 20.8.2008, 15.10.2009, 10.5.2010, 17.5.2010) No continuation
24.	Sr. Radiographer	5200-20200+2800 GP 4500-7000	3	Filled
25.	X-ray Technician	5200-20200+2800 GP 4500-7000	2	Vacant – 2 (5.2.2008) No continuation
26.	Dark Room Asstt.	5200-20200+2000 GP 3200-4900	2	Filled – 1 Vacant – 1 (27.10.2008) No continuation
27.	ECG/EEG Technician	9300-34800+4200 GP 4000-6000	2	Filled
28.	Blood Bank Supervisor	5200-20200+2800 GP 4500-7000	1	Vacant (1.5.2000) Recruitment Rules are not available
29.	Blood Bank Technician	5200-20200+2400 GP 4000-6000	2	Filled
30.	Blood Bank Attendant	5200-20200+1900 GP 3050-4590	2	Vacant – 2 (1.5.2000, 2010)
31.	Senior O. T. Technician	5200-20200+2800 GP 4500-7000	2	Vacant – 2 (1.5.2000) Recruitment Rules are not available
32.	O. T. Technician	5200-20200+2400 GP 4000-6000	4	Vacant – 4 (1.5.2000) Recruitment Rules are not available
33.	O. T. Assistant	5200-20200+1900 GP 3050-4590	4	Vacant – 4 (1.5.2000) Recruitment Rules are not available
34.	O. T. Attendant	5200-20200+1800 GP 2650-4000	4	Filled – 3 1 (Abolish)
35.	CSSD Tech.	5200-20200+2800 GP 4500-7000	3	Vacant – 3 (1.5.2000) Recruitment Rules are not available
36.	CSSD Asstt.	5200-20200+1900 GP 3050-4590	2	Vacant – 2 (1.5.2000) Recruitment Rules are not available
37.	Boiler Attendant	5200-20200+1900 GP 3050-4590	1	Vacant – 1.5.2000 Recruitment Rules are not available
38.	Occupational Therapist	5200-20200+2800 GP 4500-7000	1	Vacant – 1.5.2000 Recruitment Rules are not available
39.	Junior Physiotherapist	5200-20200+2800 GP 4500-7000	2	Vacant – 2 (1.5.2000) Recruitment Rules are not available
40.	Speech Therapist	5200-20200+2800 GP 4500-7000	1	Filled
41.	Audiometry Assistant	5200-20200+2800 GP 4500-7000	2	Filled – 1 Vacant – 1 (16.2.2007) No continuation
42.	Plaster Room Technician	5200-20200+2800 GP 4500-7000	1	Vacant – (28.02.2011) No continuation
43.	Telephone Supervisor	5200-20200+2800 GP 4500-7000	1	Filled

44.	Telephone Operator	5200-20200+1900 GP 3050-4590	2	Filled
45.	Computer Operator	5200-20200+2800 GP 4500-7000	2	Vacant – 2 (1.5.2000) Recruitment Rules are not available
46.	LDC	5200-20200+1900 GP 3050-4590	6	Filled – 4 2 (Abolish)
47.	Driver	5200-20200+1900 GP 3050-4590	9	Filled – 2 7 (Abolish)
48.	Ambulance Attendant	5200-20200+1800 GP 2650-4000	8	Filled – 5 3 (Abolish)
Total			217	

Note: The post could not fill due to non availability of the Recruitment Rules and continuation of the various posts. Besides this the DPC for the post at S. No.07 and 08 has already been done and appointment letter not given due to waiting for continuation beyond March 2012.

GOVT. OF INDIA
KALAWATI SARAN CHILDREN'S HOSPITAL
NEW DELHI

Group - 'A'

Vacancy position as on 1.1.2013 of Regular Posts

S.No.	Designation	Sanctioned Post	Filled Post	Vacant Posts	Remarks
1.	Addl. Med. Supdt.	03	03		
2.	Microbiologist	01	01		
3.	Pediatrician (Upper Gr.)	01	01		
4.	Pediatrician	01	01		
5.	Chief Med. Officer	03	01	02	To be filled by Ministry
6.	Specialist (PMR)	01	01		
7.	Radiologist	01	01		
8.	Jr. Radiologist	01	--	01	To be filled by Ministry
9.	Sr. Bio-chemist	01	--	01	To be filled by Ministry
10.	Gen. Duty Med. Officer - II	03	03		
11.	Nursing Supdt.	01	01		
12.	Clin. Psychologist	01	--	01	To be filled by Ministry
13.	Sr. Occup. Therap.	01	01		
14.	Sr. Physio Therap.	01	--	01	To be filled by Ministry
15.	Bio-medical Engineer (CRP)	01		01	To be filled by Ministry
	Total	21	14	07	

Group - 'B'

Vacancy position as on 1.1.2013

S.No.	Designation	Sanctioned Post	Filled Post	Vacant Posts	Remarks
1.	Admn. Officer	01	01		
2.	Deputy Nur. Supdt.	03+1 CRP	04		
3.	Accounts Officer	01	01		
4.	Jr. Bio-Chemist	01	--	01	In the ministry for contract
5.	Asstt. Nurs. Supdt.	20+2 CRP	22		
6.	Chief Pharmacist	01	--	01	R. Rules not amended
7.	Asstt. Acts. Officer	01	01		
8.	Med. Rec. Officer	01	01		
9.	Office Supdt.	01	01		
10.	Nursing Sister	92+4 CRP	94	02	Under process
11.	Physiotherapist	05	04	01	Under process
12.	Occupat. Therapist	02	01	01	Under process
13.	Dietician	01	01		
14.	Social Worker	02	01	01	Under process
15.	Jr. Hindi Translator	01	01		
	Total	140	133	07	

Group - 'C'

Vacancy position as on 1.1.2013

S. No	Designation	Sanctioned Post	Filled Post	Vacant Posts	Remarks
1.	Sr. Resident	28+10 CRP	38		
2.	Jr. Resident	31	31		
3.	Staff Nurse	209+30 CRP	147	62+30	Interview has taken
4.	Head clerk	03	03		
5.	Sr. stenographer	01	01		
6.	EEG/ECG Tech.	01	01		
7.	Sr. Pharmacist	01	01		
8.	Jr. Accountant	01	01		
9.	School Teacher	01	01		
10.	Statistician	01	01		
11.	Tech. Asstt. (Lab.)	04	04		
12.	Tech. Asstt. (X-ray)	01	01		
13.	X-Ray Technician	08	07	01	
14.	Pharmacist	04	04		
15.	Lab Technician	09	09		
16.	Tech. Asst.(PMR)	01	01		
17.	A. C. Mechanic	01	01		
18.	Jr. Stenographer	01	01		
19.	Care Taker	01	01		
20.	U.D.C.	09	09		
21.	Pipe Line Operator	04	04		
22.	Record Technician	05	04	01	Under process
23.	Dark Room Asstt.	03	03		
24.	Lab Asstt.	04	04		
25.	Autoclave Asstt.	01	01		
26.	Asstt. Labour Super.	01	01		
27.	Telephone Operator	03	03		
28.	Driver	03	03		
29.	House Keeper	01	01		
30.	LDC/ Hindi Typist/Receptionist	17	03	14	Under process
31.	Carpenter/Painter cum Welder	01	01		
32.	Photographer	02 (CRP)		02	
33.	Radiographer	02(CRP)		02	
34.	Storekeeper	02(CRP)		02	
35.	LDC	03(CRP)		03	
36.	Tech. (Workshop)	02(CRP)		02	
37.	Technician	15(CRP)		15	
	Total	425	291	134	

Note: A letter F. No.2-1/207-Admn.I/2762 dated 28th May, 2009 is received from LHMC & SSK Hospital in continuation of the letter No. A.11013/1/207-ME-III dated 10th February, 2009 from the Ministry of Health & Family Welfare in which the aforementioned posts were projected for KSCH by the LHMC & SSK Hospital administration out of the 804. Out of these technically posts initially to be filled by the Staff Selection Commission, first the posts to be outsource when SSC denied to fill these posts and after this the approval of Ministry received to fill the post only after the infrastructure be ready. Presently the period of three years has been expired on 10.2.2012. All the correspondence is deal in the administration of LHMC & SSK Hospital.

GROUP 'D'

Vacancy position as on: 1.1.2013

S.I	Designation	Sanctioned Post	Filled Post	Vacant Posts	Remarks
1.	Safaiwala/Wali	58	47	11	
2.	Hospital Aid	20	20		
3.	Chowkidar	08	07	01	
4.	Cook - Mate	03	02	01	18.8.2012
5.	Cook	05	05		
6.	Tailor	01	01		
7.	Darwan	04	04		
8.	Peon /Dak Runner	04	04		
9.	Dhobi	02	01	01	30.6.2011
10.	Mali	01	01		
11.	Ayha	10	09	01	23.2.2010
12.	Nursing Aid	17	14	03	18.8.2012, 14.6.2012, 11.6.2008
13.	Dresser	01	01		
14.	Lab. Attdt.	05	05		
15.	Pharm. Attdt	02	02		
16.	Jamadar	03	03		
17.	MRA	02	02		
18.	Daftry	02	02		
19.	Head S. Wala/Wali	04	01	03	31.12.2012, 30.11.2012, 31.5.2012
20.	Bearer	07	07		
21.	Khalasi	01	01		
22.	Farash	01	01		
	Total	161	140	21	

Note: As per 6th CPC there is ban to fill the post of Group D and Safaiwala to be outsourced.

Minutes of Meeting held on 5.02.13 to Review Action Taken on Matters Relating to Kalawati Saran
Children's Hospital (KSCH)
5.02.13, NCPCR Office

Members Present

1. Dr. Vandana Prasad, Member NCPCR
2. Shri Vinod Kumar Tikoo, Member, NCPCR
3. Dr. Atul Murari, Dir./ M S LHMC & Associated Hospitals
4. Dr. Y K Saxena, Dir, Prof. Radiotherapy Dept., LHMC
5. Dr. Promilla Bajaj, Addl.MS, KSCH
6. Dr. Anita Jain, Addl. MS, KSCH
7. Dr. Anju Seth, Prof, Dept. of Pediatrics, KSCH
8. Ms. Aparna Sharma, Dir (H), MOHFW
9. Shri. Sanjay Pant, Under Secretary, MOHFW
10. Swati Das, Consultant, NCPCR

In pursuance of the visit of the Hon'ble Minister (I/C) to Kalawati Saran Children's Hospital, and as a follow up to the meeting held on 21.12.12, a meeting to review action taken on recommendations made was held on the 5.02.13 at the NCPCR office. The Commission was apprised of the actions taken by the hospital authorities as well as MOHFW regarding issues discussed / recommendations made at the previous meeting that was held on 21st Dec, 2012.

The Agenda for the meeting

1. Acquisition of land from DMRC in lieu of land given by LHMC to DMRC in 2003
2. Improvement in existing patient attendant shelter facility and construction of *Port-a-cabins*
3. Formalisation of 200 beds for KSCH
4. Issue of staffing gaps at various levels

1. Acquisition of land from DMRC.

The Commission was apprised by Shri.Pant, Under-Secretary, MOHFW that a meeting between MOHFW officials as well as DMRC, L&DO officials had been held. However, as this was considerably an old issue, L& DO, has asked to be provided with an updated background note on the matter. Shri Pant informed the Commission that LHMC has been asked to prepare a background note on the same that is to be submitted to L&DO. Dr. Prasad directed the Ministry to follow this up to a logical conclusion and inform the Commission of the developments taking place.

2. Improvement in existing patient attendant shelter facility and setting up of Porta-a-cabins as a temporary facility:

It was informed by the hospital authorities that some facilities had been added to the existing patient attendant shelter facility to make it suitable for attendants. The area had been partitioned, walls had been constructed and some improvements had been made to existing facilities. However, water facility/connection was still pending. Dr. Bajaj informed that this would be done within

a month. It was decided that a visit would be made by NCPCR to the KSCH to inspect/assess the changes made.

With regards to the feasibility of port-a-cabins as temporary arrangements, though a proposal has been put up to the CPWD, the issue was still under consideration by the hospital authorities with regards to where the cabins would be located. Dr. Murari and Dr. Seth informed the Commission that the possibility of setting up the port-a-cabins in the parking space/area as had been earlier decided was found to be unsuitable. This was because space for parking was getting compromised. Dr. Murari informed all that as an alternative location the residential area was being considered for setting up port-a-cabins. He also assured that proposal for a dharamshala would definitely find place in the phase 2 construction plan. However, the issue of locating the dharamshala outside of the hospital premises came up again, and Dr. Seth noted that once the DMRC land issue gets resolved, it could be located at the P&T Colony across the road. Dr. Prasad noted that as observed earlier, funds for constructing a dharamshala didn't appear to be a constraint, and the DMRC land issue should get resolved soon. However, if this doesn't happen by the next meeting, DMRC/L&DO may also be called for the meeting and a decision may be taken on the land. At the end of the meeting, Dr. Saxena indicated his disagreement with having a dharamshala located onsite as part of the multi-storied parking facility to be constructed in Phase 2, as had been suggested in the previous meeting. Decision on this issue is pending on the resolution of point no.1.

3. Sanctioning of 200 additional beds to KSCH following completion of Phase I construction of the Comprehensive Redevelopment Plan of LHMC & Associated Hospitals: The Commission was informed by the hospital authorities that a proposal for 200 additional beds has been put up to the Ministry. Shri. Pant acknowledged receiving the same and informed that the proposal is under consideration. Dr. Jain mentioned that the hospital had previously submitted a proposal for 1000 bedded '*Institution of Pediatrics*' to be set up. As part of the institution, three departments/blocks had/has been envisioned: (i.) Child Development (ii.) Oncology and (iii.) Perinatology. It was decided that an exhaustive proposal for the 200 additional beds inclusive of required budget, equipments, manpower etc would be prepared by KSCH and be submitted to the Ministry for approval. Dr. Murari and others noted that this would take three months and would be submitted to the Ministry. Dr. Prasad hoped that the MOHFW would positively consider the proposal and not have any problems in sanctioning this. Representatives from MOHFW noted that they would go through the proposal once it is submitted and then respond.

4. Staffing gaps in sanctioned posts at various levels (Nurses, cleaning staff, Class IV employees etc.): A status note on staffing gaps at various levels had been submitted to the Commission by KSCH, as had been decided in the previous meeting. On examination of the status note, certain issues came to light.

a.) Issues pending at the Ministry: The Commission observed that many of the staffing gaps had been awaiting/pending decisions at the Ministry. MOHFW representatives pointed out that decisions regarding many posts maybe/ are pending at various levels ie either at Central Health Services (CHS) division or at DGHS level. Additionally, Recruitment Rules (RRs) for many posts had not been framed by the hospital/ LHMC & Associated Hospitals for a number of years. This was one of the reasons cited for delay in taking decisions regarding appointment of staff. The Commission took serious note of this and conveyed to the KSCH management to frame the RRs at the earliest. It also observed that MOHFW

should coordinate between the various divisions/ agencies to resolve the issue and apprise the Commission of the same at the earliest. It was noted by Shri Tikoo that the analysis of the analysis of Group A staffing gaps was not complete and that seven (7) academic posts were also to be filled. Shri Pant from MOHFW noted that he would prepare status note on the same within a week.

b.) Cancellation of recruitment process for appointment of staff nurses:

The Commission was also deeply concerned that serious procedural lapses in the interviews for recruitment of nurses had resulted in the same being cancelled. The Commission noted that the entire process would have to be repeated and that time, energy and money had been wasted apart from causing a further unnecessary delay in appointing nurses who are crucial to the care of the admitted children. The Commission directed the MS, LHMC & Associated Hospitals to conduct an enquiry into the procedural lapses and take necessary disciplinary action against those responsible.

As regards initiating the process of recruitment of nurses again and taking into account the lengthy process and time taken involved in scrutinizing applications, Ms. Sharma suggested that this task could be outsourced to EdCIL.

The Commission also directed the MOHFW and KSCH administration to prepare a joint action plan for covering the current staffing gaps, within a month.

The following decisions were taken:

- 1. A visit would be made to the KSCH by NCPCR to inspect/assess the changes made in existing patient attendant shelter facility.**
- 2. An exhaustive proposal for additional 200 beds would be submitted to MOHFW by the hospital within three months.**
- 3. An enquiry would be conducted, by the Dir/MS LHMC & Associated Hospitals, into the procedural lapses in the interviews for recruitment of nurses and suitable disciplinary action to be taken against those found responsible.**
- 4. MOHFW as well as KSCH would be required to formally present a joint action plan on filling in current staffing gaps (Grps A, B, C, D) within a month.**

The next meeting would be held in a month's time.

Annexure 8

BY SPE FAX

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No.A12034/03/2013-ME (III)
Government of India
Ministry of Health & Family Welfare
(Department of Health & F.W.)

Nirman Bhawan, New Delhi.
Dated the 01st April, 2013

To,

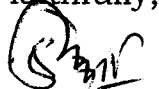
- (i) The Director,
LHMC and Associated Hospital,
New Delhi-110 001
- (ii) The Addl. Medical Superintendent,
Kalawati Saran Children's Hospital,
New Delhi
- (iii) Dr. G.K. Sharma,
LHMC and Associated Hospital, New Delhi.
- (iv) DDG (M), Dte. GHS,
Nirman Bhawan, New Delhi

Sub: -Minutes of the meeting held on 21/3/2013 at 3.30 PM under the chairpersonship of Joint Secretary (Hospital) to discuss various issues concerning Kalawati Saran Children's Hospital, New Delhi-regarding.

Sir/Madam,

I am directed to forward herewith the Minutes of the meeting held on 21/3/2013 at 11.00 AM under the chairpersonship of Joint Secretary (Hospital) in her chamber i.e. Room No. 343- 'A' Wing, Nirman Bhawan, New Delhi to discuss on various issues concerning KSCH for information and necessary action.

Yours faithfully,


(Sanjay Pant)

Under Secretary to the Govt. of India
Tele.No.23061521

- ✓ Copy to: (i) Dr. Vandana Prasad, Member, NCPDR, 5th Floor,
Chanderlok Building, 36 Janpath, New Delhi-110 001
(ii) PPS to JS (SG), PS to Director (H)

Pls file KSH
file - 4/8/13

PROGRAM

(C.R. UNIT) VP

By No. 45259DI... 5/4/13

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Minutes of the meeting held on 21.3.2013 to discuss various issues concerning Kalawati Saran Children's Hospital, New Delhi

8. Dir.
personnel
agency for
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hos

A meeting was taken by Joint Secretary (Hospitals) on 21st March, 2013 at 11:00 A.M. in her chamber to discuss various issues concerning Kalawati Saran Children's Hospital, New Delhi. A list of participants is annexed.

2. Initiating the discussion, Joint Secretary (H) referring to the earlier meeting held on 21.1.2013 desired to know the status of availability of land for preparation of DPRs. so that more blocks could be built and bed strength could be increased in the hospital.

3. Director, LHMC and Prof. Forensic Medicine, LHMC informed that, it is only after completion of the phase- I construction in December, 2013/beginning of next year when all the structures proposed in phase-I are in place, a proposal could be mooted to look at the master plan approval and keeping in view the FAR & scope of demolition of the present single/double storey structure for locating a site for upgrading KSCH. However, it was pointed out by Director, LHMC that augmenting of services is to be done without disruption of the patient care services; therefore as such proposal for increasing the number of blocks could only be undertaken in phased manner through vertical expansion at KSCH which is spread horizontally.

4. JS(H) further desired to know the progress with reference to land given to DMRC. Prof. Radiotherapy, LHMC informed that a 4.57 metre strip of LHMC land (3.500 sq. mt.) was given to DMRC and in its place no land has been allotted so far and all the relevant documents have been forwarded to M/o H&FW for further reference to L&DO. Director(H) informed that the various documents received from LHMC have been further referred to L&DO, besides status report on utilization of 18.635 acres of land allotted to LHMC earlier by L&DO as received now from LHMC is also being sent to L&DO for pursuing allotment of land in lieu of land acquired by DMRC.

5. Addl. M.S. , KSCH informed that after completion of first phase, there would be an augmentation of about 135 beds which could be stretched upto 200 beds and add to their present capacity of 375 beds. Director, LHMC said that it is only after the completion of phase-3 that overall capacity could be increased to thousand beds.

6. Member, NCPCR raised the issue of upgrading the post of Addl. M.S. to M.S. so that everyday managerial issues area attended to properly. Director(H) informed that a proposal for creation of post of MS, Kalawati Saran Hospital has been received and stand referred to DGHS for their opinion/comments.

7. JS(H) desired to know the reasons for shortage of staff at the hospital when all the concerned hospitals have been delegated powers to recruit staff at their level. In this regard, she also desired to know the status of utilization of funds. Addl. M.S., KSCH informed that about Rs. 1.52 crores surrendered as DG set equipment tender has failed and Rs.1.5 crores are unspent on account of Nurses salary not paid as recruitment could not be finalized in time. Member, NCPCR said that highest priority needs to be given to the gaps in staffing of sanctioned posts and she had already desired to hold an inquiry into the procedural lapses in the interviews for recruitment of nurses. JS(H) desired that immediate action may be taken to fill up the vacant posts of nurses by outsourcing.

8. Director, LHMC also referred to the problem of shortage of sanitation and security personnel. Director (H) informed that extension of continuation of services of present agency for providing security and sanitation has already been granted besides tender document has also been finalized in consultation with IFD and sent to LHMC. JS(H) asked hospital authorities to float the tender and to engage MTW on outsourced basis, if the recruitment procedure is going to be long and delayed.

9. After discussion, the following decisions were taken in the meeting:-

- i) Having regard to the concern and directions of Secretary (H&FW), Director, LHMC will send a short term proposal to fill up gaps in staffing of posts as per the bed strength keeping in view the optimal development of present resources.
- ii) The issue of land would be further taken up with L&DO.
- iii) Dte.GHS to expedite proposal pending with them for filling up the posts as well as the proposal on upgrading the post of Addl. M.S. to M.S.
- iv) There needs to be a better oversight of the project being executed under the project management consultancy of HSCC. The entire project related areas should be cordoned off and the hospital premises sanitized properly.

The meeting ended with a vote of thanks to all present.

List of Participants

Meeting under the Chairpersonship of Ms. Shakuntla D. Gamlin, Joint Secretary (Hopsital) on 21.03.2013 at 11.00 A.M.

Sl.No.	Name	Designation
1	Ms. Shakuntla D. Gamlin	Joint Secretary (H)
2	Dr. Vandana Prasad	Member NCPDR, New Delhi
3	Mrs.Aparna Sharma	Director (H)
4	Dr. Atul Murari	Director, LHMC, New Delhi
5	Dr.Y.K. Saxena	Director, Professor & Head
6	Dr. Anita Jain	AMS(KSCH)
7	Dr. P. Bajaj	AMS(KSCH)
8	Dr. Anju Seth	Professor Pediatrics LHMC
9	Dr. G.K. Sharma	Professor of Forensic Medicine, LHMC
10	Dr. B.L. Sherwal	DDG(M)
11	Sh. Atul Dhanda	Sr. Man.(HSCC)



GOVERNMENT OF INDIA
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS
5th FLOOR, Chanderlok Building, Janpath, New Delhi - 110 001
Phone : 011 23724027/28/29, Fax No. : 011 23724026/23731584
Website : www.ncpcr.gov.in, Email : complaints.ncpcr@gmail.com

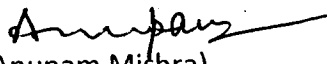
F.No: 22-3/12-NCPCR(PD)

Date: 21/6/2013

Sub: Meeting to discuss various issues concerning Kalawati Saran Children's Hospital – minutes reg.

A meeting to review action taken on matters relating to Kalawati Saran Children's Hospital was held on 18th June, 2013 at 11.00 AM in the Conference Room of National Commission for Protection of Child Rights, Chanderlok Building (5th Floor), 36, Janpath, New Delhi under the chairpersonship of Dr. Vandana Prasad, Member, NCPCR.

Minutes of the above meeting are sent herewith.


(Anupam Mishra)
Director

1. Shri Vinod Kumar Tikoo, Member, NCPCR, New Delhi.
2. Ms. Shankuntala Gamlin, Joint Secretary, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi-110011.
3. Dr. B.L. Sherawal, DDG (M), DGHS, Nirman Bhavan, New Delhi-1100011.
4. Dr. Anil Saini, CMO (HA), DGHS, Nirman Bhavan, New Delhi – 110 011.
5. Ms. Aparna Sharma, Director (H), Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi – 110 011.
6. Dr. Atul Murari, Director/Medical Superintendent, LHMC & Associated Hospitals, Ladi Harding Medical College, Shaheed Bhagat Singh Marg, New Delhi – 110 001.
7. Dr. A.K. Aggarwal, Addl. Medical Superintendent, Kalawati Saran Children Hospital, Bangla Sahib Marg, Connaught Place, New Delhi – 110 001.

8. Dr. P. Bajaj, Addl. Medical Superintendent, Kalawati Saran Children Hospital, Bangla Sahib Marg, Connaught Place, New Delhi – 110 001.
9. Shri G.P. Samanta, SO (Hospitals), Ministry of Health & Family Welfare,
10. Shri K. Sinha, SO (ME), DGHS, Nirman Bhavan, New Delhi-110011.
11. Shri S. Mondal, PA to Director, Lady Harding Medical College, Shaheed Bhagat Singh Marg, New Delhi – 110 001.
12. Shri Hemant K. Bhargava, UDC, Kalawati Saran Children Hospital, Bangla Sahib Marg, Connaught Place, New Delhi – 110 001.

CC for information to:

1. PPS to Chairperson, NCPCR, New Delhi
2. PS to Member (VP), NCPCR, New Delhi
3. PS to MS, NCPCR, New Delhi.

**Minutes of Meeting held on 18.06.2013 to Review Action Taken on Matters relating to Kalawati Saran
Children's Hospital
18.06.2013, Conference Room, NCPCR**

Members Present:

1. Dr. Vandana Prasad, Member NCPCR
2. Dr. B L Sherawal, DDG (M), DGHS
3. Dr. Anil Saini, CMO (HA), DGHS
4. Dr. Atul Murari, Dir, LHMC & Associated Hospitals
5. Ms. Aparna Sharma, Dir (H), MOHFW
6. Dr. A. K Aggrawal, Addl. MS, KSCH
7. Dr. P Bajaj, Addl. MS, KSCH
8. Shri K Sinha, SO (ME), DGHS
9. Shri G P Samant, SO (Hospitals), MOHFW
10. Shri Hemant Bhargav, UDC, KSCH
11. Shri S Mondal, PA to Dir, LHMC
12. Ms. Swati Das, Consultant, NCPCR

As a follow up to the meeting held on 5.02.2013 at NCPCR and the meeting called by JS (H), MOHFW on 21.03.2013, a meeting was held on 18.06.2013, to review actions taken on the part of various agencies- KSCH, DGHS and MOHFW. A joint presentation on current status of staffing gaps and action taken on the Commission's recommendations as well as follow up to the meeting called by JS, MOHFW was made by Dr. Murari, Dir, LHMC and Ms. Aparna Sharma, Dir (H), MOHFW (presentation attached).

The discussion proceeded as follow:

1. Acquisition of land from DMRC:

Ms. Sharma reported that the L & DO has orally communicated that there is no land available to be given in lieu of land taken from KSCH by DMRC. However, Dr. Prasad noted that this needs to be documented, and has asked MOHFW to follow up on the same and have L&DO to respond on file. The Commission will also ask for a response from L&DO. Ms. Sharma is to provide the Commission with copy of letter sent by MOHFW to L&DO on the same.

2. Sanctioning of 200 additional beds for KSCH:

The Commission was informed by Dr. Murari that the proposal for 200 beds for KSCH after Completion of Phase I, had been submitted to MOHFW. A proposal for expansion of KSCH as a 1000 bedded Hospital /for subsequently setting up the National Institute of Pediatrics (NIP) on completion of Phase III, has also been submitted to MOHFW. Dr. Prasad asked Dr. Murari to provide the Commission with copies of the two documents submitted. She also directed Ms. Sharma to formally apprise the Commission regarding status of the two proposals.

3. Staffing Gaps:

The issue of staffing gaps at various levels has been reviewed by the DGHS (details in presentation attached).

a. **Recruitment of Nurses:** Dr. Sherawal DDG, DGHS informed the Commission that in order to avoid irregularities in the process of recruitment, the DG, DGHS was of the view that recruitment of nurses should be conducted through the **National Board of Examinations (NBE)**. NBE has been approached by the DGHS for providing timeline for conducting the written examinations for filling up posts of nurses. Dr. Sherawal noted that NBE has reported at it would take five months at the minimum for the same. Dr. Prasad, while appreciating the steps taken by the DGHS, however observed concern that the process would take so long. The Commission was informed that these posts would however all be regular in nature, and would not lapse.

Dr. Prasad also directed Dr. Murari to submit the enquiry report of procedural lapses in the recruitment of nurses that had previously been attempted (Refer Minutes of Meeting held on 5.02.2013).

b. **Other Posts:** With regards to other posts, it was noted that the following posts had been filled since November, 2012:

Sr.No.	Posts	No. of Posts Filled
1	DEOs	
2	Group C	8
3	Additional M.S	4
4	Academic Posts (Group A)	1
		6

The Commission was also informed that the process of submitting proposals for filling up posts of Group C (MTS) (formerly Group D) is also under process.

4. Management structure of KSCH:

The Commission was informed that the proposal for an independent MS for KSCH with adequate financial powers had already been moved.

Main Decisions taken at the Meeting:

The Commission directs the concerned authorities to submit the following:

1. Kalawati Saran Children's Hospital (KSCH)

i. Dr Murari to submit copies to NCPCR of the proposal for 200 additional beds after Phase I completion that has been sent to the Ministry for approval.

ii. Dr Murari to submit copies to NCPCR of the proposal for 1000 bedded NIP after Phase III completion that has been sent to the Ministry for approval.

iii. Dr Murari to submit the investigation report and actions taken with respect to the irregularities in process for appointment of nurses for KSH leading to its failure.

iv. KSH administration to furnish current Patient: Doctor and Patient: Staff Nurse ratios as well as desired norms before the next meeting.

v. Dr Murari to re examine Phase II plans to see if it is possible to accommodate facilities for attendants in Phase II.

vi. A brief consolidated report to be provided by KSH Administration on actions taken on all these issues since November 2012.

2. DGHS

i. Dr Sherwal (DDG, DGHS) to continue to expedite the processes for appointments in all categories and report on progress at the next meeting.

3. MOHFW

i. Ms Aparna Sharma (Dir MoHFW) to formally apprise the Commission as soon as approval for 200 additional beds after Phase I completion, is received on file.

ii. Ms Aparna Sharma (Dir MoHFW) to formally apprise the Commission as soon as approval for 1000 bedded NIP after Phase III completion, is received on file.

iii. Ms Aparna Sharma to submit a copy of the letter sent by MoHFW to L&DO and NCPCR to also pursue to same with L&DO.

iv. Ms. Aparna Sharma to report on MOHFW's progress on proposal for 2 posts of MS and 1 Dean in LHMC & Associated Hospitals.

It was also decided that the Commission would shortly visit KSH to inspect the improved facilities available for attendants.

Presentation
on
Kalawati Saran Children's Hospital
for
NCPCR Meeting
on
18.6.2013

**Background
of
Kalawati Sarans Childrens' Hospital ,New Delhi**

- ❖ Children had been considered as "mini-adults" with no concept of new-born care till 1950's, when it had been felt to have separate department for children i.e. the Department of Paediatrics.
- ❖ As the Government is propagating a small family norm the availability of multidisciplinary super speciality care to the sick child and to assure even a poor person that their child must be provided by the best possible care under one roof is a *Sine que non*, in all Government Hospitals.

- ❖ **Kalawati Saran Childrens' Hospital is amongst the oldest premier Institute of our country under the Central Government. It's location in the heart of Capital within walking distance from New Delhi Rly.Stn & Bus Terminals makes it convenient for the people from distant areas, to access the medical facility in this hospital.**
- ❖ **Established under the leadership of the then Minister of Health & F.W. Ms. Raj Kumari Amrit Kaur in 1956**
- ❖ **Financial support for building , machinery and equipment was offered by Mr.Raghubir Saran, whose wife's name was given to this hospital i.e. Kalawati Saran Children's Hospital.**

- ▶ **With the passage of time and delivery of specialised quality care for patients, it gained name and fame as the best 'Chidrens' Hospital 'in Northern India.**
- ▶ **To meet the growing demand, expansions of the hospital services were under taken in 1958,1967 , 1976 and 1985.**
- ▶ **Further upgradation was undertaken with the help of Japan International Co-operation Agency (JICA) with an addition of another 150 beds during the year 1992-2000.**
- ▶ **The present bed strength is 375.**
- ▶ **Currently KSCH serves as a tertiary level referral Hospital not only for Delhi but also for the neighbouring States of Punjab, Haryana, Rajasthan and U.P**

Existing Academic facilities at Kalawati Saran Childrens' Hospital

- ▶ **200 Undergraduate (MBBS) and 142 post-graduate students (MD/MS) are trained in Paediatrics leading to MBBS & MD Degree respectively.**
- ▶ **The Institute also offers MCh Paediatric Surgery Course.**

Existing facilities available:

- ▶ **Paediatric Emergency & Intensive Care Unit.**
- ▶ **Three General Paediatrics Units , two Neonatal Units & a Paediatrics Surgery Unit**
- ▶ **Paediatric Medical & Surgery OPDs & Sub-speciality clinics.**
- ▶ **Day Care Services: Diarrhoea treatment and training centre, Anti-retroviral therapy Centre, Thalassaemia Day Care Centre.**
- ▶ **Physical Medical & Rehabilitation Unit.**
- ▶ **Child Health Promotion Clinic.**

- ▶ **Laboratories: Clinical Haematology, Biochemistry, Pathology, Malaria, Neurology, Pulmonology**
- ▶ **Operation Theatres .**
- ▶ **Radiology services: X-Rays, Doppler facilities for CT scan are available in adjoining Sucheta Kriplani Hospital**
- ▶ **Child guidance, health education and medical social services.**

Staffing gap position as on 1.06.2013

S.No.	Name of post/ Group	Sanction ed Post	Filled Post	Vacant Post	Deemed to be Lapsed	Remarks
01.	Pediatric (i) Faculty (ii)Surgery	26 6	25 6	1	- -	Process to fill up one post ongoing
02.	Non-Teaching Specialist	11	12	-	6	
03.	GDMO	7	7	-	-	
04. 05.	Senior Resident Junior Resident	65 65	65 65	- -	- -	
06.	Group B	155	138	5	12	One post each of physiotherapist, occupational therapist and social worker – names has been shortlisted and interview to be held shortly.
07.	Group C	490	309	117	64	Out of 113 posts, 105 posts for Staff Nurse. The position has been reviewed by DGHS in a meeting on 23.4.2013. It has now been proposed to fill up the posts of Staff Nurse through written examination by NBE. Requisition for filling up of 7 posts of LDC has been sent to SSC. DPC has been proposed to held shortly for 1 post of Record technician.
	(MTS)	170	149	17	4	The proposal for filling up under process in the Hospital.

ACTION TAKEN ON DECISION IN THE MEETING HELD ON 05/02/2013

Sl. No.	Decision	Action Taken
2	Proposal for additional 200 beds in KSCH	An Expansion proposal of KSCH as 1000 bedded Hospital has been received from KSCH which is under examination in consultation with Dte. GHS.

Sl. No.	Decision	Action Taken

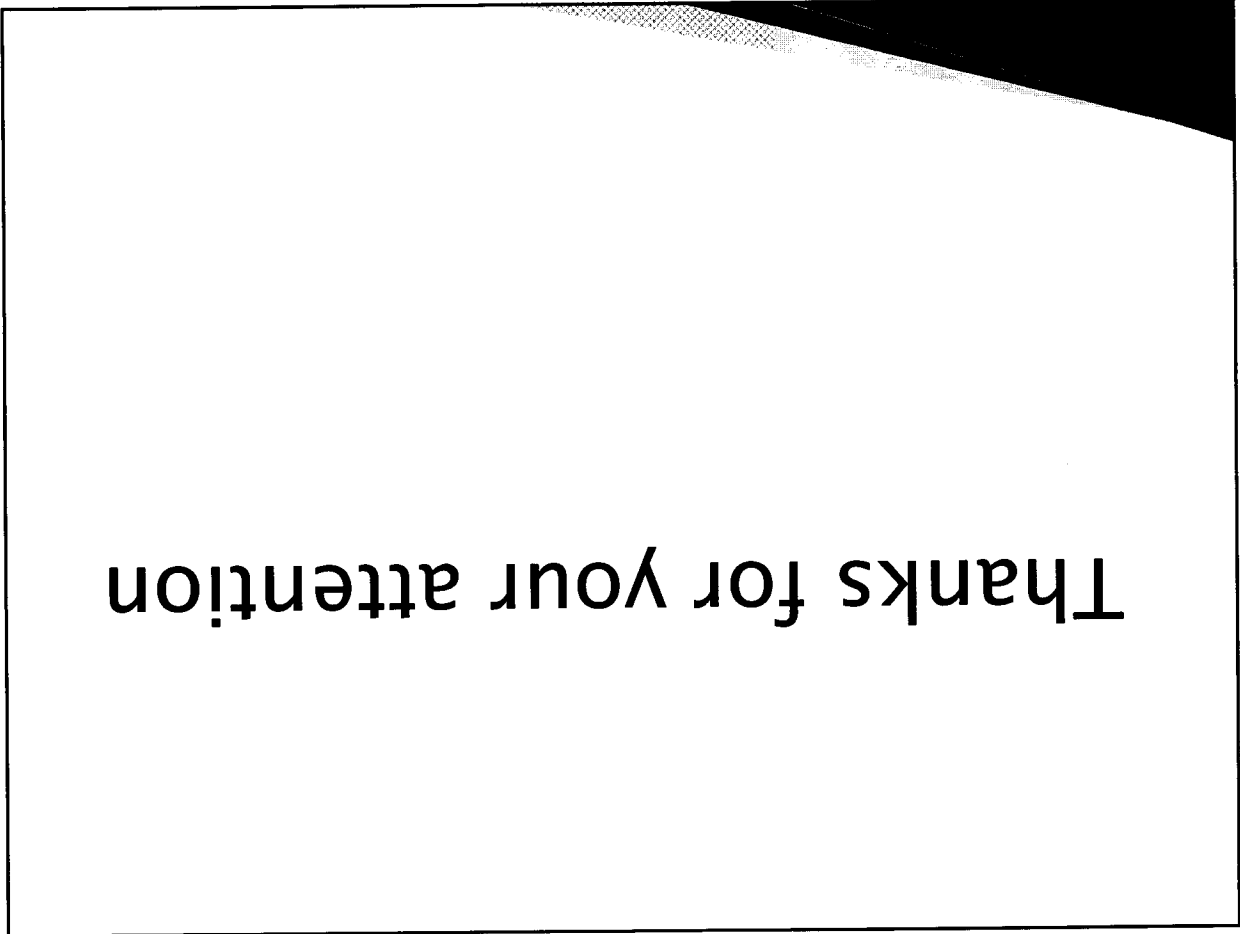
ACTION TAKEN ON DECISION IN THE MEETING HELD ON 21/03/2013

Sl. No.	Decision	
2	Proposal for creation of two posts of MS and one post of Dean in LHMC & Associated Hospitals	

Staffing Gaps

Sl. No.	proposal	Action Taken Report
2	In continuation of the 71 post under JICA in KSCH, New Delhi	File is under submission with IFD for continuation of the 71 post under JICA project.

Sl. No.	proposal	Action Taken Report
4	Sanitary worker on contract level in LHMC& Associate Hospital	Proposal for engaging of 21 additional sanitary workers by outsourcing through existing agency is under submission.
6	Shelter facilities	The proposal was sent to CPWD, which informed that more space will be required to construct shelter facility, which is not found feasible due to non-availability of space in view of redevelopment project and extant By-laws.



Minutes of the meeting held on 14th November, 2013 at 11.00 AM under the chairpersonship of Dr. Vandana Prasad, Member (VP) to discuss matters related to Kalawati Saran Children's Hospital at Conference Room, NCPCR, Chanderlok, Janpath, New Delhi

Welcoming the participants to the meeting, Member (VP) requested them to introduce themselves. After introduction, Member (VP) conveyed the concern of NCPCR for provision of better medical services to children by KSCH and appreciated the action taken by KSCH as a result of earlier meetings on the subject.

1. **DMRC land - L&DO:**

Deputy Land Development Officer pointed out that land had been allotted to NDMC for road widening and was not given to DMRC.

In July 2013 (letter dated 17th July, 2013) stated that there is no policy for providing land in lieu of land for DMRC. On a query about the vacant piece of land he pointed out that the land opposite KSCH and the P&T Qtrs land is being considered to be given to Govt. of Jharkhand for building guest house.

Mem (VP) observed that this showed complete lack of priority for children's hospital. She enquired from MOHFW if it could ask for land for KSCH. Dr. Saxena pointed out that the particular land had been identified as alternate land since 2003.

Mem (VP) also recommended that LHMC/KSCH authorities respond to L&DO saying that no development work had been carried out in the premises.

Mem (VP) observed that the Commission would not pursue this further. She, however noted that it is strange that land is being given to Govt. of Jharkhand for a guest house completely ignoring the health concerns of children.

2. **Staffing Gaps**

i) **Merging of HR for 200 beds with required HR for 1000 beds:**

On examining the ATR received from MOHFW, Member (VP) observed that proposal for HR for 200 beds could not be merged with the proposal for 1000 beds as there was a significant difference of time involved in realizing both proposals. She stressed the need to treat the proposal for HR for 200 beds as separate and directed MOHFW to act on it on urgent basis.

ii) **Creation of separate posts:**

On the issue of separate posts of MS for KSCH, Sh. Pant observed that the proposals have been sent to the Finance Dept, and their reply is awaited.

iii) **Enquiry report of Nurses' Recruitment:**

Dir, LHMC informed that the enquiry report had been submitted to the Dte. GHS/ MOHFW and suitable disciplinary action would be recommended by them. However, Mem VP cited the CPR Act, and observed that copy of the enquiry report should have been submitted to the Commission as well, since Commission had asked for the enquiry vide its letter No. 22-3/12/NCPCR(PD)/27097-27103 dated 23.02.2013..

Regarding confusion as to how to deal with shortage of nurses in the interim period, Mem VP asked LHMC to clarify the same from Dte.GHS/MOHFW on whether outsourcing of nurses could be a solution till such time that recruitment is not done.

iv. **Other posts:**

The Commission was informed that process for recruitment to other posts have been initiated.

3. **Hub and Spoke:**

Mem VP observed that as a big children's hospital had recently come up at NOIDA, the possibility of a formal MOU between them and KSCH should be explored. She asserted that involvement at the highest level would be required for this.

Advocacy for hub and spoke will take at least 2-3 yrs.

Mem VP also noted that she would seek an appointment with Sh. Desiraju, Secy, MOHFW to discuss the following:

1. The need to treat the proposal for HR for 200 beds as separate and to act on it on urgent basis
2. The need to outsource nurses as an interim arrangement till such time that recruitment of nurses/appointment has not materialized.
3. The need to develop facilities/institutions as hub and spoke for KSCH. She would discuss the possibility of a formal MOU between NOIDA Children's Hospital and KSCH.

Member (VP) pointed out that it was the last meeting being chaired by her as her tenure is coming to an end on 21.11.2013 and hoped that the initiatives taken on the recommendations of the Commission will be continued by agencies (MoH&FW/KSCH) in future meetings. NCPCR will continue to monitor the situation.

The meeting ended with a vote of thanks to the Chair.

Annexure

List of Participants in meeting held on 14th November, 2013 at 11.00 AM under the chairpersonship of Dr. Vandana Prasad, Member (VP) to discuss matters related to Kalawati Saran Children's Hospital at Conference Room, NCPCR, Chanderlok, Janpath, New Delhi

1. Dr. Atul Murari, Director/MS, LHMC & Associated Hospitals, Shaheed Bhagat Singh Marg, New Delhi-110001
2. Dr. G.K. Sharma, Director – Prof., LHMC, Shaheed Bhagat Singh Marg, New Delhi-110001
3. Dr. S. Aneja, HOD-Ped., KSCH & LHMC, Shaheed Bhagat Singh Marg, New Delhi-110001
4. Dr. Y.K. Saxena, Director (Prog) & Head, Radiotherapy Deptt., LHMC, Shaheed Bhagat Singh Marg, New Delhi-110001
5. Shri Sanjay Pant, US, MoH&FW, Nirman Bhavan, New Delhi-110011
6. Dr. Promila Bajaj, Addl. MS, KSCH, Bangla Sahib Marg, New Delhi - 110001
7. Shri Sumit Gakhar, Dy. L& DO, L&DO, Nirman Bhavan, New Delhi-110011
8. Shri Som Pal, Supdt., L&DO, Nirman Bhavan, New Delhi-110011

F. Dir/NCPCR/ 2013 / 8144

GOVT OF INDIA

DTE. GENERAL OF HEALTH SERVICES
LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS
NEW DELHI

Dated: 27th September, 2013. ³⁰⁷⁴

To

Dr. Vandana Prasad,
Hon'ble Member
National Commission for Protection of Child Rights,
5th Floor, Chanderlok Building,
36 Janpath,
New Delhi

Sub: Action taken on various issues relating matters to Kalawati
Saran Childrens' Hospital.

Ref: F.No. 22-13/12-NCPCR (PD) 30800 dated 9th September,
2013.

Madam,

With reference to your D.O. letter, referred above, on the above
mentioned subject, parawise replies are as under:

1. Copies of the proposal for 200 additional beds sent to the Ministry for approval is enclosed at **Annexure-I**.
2. Copies of the proposal for 1000 bedded sent the Ministry is enclosed at **Annexure-II**.
3. Investigation report and action taken with respect to the irregularities in process for appointment of nurses:
Reply: A preliminary enquiry in the irregularity has been conducted and the matter is being referred to Dte. G.H.S./Ministry of Health & Family Welfare, the disciplinary authority.
4. The current Patient: Doctor and Patient: Nurse Ratios as well as desired norms is enclosed at **Annexure-III**.
5. Brief consolidated report to be provided by KSCH Administration on action taken on all these issues since November, 2012 is enclosed at **Annexure-IV**.

Kindly file
draft letter L+DO
based on yr
y (1/10)

CL (80)

6. To reexamine Phase II Plans of the Comprehensive Redevelopment Plan to accommodate facilities for attendants in Phase-II.

Reply: LHMC had informed NCPCR in the previous meetings that the proposal of accommodation for attendants would be considered in Phase II of the CRP as there is no provision of accommodation for attendants in the Phase I of the CRP. The possibility of providing accommodation would be looked into during the preparation of Detailed Project Report (DPR) for Phase II of the Comprehensive Redevelopment Plan of LHMC.

It is further stated that NCPCR was provided the relevant documents and informed that L&DO had to provide and alternate piece in front of LHMC in lieu of the LHMC land taken over by Delhi Metro Rail Corporation. However inspite of repeated requests this piece of land has not been provided by L& DO to LHMC. The Hon'ble Member in the previous meeting had assured LHMC that matter will be taken up by the NCPCR with the L&DO to make available the piece of land in front of LHMC hospital, an ideal site for accommodation facilities for attendants, to LHMC.

If this piece of land could be made available to LHMC then the construction of the accommodation for attendants could be started immediately. LHMC requests NCPCR, a statutory body to take up the issue with L&DO and enquire from L& DO, as to why the alternate piece of land could not been provided to LHMC in lieu of the LHMC land surrendered by LHMC for Delhi Metro Rail corporation (DMRC) line 3 project. NCPCR should direct the L& DO to transfer the piece of land in question to LHMC so that the accommodation for attendants could be established there, expeditiously.

-x-

We cannot give such 'direction' and Ministry was supposed to follow up this matter. I doubt this will be possible

Annexure: I-IV looking at the minutes etc.

Yours faithfully,


27/9/13
(Dr. Atul Murari)
Director

but we can make one last attempt

F. No. 5 /Dir /Adv. Paed. Centre. / 2013/ 3248

GOVT OF INDIA

DTE. GENERAL OF HEALTH SERVICES

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS, NEW DELHI

Dated: 18th May, 2013

To

The Director General of Health Services,
Directorate General of Health Services,
Nirman Bhawan
New Delhi

[Kind attention: Dr.B.L. Sherwal, DDG (M)]

- Sub: (i) Proposal for upgradation of Kalawati Saran Childrens' Hospital to Advanced Paediatrics Centre submitted.
(ii) Interim proposal to increase the existing bed strength by 200 beds, as directed by N.C.P.C.R.

Sir,

It is proposed to upgrade Kalawati Saran Childrens' Hospital, New Delhi to Advance Centre of Paediatrics as a part of Comprehensive Redevelopment Plan of Lady Hardinge Medical College & Associated Hospitals. The upgradation has been envisaged in Phase-III of the re-development plan. As per the Master Plan, the building for the Advanced Paediatrics Centre would come up at the site marked in the approved master plan (Annexure- A).

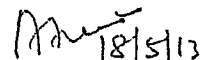
2. The Dte.G.H.S/ Ministry has already been requested to appoint Architectural Consultant for preparing D.PR. & E.F.C. for Phase-II & III of Comprehensive Redevelopment Plan (Annexure B).

3. A detailed proposal for upgradation of Kalawati Saran Childrens' Hospital to Advanced Paediatrics Centre is enclosed herewith (Annexure-C).

4. On completion of the Phase-I of the redevelopment plan, it is proposed to increase the existing bed strength of Kalawati Saran Childrens' Hospital by about 200. This proposal is in accordance with the directive from N.C.P.C.R, as an interim measures towards upgradation of Paediatric health care facilities in this Institution. A detailed proposal is enclosed herewith (Annexure-D).

Submitted for you kind perusal and consideration please.

Yours faithfully,


(Dr. Atul Murari)
Director

Encl: As above.



Copy to:

1. Ms. Aparna Sharma, Director (H), Min. of Health & F.W., Nirman Bhawan, New Delhi.

LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS: NEW DELHI

LHMC/PMS/HSCC/2013-2014/ 3120

Dated: 9.5.2013

14

The Secretary (Health)
Ministry of Health & Family Welfare,
Nirman Bhawan,
New Delhi.

Kind Attention: Shri R.K.Jain, Additional Secretary and DG (CGHS)

Subject: Selection of the agency to prepare Detailed Project Report (DPR) for Phase II & III of the Comprehensive Redevelopment Plan of LHMC and associated hospitals, New Delhi.

Sir,

The construction and other activities under Phase-I of the Comprehensive Redevelopment Plan of LHMC and associated hospitals as per approved master plan are underway.

The blocks and other areas to be developed under Phase II & III are earmarked in the approved Master plan of LHMC and associated hospitals. It is pertinent that continuity in the construction activities be maintained in view of the facts mentioned below:

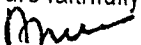
1. Certain activities which were envisaged in Phase I have to be taken in Phase II as spill over activities.
2. Augmentation of the paediatric services as directed by National commission for protection of Child rights (NCPDR)
3. Creation of infrastructure for Super-specialities development in this oldest medical college
4. Construction of new building of College of Nursing building/Nursing hostel in lieu of old College of Nursing building/Nursing Hostel which are earmarked for demolition.
5. Creation of advanced dental facilities/New Central Library/Guest House/Cafeterias etc.

In the PMC meeting held on 2.4.2013 chaired by the DGHS, the proposal for starting Phase - II & III was approved in - principle.

Ministry of Health & Family Welfare is requested to appoint an architectural consultant for preparation of DPR for Phase-II & III, based on which EFC would be prepared and NOCs from various agencies would be obtained by the agency.

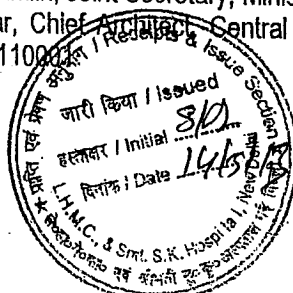
It is requested that necessary action in this regard be taken at the earliest as Phase-II & III could be taken up simultaneously in view of above facts, after completion of Phase-I of Comprehensive Redevelopment Plan in the year 2014.

Yours faithfully,


(Dr. Atul Murari)
Director

Copy to:

1. Smt Shakuntala D Gamlin, Joint Secretary, Ministry of Health & Family Welfare, Nirman Bhawan, N. Delhi
2. Dr.R.Chandrashekhar, Chief Architect, Central Design Bureau, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi-110001



Lady Hardinge Medical College and associated hospitals, N. Delhi

No. LHMC/CRP/LHMC Task Force/2012-13/ 1428

Dated 22nd Feb 2013

25

The DGHS,
Directorate General of Health Services,
Nirman Bhawan,
New Delhi-110001.

Kind Attention: Dr B.L.Sherwal, DDG (M), Directorate General of Health Services

Subject: Appointment of "Project Consultant" by the Ministry of Health and Family Welfare for preparation of DPRs and EFCs for Phase II and III of the Comprehensive Redevelopment Plan of Lady Hardinge Medical College and associated hospitals, New Delhi

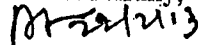
Sir,

In order to implement the Central Educational Institutions (Reservation in Admission) Act-2006 for providing additional 27% OBC admissions, HSCC (I) Ltd were appointed the Project Consultant by the Ministry of Health and Family Welfare, for selection of the 'Architectural Design Engineering (ADE) consultant' for Phase I of the Comprehensive Redevelopment Plan of LHMC and Associated hospitals. HSCC (I) Ltd were also appointed by the Ministry of Health and Family Welfare to supervise and monitor the construction of the buildings and procurement of the Medical equipments/IT services etc. In the LHMC Task Force meeting held on 18th Feb 2013, it was re-assessed that many activities which were earlier contemplated under Phase I, would have to be taken up as spill over works in the Phase II of the Comprehensive Redevelopment Plan of LHMC and associated hospitals in order to implement in totality, the 'Central Educational Institutions (Reservation in Admission) Act-2006' passed by the Parliament. Further action also needs to be taken for establishing the super-specialties in this oldest Medical college of Delhi as has also been envisaged under Phase II in the approved Master Plan of LHMC and associated hospitals.

Furthermore, 'National Commission for Protection of Child Rights' (NCPCR) is closely monitoring the augmentation of Pediatric infrastructure in the Kalawati Sharan Children Hospital (KSCH) and therefore it would be prudent, also to have approval of the Ministry of Health & Family Welfare for preparation of the DPR and EFC for phase III of the Comprehensive Redevelopment Plan so that the pediatric infrastructure etc could also be taken up simultaneously. The augmentation of the pediatric services was earlier proposed in Phase III of the Comprehensive Redevelopment Plan of LHMC and associated hospitals. It is contemplated to commence work on Phase II and III from the financial year 2014-15.

It is requested that Ministry be requested to take urgent steps to appoint Project Consultant for implementation of Phase II and III of the Comprehensive Redevelopment Plan of LHMC and associated hospitals, New Delhi so that the 'Project Consultant' could take further necessary actions towards preparation of the DPR and EFC and obtaining NOCs from various statutory/local bodies for Phase II and III as this institution is committed to implement 'Central Educational Institution (Reservation in Admission) act - 2006' in totality and the directions of the NCPCR.

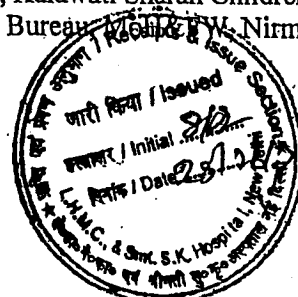
Yours Faithfully,


Dr Atul Murari,

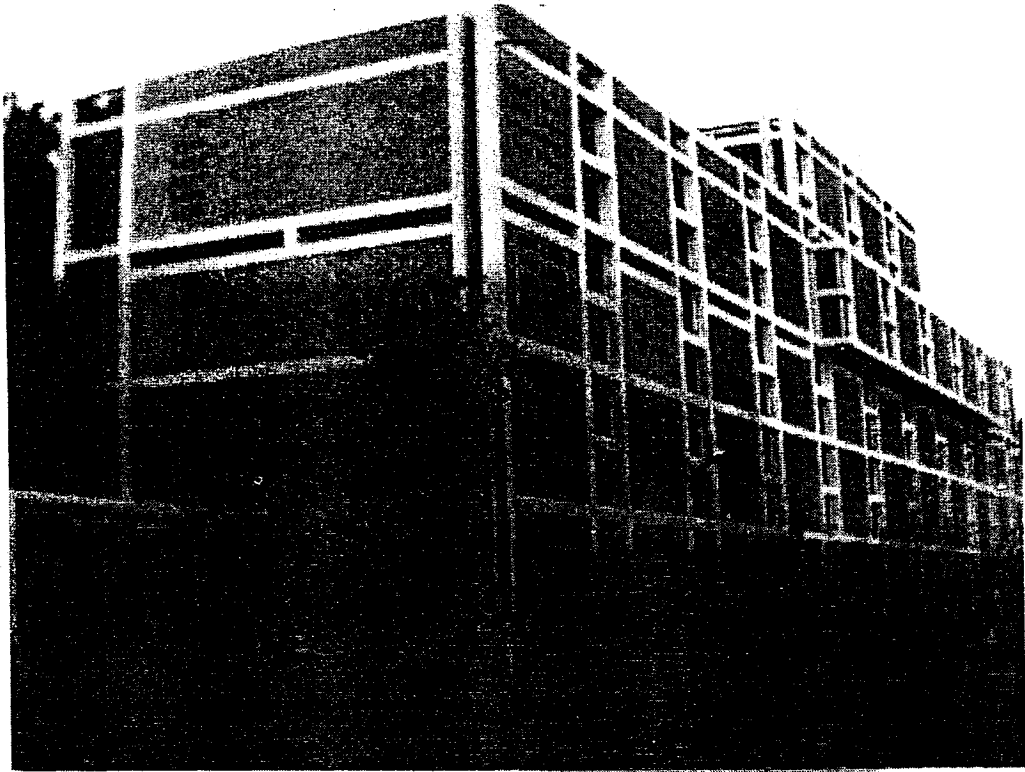
Director

Copy for information to:

1. Smt. Shakuntala D. Gamlin, Jt Secretary, Ministry of Health & Family Welfare, Nirman Bhawan, NDelhi
2. Smt Aparna Sharma, Director (H), Ministry of Health & Family Welfare, Nirman Bhawan, NDelhi.
3. Dr Promilla Bajaj, Additional Medical Superintendent, Kalawati Sharan Children Hospital, N.Delhi.
4. Dr R Chandrashekhar, Chief Architect, Central Design Bureau, Nirman Bhawan, N.Delhi.



ADVANCED PEDIATRIC CENTRE



PROPOSAL

FOR

UPGRADATION OF KALAWATI SARAN CHILDREN'S
HOSPITAL

To

ADVANCED PEDIATRIC CENTRE

MAY, 2013

DEPARTMENT OF PEDIATRICS
KALAWATI SARAN CHILDREN'S HOSPITAL
NEW DELHI - 110 001

Advanced Pediatric Centre

Contents

- Background
- Justification
- Existing Services at Kalawati Saran Children's Hospital
- Land requirements for APC
- Components of APC
- Plan of execution

It is proposed to upgrade Kalawati Saran Children's Hospital, New Delhi to 920 bedded Advanced Pediatric Centre as a part of Comprehensive Redevelopment Plan of Lady Hardinge Medical College and associated Hospitals.

A brief outline of the proposal is presented herein. Details of architectural design, manpower and cost implications shall be worked out in consultation with concerned departments and a detailed proposal shall be prepared and submitted following in principle approval of the concept of Advanced Pediatric Centre.

Advanced Pediatric Centre

Background

Children were considered as “mini-adults” with no concept of newborn care till 1950’s when it was felt to have a separate department for children i.e. the Department of Pediatrics. In India at most of the places it started with daily outpatient clinics with few indoors pediatric beds located in general medical wards. The situation was so alarming that more than 200 children per 1000 live birth were unable to reach their first birth day.

It was obvious that to treat sick children who are unable to express themselves there is a need to look them in a different perspective lying emphasis not only to their disease but age related physiological, physical, mental, emotional and environmental status also. With better understanding of childhood illnesses and pathophysiology from early infancy to adolescence, need for more organised care was raised and specialised training Programme leading to M.D. (Pediatrics) was started in 1960’s.

Over a period of time, akin to many other developed countries, India is also passing through a transitional phase where overall infant mortality rate has reduced (<60 per 1000 live birth), at the same time proportionally more number of children are dying due to lack of availability of adequate emergency and intensive care support, diseases of lung, liver and kidney, cancer, surgical conditions and other complex infective disorders which can be treated and cured.

In a country where Government is propagating a small family norm, the availability of multi-disciplinary super speciality care to the sick child cannot be overemphasised to assure even a poor person that their child would be provided by the best possible care under one roof.

Justification for upgrading Kalawati Saran Children’s Hospital to Advanced Pediatric Centre

Kalawati Saran Children’s Hospital is amongst the oldest premier Institutes of our country under the Central Government that caters to the needs of the poorest section of our society. It was established under the leadership of the then Minister of Health and Family Welfare - Ms. Raj

Kumari Amrit Kaur in 1956. Financial support for building, machinery and equipment was offered by Mr. Raghubir Saran whose wife's name (Mrs. Kalawati Saran) was given to this hospital.

With specialised quality of patient care, it gained name and fame as the best "*Childrens' hospital*" in Northern India. The number of patients increased rapidly resulting in overcrowding. Therefore, to meet the growing demand, expansions of the hospital services was undertaken in 1958, 1967, 1976 and 1985. Subsequently in 1990's (1992-2000) further upgradation was undertaken with the help of Japan International Cooperation Agency (JICA) with an addition of another 150 beds. The present total bed strength is 375.

Kalawati Saran Childrens' Hospital is a popular name especially among the poor people. It's location in the heart of capital with a walking distance from New Delhi Railway Station and bus terminals makes it convenient for the people coming from the distant areas of our country. Currently KSCH serves as a tertiary level referral Hospital not only for Delhi but also for the States of Punjab, Haryana, Rajasthan, and UP.

Existing facilities and services at Kalawati Saran Childrens' Hospital

Kalawati Saran Childrens' Hospital is affiliated to Lady Hardinge Medical College and University of Delhi. All the rules and regulations regarding academic affairs are governed by the University of Delhi. The undergraduate (MBBS) and post-graduate students (DCH and MD) for pediatrics training leading to MBBS and MD degrees are provided at Kalawati Saran Childrens' Hospital. The Institute also offers MCh pediatric surgery course and DM Neonatology course is expected to start in 2013. The academic head of KSCH is the Director of Lady Hardinge Medical College.

Currently, the Hospital provides preventive, promotive, diagnostic, curative and rehabilitative services, in addition to training of the undergraduate and postgraduate students of the Lady

Hardinge Medical College, New Delhi and research. Further, many pediatric sub-specialities exist providing comprehensive and on-going care to children with diverse chronic disorders.

Existing facilities at Kalawati Saran Children's Hospital

1. Emergency and Intensive Care Unit
2. Three General paediatrics Units, two neonatal units and a pediatric surgery unit
3. Pediatric medical and surgical OPDs and sub-speciality clinics
4. Day care services: Diarrhoea treatment and training Center, Anti-retroviral therapy Center, Thalassaemia Day Care Center
5. Physical Medicine and Rehabilitation Unit.
6. Child Health Promotion Clinic
7. Laboratories: Clinical Hematology, Biochemistry, Pathology, Malaria, Neurology, Pulmonology
8. Operation Theatres: two tables
9. Radiology services: X rays, Doppler; facilities for CT scan are available in adjoining SSKH Hospital
10. Child guidance, health education and medical social services.

Although every effort is being made to serve the community at all levels under one roof, the space, facilities and the staff currently available is grossly inadequate to provide optimum services to the patients being received in the Hospital. Also, certain diagnostic and/or curative facilities are not available at present for which children require referral to other Institutes. This is a cause of concern to us as most of such children belong to poor section of society and comes quite late to this hospital. Shifting under such circumstances delays institution of treatment and may prove fatal. Some times parents express their inability to take the child to other hospital and rather prefer to take them home, well knowing the consequences.

Upgradation of this hospital to ADVANCED PEDIATRIC CENTRE with augmentation of existing facilities and inclusion of additional facilities will answer the felt need of providing

comprehensive and state-of-the-art care to children with complex and serious diseases including the e from the poorest section of our society. In addition, it will serve as a training and research centre for paediatrics, pediatric sub-specialities and pediatric surgery.

The APC will remain an integral part of Lady Hardinge Medical College (L.H.M.C). The relationship between and Advanced Pediatric Centre and LHMC will be similar to that between Maulana Azad Medical College and G.B.Pant Hospital, New Delhi. A common Academic Committee will ensure uniform standards of medical education and training.

However, for financial and administrative services, it is proposed that APC may have an independent Director.

Land/building requirements:

As per the Bureau of Indian Standards, the land requirements for a 1000 bedded hospital are as follows:

Gross floor area: $100 \text{ m}^2/\text{bed} = 1,00,000 \text{ m}^2 \cong 9 \text{ floors with floor area of } 11,111 \text{ m}^2 \text{ each}$

Plot area: 4.5 ha (45,000 m^2)

Components of APC:

1. Out-patient services
2. Day care services
3. Emergency services
4. In-patient services
5. Para-clinical services
6. Teaching facilities
7. Support services
8. Administrative wing

1. Out-patient services:

- a. General pediatrics
- b. Pediatric surgery

- a. Other specialities: Dermatology, Orthopedics, ophthalmology, ENT, dentistry
 - b. Physical medicine and rehabilitation OPD for physiotherapy, occupational therapy, speech therapy
 - c. Child health promotion services including immunisation, feeding counselling, growth and development monitoring
 - d. Child development centre
 - e. Speciality .clinics including: neurology, hematology, nephrology, endocrinology, pulmonology, gastroenterology, cardiology, adolescent health, high risk new born and low birth weight new born follow up.
2. *Day care services:*
- a. Diarrhoea treatment and training unit
 - b. Thalassemia day care centre
 - c. Anti-retroviral therapy centre
 - d. Oncology day care unit
 - e. Day care surgery unit
3. *Emergency services*
- A 50 bedded fully equipped state of the art unit providing round the clock emergency services for all pediatric medicine and surgical emergencies
4. *In-patient services:*
- The existing bed strength of KSCH is 375 beds. We propose increasing it to 950 beds with the following distribution:

Discipline	No. Beds available	Additional beds required	Total number of beds
General Pediatrics	200	40	240 (6 units of 40 beds each)
Neonatology	80	70	150 (100 intra-mural & 50 extra-mural)
Pediatric Intensive Care	20	30	50 (including 20 bed ICU +30 bed HDU)
Pediatric Medicine Sub-specialities:			
- Pulmonology	00	20	20
- Hemato-Oncology	00	20	20
- Neurology & Genetics	00	20	20
- Gastroenterology	00	20	20
- Endocrinology & Cardiology	00	20	20
- Nephrology & Rheumatology	00	20	20
Pediatric Surgery	50	40	90
Allied Surgical Specialities	15	15	(3 Units of 30 beds each) 30
Pediatric Surgery ICU	00	30	30 (including 10 bed ICU +20 bed HDU)
Day care beds:			
- Diarrhoea treatment and training unit		10	10
- Thalassemia day care center		25	25
- Oncology day care unit		15	15
- Day care surgery unit		10	10
Casualty	15	35	50
Private ward		100	100
Total Beds	380	540	920

5. Para-clinical services:

- a. Radiology
- b. Biochemistry
- c. Pathology
- d. Microbiology
- e. Blood bank

6. Speciality laboratories:

- a. Neurology
- b. Pulmonology
- c. Molecular Genetics
- d. Endocrinology & metabolism
- e. Gastroenterology
- f. Cardiology

7. Surgical facilities:

- a. 4 operation tables per day, including 3 for elective surgery and one for emergency surgery running 24 hours
- b. 10 bedded day care surgery unit
- c. 3 Units of 30 beds each, 2 for general pediatric surgery and one for specialities including neuro-surgery & plastic surgery
- d. 30 bedded ICU

8. Teaching facilities:

- a. Lecture theatre with a capacity to seat 250 persons
- b. Lecture theatre with a capacity to seat 100 persons
- c. 9 seminar rooms with a capacity of 50 each (one on each floor)
- d. 2 committee rooms with a capacity of 30 each
- e. Telemedicine room
- f. Skills lab
- g. Library

9. Support services:

- a. Dietetics division with trained dieticians to meet requirements of general patients as well children with special needs like those with renal disease, hepatic disease, diabetes, malnutrition, HIV infection, inborn errors of metabolism etc
- b. Fully computerised hospital information management system including registration, in-patient & out-patient records, laboratory reports
- c. Medical social work division
- d. Blood bank
- e. CSSD
- f. Biomedical waste management system
- g. Maintenance and repair division
- h. Medical/general store
- i. Pharmacy
- j. Dharamshala for relatives of admitted patients (capacity 100 persons)
- k. Cafeteria for patients, hospital staff and faculty
- l. Prayer room
- m. Multi-level parking (capacity 1000 cars)
- n. Horticulture

10. Administration wing:

The APC is proposed to have an independent administration headed by the Director with a separate Medical Superintendent. The post of the Director would be of HAG level and the MS of SAG level.

Administrative wing will house

- a. Director, MS, accounts and administration sections
- b. Offices of Head of Departments, Faculty
- c. Nursing superintendent, DNS and ANS
- d. Medical records section

Plan of execution

The plan of up gradation of Kalawati Saran Children's Hospital is proposed to be amalgamated with the Comprehensive Redevelopment Plan (CRP) of Lady Hardinge Medical College

Dr. S. Aneja, Director Professor & Head, Department of Paediatrics, shall be the Chairperson and Dr. J Chandra, Director-Professor, Department of Pediatrics, Kalawati Saran Children's Hospital, Lady Hardinge Medical College will be the Nodal Officer for the project.

Dr. S. Aneja - Five years to superannuation

Dr. J Chandra - Eight years to superannuation

If the concept of APC is approved in principle a detailed plan will be submitted with details of manpower, architectural design and cost implications.

ANNEXURE 1

Approximate cost of construction

As per the Bureau of Indian Standards, the land requirements for a 1000 bedded hospital are as follows:

Gross floor area: 100 m²/bed = 1,00,000 m² \cong 9 floors with floor area of 11,111m² each

Plot area: 4.5 ha (45,000 m²)

Estimated cost of construction of hospital building at present (including civil, electrical, plumbing and AC costs) Rs 3000/ sq ft or Rs 30,000/- per m²

Total expected cost (of construction of hospital building at present including civil, electrical, plumbing and AC costs) – Rs.3,00,00,00,000/- (Rs. Three Hundred Crores)

Dharamshala (100 bedded)

total floor area 2000 m²

cost of construction: Rs 20,000/- per m²

Total expected cost of Dharamshala – Rs.4,00,00,000/- (Rs. Four Crores)

Multi-level parking with ramp (for 1000 cars):

total floor area @30 m²/car=30,000 m²

cost of construction: Rs 15000/m²

Total expected cost of parking – Rs.1,50,00,000/- (Rs. One Crore and Fifty Lacs)

Expected escalation in cost every year after submission of proposal: 10%

ANNEXURE 2

Additional Manpower requirement Calculation

1. Faculty

Discipline	Total number of beds	Basis of calculation	Total No. required
General Pediatrics	240 (6 units of 40 beds each)	3 / unit	18
Pediatric medicine Sub-specialities:	20x6=120 beds	2 / speciality (9 specialities)	18
Pediatric Surgery	90 (3 Units of 30 beds each)	3 / unit	9
Orthopaedics	30	2 / unit	2
Pediatric Intensive Care	50 (including 20 bed ICU +30 bed HDU)		4 (2*+2)
Pediatric Surgery ICU	30 (including 10 bed ICU +20 bed HDU)		3
Neonatology	150 (100 intra-mural & 50 extra-mural)		15 (8*+7)
Casualty	50		3 (2 Pediatrics+ 1 pediatric surgery)
Total required			37 Pediatrics + 2* each of neurology, gastroenterology, hemat-oncology, intensive care, Cardiology + 8* neonatology + 13* pediatric surgery + 2 orthopedics

* Faculty with requisite DM/MCh qualifications

2. Senior Residents

Discipline	Total number of beds	Basis of calculation	No. required	No. Required with 30% leave reserved
General Pediatrics and Pediatric Medicine Sub-specialities:	240 + 120 beds = 360 beds	@ 3 / unit of 30 beds	36	
Pediatric Surgery	90	@ 3 / unit of 30 beds	9	
Orthopaedics	30	@ 3 / unit of 30 beds	3	
Pediatric Intensive Care	50	@ 2 / shift (4 shifts)	8	
Pediatric Surgery ICU	30	@ 1 / shift (4 shifts)	4	
Neonatology	150	@ 5 / unit of 30 beds	25	
Casualty	50	@ 2 S.R. (P) + 1 S.R. (PS)/ shift (4 shifts)	12 (8 Pediatrics+ 4 pediatric surgery)	
Day care beds:				
Diarrhoea treatment and training unit	10		3	
Thalassemia day care center	25		3	
Oncology day care unit			2	
Day care surgery unit	15		-	
ART Centre	10		2	
Private ward	100	@ 3 / 30 beds	10 (7 Pediatrics+ 3 pediatric surgery)	
Total	920		69 Pediatrics + 20 pediatric surgery + 25 neonatology + 3 orthopedics	90 Pediatrics + 26* Pediatric Surgery + 33* neonatology + 4 Orthopedics

* Including Residents pursuing DM/MCh course

3. Junior Residents

Discipline	Total number of beds	Basis of calculation	No. required	No. Required with 30% leave reserved
General Pediatrics and Pediatric Medicine Sub-specialities:	240 + 120 beds = 360 beds	@ 5/ unit of 30 beds	60	
Pediatric Surgery	90	@ 5/ unit of 30 beds	15	
Orthopaedics	30	@ 5/ unit of 30 beds	5	
Pediatric Intensive Care	50	@ 3 / shift (4 shifts)	12	
Pediatric Surgery ICU	30	@ 2 / shift (4 shifts)	8	
Neonatology	150	@ 5 / unit of 30 beds	15	
Casualty	50	@ 3 / shift	12 (8 pediatrics + 4 pediatric surgery)	
Day care beds:				
- Diarrhoea treatment and training unit	10		2	
- Thalassemia day care center	25		2	
- Oncology day care unit	15		2	
- Day care surgery unit	10		2	
- ART Centre	-		2	
Private ward	100	@ 5 / 30 beds	15 (12 Pediatrics+ 3 pediatric surgery)	
Total	920		102 Pediatrics + 30 pediatric surgery + 15 neonatology + 5 orthopedics	133 Pediatrics + 39 Pediatric Surgery + 20 neonatology + 6 Orthopedics

4. Staff Nurse

Discipline	Total number of beds	Basis of calculation	No. required	No. Required with 45% leave reserve
General Pediatrics and Pediatric Medicine Sub-specialities:	240 + 120 beds = 360 beds	@ N:P = 1:2	180	
Pediatric Surgery	90	@ N:P = 1:2	45	
Orthopaedics	30	@ N:P = 1:2	15	
Pediatric Intensive Care	50	@ N:P = 1:1	50	
Pediatric Surgery ICU	30	@ N:P = 1:1	30	
Neonatology	150	@ N:P = 1:1	150	
Casualty	50	@ N:P = 1:1	50	
Operation theatre			25	
O.P.D.		@ N:P 1:100 (@ 1000 / patients/ day)	12	
ART Centre		2		
Day care beds:				
- Diarrhoea treatment and training unit	10	@ N:P = 1:2	5	
- Thalassaemia day care center	25	@ N:P = 1:2	13	
- Oncology day care unit	15	@ N:P = 1:2	8	
- Day care surgery unit	10	@ N:P = 1:2	5	
Private ward	100	@ N:P = 1:2	50	
Total	920		638	925

5. Nursing Sister

Discipline	Total number of beds	Basis of calculation	No. required	No. Required with 45% leave reserve
General Pediatrics and Pediatric Medicine Sub-specialities:	480 beds	@ N:P = 1:25 / shift (3 shift)	58	
Pediatric Surgery				
Orthopaedics				
Pediatric Intensive Care Pediatric Surgery ICU	280 beds	@ N:P = 1:25 / shift (3 shift)	34	
Neonatology				
Casualty				
Operation theatre				
O.P.D. ART Centre		2 / shift (2 shifts) 1	5	
Day care beds:				
- Diarrhoea treatment and training unit	10	1 / area / shift (2 shifts)	8	
- Thalassaemia day care center	25			
- Oncology day care unit	15			
- Day care surgery unit	10			
Private ward	100	@ N:P = 1:25 / shift (3 shift)	12	
Total	920		127	184

6. Technical staff

Place	Post	Basis of calculation	Total no required
Central laboratory services including: 1. Clinical Pathology (24 hours) 2. Microbiology 3. Clinical Biochemistry (24 hours) 4. Speciality labs: I. Cardiology II. Pulmonology III. Molecular Genetics IV. Metabolic & Endocrinology V. Gastroenterology VI. Neuro- Physiology	Chief technical officer	1 each for 1-3	3
	Senior Technical Officer	2 each for 1-3, 1 each for 4 (III), 4 (IV) & 4 (VI)	9
	Technical Officer	4 each for 1-3, 1 for each speciality lab	18
	Technical assistant	10 each for 1-3, 1 for each speciality lab	36
	Lab technician	20 each for 1-3, 2 for each speciality lab	72
	Lab assistant	30 each for 1-3, 2 for each speciality lab	102
		Total	240
Radiology	Chief technical officer		1
	Senior Technical Officer		2
	Technical Officer		3
	Technical assistant		12
	Radiographer		36
		Total	54
Operation theatre	Senior technical officer		1
	Technical Officer		4
	Senior OT technician		8
	OT technician		25
		Total	38
Blood Bank (24 hours)	Senior technical officer		1
	Technical Officer		3
	Senior medical technologist		6
	Medical technologist		20
		Total	30

5. Multi Task Staff

Discipline	Total number of beds	Basis of calculation	No. Required Multitask Staff	45% Leave reserve
General Pediatrics and Pediatric Medicine Sub-specialities:	240 + 120 beds = 360 beds	@ 2 / shift (4 shifts) / ward = 8 / unit of 40 beds	72	
Pediatric Surgery	120	@ 2 / shift (4 shifts) / ward = 8 / unit of 40 beds	24	
Orthopaedics				
Pediatric Intensive Care	50	@ 2 / shift (4 shifts) / ward = 8 / unit	8	
Pediatric Surgery ICU	30	@ 2 / shift (4 shifts) / ward = 8 / unit	8	
Neonatology	150	@ 2 / shift (4 shifts) / ward = 8 / unit	32	
Casualty	50	@ 2 / shift (4 shifts) / ward = 8 / unit	8	
Operation theatre		@ 2 / shift (4 shifts) / ward = 8 / unit	8	
O.P.D.		@ 2 / shift (2 shifts)	4	
ART Centre			2	
Day care beds:				
- Diarrhoea treatment and training unit	10	@ 1 / shift (2 shifts) / area	8	
- Thalassaemia day care center	25			
- Oncology day care unit	15			
- Day care surgery unit	10			
Private ward	100	@ 3 / shift (4 shifts) / ward	12	
Total	920		186	270

ANNEXURE 3

Additional manpower requirement for APC – Summary and Financial Implications

Designation	Existing sanctioned post	Additional required	Total number	Pay-scale	Grade pay
Administration					
Medical Supdt.	-	1	1	37400-67000	10000
Additional Medical Supdt.	3	2	5	37400-67000	10000
Deputy Director Admn.	-	1	1	15600-39100	6600
Faculty (to be recruited at Assistant Professor Level, *super-speciality degree desirable)					
Pediatrics	26	11	37	15600-39100	6600
Pediatric Gastroenterology*	-	2	2	15600-39100	6600
Pediatric Neurology*	-	2	2	15600-39100	6600
Pediatric Intensive Care*	-	2	2	15600-39100	6600
Pediatric Hemato-oncology*	-	2	2	15600-39100	6600
Pediatric Cardiology*	-	2	2	15600-39100	6600
Neonatology*	3	5	8	15600-39100	6600
Pediatric Surgery*	5	8	13	15600-39100	6600
Orthopaedics	1	1	2	15600-39100	6600
Anaesthesiology	4	6	10	15600-39100	6600
Radiology	1	2	3	15600-39100	6600
PMR	1	2	3	15600-39100	6600
Pathology including blood bank	1	3	4	15600-39100	6600
Microbiology	1. (Specialist)	2	3	15600-39100	6600
Biochemistry	-	3	3	15600-39100	6600
Bio-statistics	-	2	2	15600-39100	6600
Senior Residents					
Pediatrics	47	43	90	25350-26110-26900 + NPA @ 25%	
Neonatology	12	21	33	25350-26110-26900 + NPA @ 25%	
Pediatric Surgery	12	14	26	25350-26110-26900 + NPA @ 25%	
Orthopedics	-	4	4	25350-26110-26900	

		+ NPA @ 25%					
Anaesthesia	-	25350-26110-26900 + NPA @ 25%	12	12			
Junior Residents							
Pediatrics including Neonatology	31	123	154	21000 + NPA @ 25%			
Pediatric Surgery	sanctioned posts of JR + 60 PGs in Pediatrics	123	154	21000 + NPA @ 25%			
Orthopedics					39		
Anaesthesia					6		
					12		
Nursing Staff (all staff to be recruited at level of Staff Nurse)							
Chief Nursing Officer	-	1	1	15600-39100	7600		
Nursing Supdt.	1	2	3	15600-39100	6600		
D.N.S.	5	10	15	9300-34800	5400		
A.N.S.	24	36	60	9300-34800	5400		
Nursing Sister	96	88	184	9300-34800	4800		
Staff Nurse	297	628	925	9300-34800	4600		
Administrative Staff							
Labour Welfare Officer	-	1	1	9300-34800	5400		
Senior Administrative Officer	-	2	2	9300-34800	5200		
Officer							
Administrative Officer	1	3	4	9300-34800	4800		
Asst. Admn. Officer	-	8	8	5200-20200	4600		
Office Supdt.	1	-	-	9300-34800	4200		
Head Clerk	3	13	16	9300-34800	4200		
U.D.C.	9	23	32	5200-20200	2400		
L.D.C. / Hindi Typist	24	-	24	5200-20200	1900		
Accounts Officer	1	1	2	9300-34800	4600		
Stores Officer	-	2	2	9300-34800	4200		
Asst. Accounts Officer	1	2	3	9300-34800	4200		
Junior Accountant	1	-	1	5200-20200	2800		
Medical Record Officer	1	2	3	9300-34800	4200		
Personal Secretary	-	2	2	9300-34800	5400		
Stenographer Grade 1	-	4	4	9300-34800	4600		
Stenographer Grade 2	1	7	8	9300-34800	4200		
Stenographer Grade 3	1	15	16	5200-20200	2400		
Statistician	1	2	3	5200-20200	2800		
Telephone Supervisor	1	2	3	5200-20200	2800		
Care-taker	1	2	3	5200-20200	2400		
Record Technician	5	-	5	5200-20200	2400		
Store-keeper	2	6	8	5200-20200	2400		
Asst. Labour Supervisor	1	2	3	5200-20200	1900		
House-keeper	1	9	10	5200-20200	1900		
Telephone Operator	5	10	15	5200-20200	1900		

Registration / Reception	-	15	15	5200-20200	1900
Support Services					
Clinical Psychologist	1	1	2	15600-39100	5400
Medical Social Welfare Officer	-	1	1	15600-39100	5400
Senior Medical Social Worker	-	2	2	9300-34800	4600
Medical Social Worker	2	8	10	9300-34800	4200
Chief Dietician	-	1	1	15600-39100	5400
Senior Dietician	1	2	3	9300-34800	4600
Dietician	1	5	6	9300-34800	4200
Lactational Counsellor	-	5	5	9300-34800	4200
Senior Occupational Therapist	1	1	2	9300-34800	5400
Occupational Therapist	2	4	6	9300-34800	4200
Junior Occupational Therapist	1	2	3	5200-20200	2800
Senior Physiotherapist	1	1	2	9300-34800	5400
Physiotherapist	5	1	6	9300-34800	4200
Junior Physiotherapist	2	2	4	5200-20200	2800
Speech therapist	1	-	1	5200-20200	2800
Chief Pharmacist	1	1	2	9300-34800	4600
Senior Pharmacist	1	4	5	9300-34800	4200
Pharmacist	7	10	17	5200-20200	2800
Horticulture Supdt	-	1	1	9300-34800	4600
Drivers	13	6	19	5200-20200	1900
Child Development Centre					
Senior Clinical Psychologist	-	1	1	15600-39100	6600
Clinical Psychologist	-	2	2	15600-39100	5400
Speech Therapist	-	2	2	5200-20200	2800
Audiologist	-	1	1	5200-20200	2800
Special Educator	-	2	2	5200-20200	2800
Central Workshops					
Bio-medical Engineer	1	-	1	15600-39100	6600
Mechanical Assistant (Equipment)	-	2	2	9300-34800	4200
Electronic Technician	-	2	2	5200-20200	2800
Electrical Technician	-	2	2	5200-20200	2800
Central Computer Network					
EDP Manager	-	1	1	15600-39100	6600
System Analyst	-	1	1	9300-34800	5400
Programmer	-	1	1	9300-34800	4200
Data Entry Operator	2	13	15	5200-20200	2800
Photography cum audio-visual unit					
Senior Technical Officer	-	1	1	9300-34800	4200

Photographer	2	-	2	5200-20200	2800
Radiographic Technician	-	2	2	5200-20200	2800
Projectionist	-	2	2	5200-20200	2800
Technical Staff for labs					
Chief Technical Officer	-	3	3	15600-39100	6600
Senior Technical Officer	-	9	9	15600-39100	5400
Technical Officer	-	18	18	9300-34800	4800
Technical Assistant	9	27	36	9300-34800	4200
Lab Technician	28	44	72	5200-20200	2800
Lab Assistant	9	93	102	5200-20200	2400
Technical Staff for Radiology					
Chief Technical Officer	-	1	1	15600-39100	6600
Senior Technical Officer	0	2	2	15600-39100	5400
Technical Officer	-	3	3	9300-34800	4800
Technical Assistant / Senior Radiographer	4	8	12	5200-20200	2800
Radiographer / X-ray technician	12	24	36	5200-20200	2800
Technical staff for Operation Theatre					
Senior Technical Officer	-	1	1	15600-39100	5400
Technical Officer	-	4	4	9300-34800	4800
Senior OT Technician	2	6	8	5200-20200	2800
OT Technician	12	13	25	5200-20200	2400
Technical staff for Blood Bank					
Senior Technical Officer	-	1	1	15600-39100	5400
Technical Officer	-	3	3	9300-34800	4800
Senior Medical Technologist	-	6	6	9300-34800	4600
Medical Technologist	-	20	20	9300-34800	4200
CSSD Staff					
CSSD Technician	3	4	7	5200-20200	2800
CSSD Assistant	2	2	4	5200-20200	1900
Multitask Staff					
Multitask Staff for Wards, etc	-	-	270	5200-20200	1800
Departments of paediatrics, pediatric surgery, neonatology & PMR	-	-	12	5200-20200	1800
Administrative offices	-	-	25		
Library	-	-	2	5200-20200	1800
Radiology	-	-	6	5200-20200	1800
All labs	-	-	36	5200-20200	1800
Lift man	-	-	24	5200-20200	1800
Store Attendant	-	-	6	5200-20200	1800
Peon	-	-	10	5200-20200	1800

Mali	-	-	4	5200-20200	1800
Cook	-	-	15	5200-20200	1800
Cook Mate	-	-	9	5200-20200	1800
Pharmacy Attendant	-	-	6	5200-20200	1800
O.T. Attendant	-	-	12	5200-20200	1800
Ambulance Attendant	-	-	12	5200-20200	1800
Total MTS Staff	170	279	449		

The following services are to be outsourced

1. Security – Approx. requirement

250 security guard @ Rs.7500/- per person per month = Rs.225 lacs per year

10 Security Supervisors @ Rs.9500/- per person per month = Rs.11.4 lacs per year

1 Security Manager @ Rs.15000/- per month = Rs.1.8 lacs

Total approx. cost – 2.4 crores per year

2. Laundry – 3500 clothes per day @ Rs.3.5/- per wash = Rs.44.1 lacs per year

3. Sanitation - Approx. requirement

320 Sanitation Workers @ Rs.7500/- per person per month = Rs.288 lacs per year

20 Sanitary Supervisors @ Rs.9500/- per person per month = Rs.22.8 lacs per year

Sanitation material @ Rs.7 lacs per month = 84 lacs per year

Total approx. cost – Rs.4 crores per year

Financial Implication of Additional Manpower Required for APC

S. No.	Name of the Post	Pay Band	Average	GP	Total	Total X 1.72	Addl. Posts	Amount/ per month	Total annual Salary
1.	Medical Superintendent	37400-67000	52200	10000	62200	106984	01	106984	1283808
2.	Additional Medical Superintendent	37400-67000	52200	10000	62200	106984	02	213968	2567616
3.	Deputy Director Administration	15600-39100	27350	6600	33950	58394	01	28395	700728
	Faculty								
4.	Pediatrics	15600-39100	27350	6600	33950	58394	11	642334	7708008
5.	Pediatric Gastroenterology	15600-39100	27350	6600	33950	58394	02	116788	1401456
6.	Pediatric Neurology	15600-39100	27350	6600	33950	58394	02	116788	1401456
7.	Pediatric Intensive Care	15600-39100	27350	6600	33950	58394	02	116788	1401456
8.	Pediatric Hemato-oncology	15600-39100	27350	6600	33950	58394	02	116788	1401456
9.	Pediatric Cardiology	15600-39100	27350	6600	33950	58394	02	116788	1401456
10.	Neonatology	15600-39100	27350	6600	33950	58394	02	116788	1401456
11.	Pediatric Surgery	15600-39100	27350	6600	33950	58394	05	291970	3503640
12.	Orthopedics	15600-39100	27350	6600	33950	58394	08	467152	5605824
13.	Anesthesiology	15600-39100	27350	6600	33950	58394	01	58394	700728
14.	Radiology	15600-39100	27350	6600	33950	58394	06	350364	4204368
15.	PMR	15600-39100	27350	6600	33950	58394	02	116788	1401456
16.	Pathology including Blood Bank	15600-39100	27350	6600	33950	58394	02	116788	1401456
17.	Microbiology (Specialist)	15600-39100	27350	6600	33950	58394	03	175182	2102184
18.	Bio-chemistry	15600-39100	27350	6600	33950	58394	02	116788	1401456
19.	Bio-Statistics	15600-39100	27350	6600	33950	58394	03	175182	2102184
	Senior Resident								
20.	Pediatrics (Total incl. 6838-NPA)	15600-39100	27350	6600	40788	70155	43	3016665	36199980
21.	Neonatology (Total incl. 6838-NPA)	15600-39100	27350	6600	40788	70155	21	1473255	17679060
22.	Pediatric Surgery (Total incl. 6838-NPA)	15600-39100	27350	6600	40788	70155	14	982170	11786040
23.	Orthopedics (Total incl. 6838-NPA)	15600-39100	27350	6600	40788	70155	04	280620	3367440
24.	Anesthesia (Total incl. 6838-NPA)	15600-39100	27350	6600	40788	70155	12	841860	10102320
	Junior Resident								
25.	Pediatrics including Neonatology	15600-39100	27350	5400	39588	68091	123	8375193	100502316
26.	Pediatric Surgery (Total incl. 6838-NPA)	15600-39100	27350	5400	39588	68091	39	2655549	31866588
27.	Orthopedics (Total incl. 6838-NPA)	15600-39100	27350	5400	39588	68091	06	408546	4902552
28.	Anesthesia (Total incl. 6838-NPA)	15600-39100	27350	5400	39588	68091	12	817092	9805104

	Nursing Staff								
29.	Chief Nursing Officer	15600-39100	27350	7600	34950	60114	01	60114	721368
30.	Nursing Superintendent	15600-39100	27350	6600	33950	58394	02	116788	1401456
31.	Deputy Nursing Superintendent	15600-39100	27350	5400	32750	56330	10	563300	6759600
32.	Assistant Nursing Superintendent	15600-39100	27350	5400	32750	56330	36	2027880	24334560
33.	Nursing Sister	9300-34800	22050	4800	26850	46182	88	4064016	48768192
34.	Staff Nurse	9300-34800	22050	4600	26650	45838	628	28786264	345435168
	Administrative Staff								
35.	Labour Welfare Officer	9300-34800	22050	5400	27450	47210	01	47214	566568
36.	Senior Administrative Officer	9300-34800	22050	5400	27450	47210	02	94420	1133040
37.	Administrative Officer	9300-34800	22050	4800	26850	46182	03	138546	1662552
38.	Assistant Administrative Officer	9300-34800	22050	4600	26650	45838	08	366704	4400448
39.	Head Clerk	9300-34800	22050	4200	26250	45150	13	586950	7043400
40.	Upper Division Clerk	5200-20200	12700	2400	15100	25972	23	597356	7168272
41.	Accounts Officer	9300-34800	22050	4600	26650	45838	01	45838	550056
42.	Store Officer	9300-34800	22050	4200	26250	45150	02	90300	1083600
43.	Assistant Accounts Officer	9300-34800	22050	4200	26250	45150	02	90300	1083600
44.	Medical Record Officer	9300-34800	22050	4200	26250	45150	02	90300	1083600
45.	Personal Secretary	9300-34800	22050	5400	27450	47210	02	94420	1133040
46.	Stenographer Grade – I	9300-34800	22050	4600	26650	45838	04	183352	2200224
47.	Stenographer Grade – II	9300-34800	22050	4200	26250	45150	07	316050	3792600
48.	Stenographer Grade – III	5200-20200	12700	2400	15100	25972	15	389580	4674960
49.	Statistician	5200-20200	12700	2800	15500	26660	02	53320	639840
50.	Telephone Supervisor	5200-20200	12700	2800	15500	26660	02	53320	639840
51.	Care-taker	5200-20200	12700	2400	15100	25972	02	51944	623328
52.	Store Keeper	5200-20200	12700	2400	15100	25972	06	155832	1869984
53.	Assistant Labour Supervisor	5200-20200	12700	1900	14600	25112	02	50224	602688
54.	House Keeper	5200-20200	12700	1900	14600	25112	09	226008	2712096
55.	Telephone Operator	5200-20200	12700	1900	14600	25112	10	251120	3013440
56.	Registration/Receptionist	5200-20200	12700	1900	14600	25112	15	376680	4520160
	Support Services								
57.	Clinical Psychologist	15600-39100	27350	5400	32750	56330	01	56330	675960
58.	Medical Social Welfare Officer	15600-39100	27350	5400	32750	56330	01	56330	675960
59.	Senior Medical Social Worker	9300-34800	22050	4600	26650	45838	02	91676	1100112
60.	Medical Social Worker	9300-34800	22050	4200	26250	45150	08	361200	4334400
61.	Chief Dietician	15600-39100	27350	5400	32750	56330	01	56330	675960
62.	Senior Dietician	9300-34800	22050	4600	26650	45838	02	91676	1100112
63.	Dietician	9300-34800	22050	4200	26250	45150	05	406350	4876200

64.	Lactation Counselor	9300-34800	22050	4200	26250	45150	05	225750	2709000
65.	Senior Occupational Therapist	15600-39100	27350	5400	32750	56330	01	56330	675960
66.	Occupational Therapist	9300-34800	22050	4200	26250	45150	04	180600	2167200
67.	Junior Occupational Therapist	5200-20200	12700	2800	15500	26660	02	53320	639840
68.	Senior Physiotherapist	15600-39100	27350	5400	32750	56330	01	56330	675960
69.	Physiotherapist	9300-34800	22050	4200	26250	45150	01	45150	541800
70.	Junior Physiotherapist	5200-20200	12700	2800	15500	26660	02	53320	639840
71.	Chief Pharmacist	9300-34800	22050	4600	26650	45838	01	45838	550056
72.	Senior Pharmacist	9300-34800	22050	4200	26250	45150	04	180600	2167200
73.	Pharmacist	5200-20200	12700	2800	15500	26660	10	266600	3199200
74.	Horticulture Superintendent	9300-34800	22050	4600	26650	45838	01	45838	550056
75.	Drivers	5200-20200	12700	1900	14600	25112	06	150672	1808064
	Child Development Centre								
76.	Senior Clinical Psychologist	15600-39100	27350	6600	33950	58394	01	58394	700728
77.	Clinical Psychologist	15600-39100	27350	5400	32750	56330	02	112660	1351920
78.	Speech Therapist	5200-20200	12700	2800	15500	26660	02	53320	639840
79.	Audiologist	5200-20200	12700	2800	15500	26660	01	26660	319920
80.	Special Educator	5200-20200	12700	2800	15500	26660	02	53320	639840
	Central Workshop								
81.	Mechanical Assistant (Equipment)	9300-34800	22050	4600	26650	45838	02	91676	1100112
82.	Electronic Technician	5200-20200	12700	2800	15500	26660	02	53320	639840
83.	Electrical Technician	5200-20200	12700	2800	15500	26660	02	53320	639840
	Central Computer Network								
84.	EDP Manager	15600-39100	27350	6600	33950	58394	01	58394	700728
85.	System Analyst	15600-39100	27350	5400	32750	56330	01	56330	675960
86.	Programmer	9300-34800	22050	4200	26250	45150	01	45150	541800
87.	Data Entry Operator/Comp. Operator	5200-20200	12700	2800	15500	26660	13	346580	4158960
	Photography cum Audio-visual Unit								
88.	Senior Technical Officer	9300-34800	22050	4200	26250	45150	01	45150	541800
89.	Radiographic Technician	5200-20200	12700	2800	15500	26660	02	53320	639840
90.	Projectionist	5200-20200	12700	2800	15500	26660	02	53320	639840
	Technical Staff for Labs								
91.	Chief Technical Officer	15600-39100	27350	6600	33950	58394	03	175182	2102184
92.	Senior Technical Officer	15600-39100	27350	5400	32750	56330	09	506970	6083640
93.	Technical Officer	9300-34800	22050	4800	26850	46182	18	831276	9975312
94.	Technical Assistant	9300-34800	22050	4200	26250	45150	27	1219050	14628600
95.	Laboratory Technician	5200-20200	12700	2800	15500	26660	44	1173040	14076480
96.	Laboratory Assistant	5200-20200	12700	2400	15100	25972	93	2415396	28984752

	Technical Staff for Radiology								
97.	Chief Technical Officer	15600-39100	27350	6600	33950	58394	01	58394	700728
98.	Senior Technical Officer	15600-39100	27350	5400	32750	56330	02	112660	1351920
99.	Technical Officer	9300-34800	22050	4800	26850	46182	03	138546	1662552
100.	Technical Assistant/ Senior Radiographer	5200-20200	12700	2800	15500	26660	08	213280	2559360
101.	Radiographer/ X-ray Technician	5200-20200	12700	2800	15500	26660	24	639840	7678080
	Technical Staff for Operation Theatre								
102.	Senior Technical Officer	15600-39100	27350	5400	32750	56330	01	56330	675960
103.	Technical Officer	9300-34800	22050	4800	26850	46182	04	184728	2216736
104.	Senior O. T. Technician	5200-20200	12700	2800	15500	26660	06	159960	1919520
105.	O. T. Technician	5200-20200	12700	2400	15100	25972	13	337636	4051632
	Technical Staff for Blood Bank								
106.	Senior Technical Officer	15600-39100	27350	5400	32750	56330	01	56330	675960
107.	Technical Officer	9300-34800	22050	4800	26850	46182	03	138546	1662552
108.	Senior Medical Technologist	9300-34800	22050	4600	26650	45838	06	275028	3300336
109.	Medical Technologist	9300-34800	22050	4200	26250	45150	20	903000	10836000
	CSSD Staff								
110.	CSSD Technician	5200-20200	12700	2800	15500	26660	04	106640	1279680
111.	CSSD Assistant	5200-20200	12700	1900	14600	25112	02	50224	602688
	Multi Task Staff								
	Total MTS	5200-20200	12700	1800	14500	24940	279	6958260	83499120
	Total (in Rs.)								99,31,38,912
									100 crores (approx.)

ANNEXURE 4

PROPOSED BUDGETARY ESTIMATE FOR MEDICAL EQUIPMENT

Equipments	Total Estimated Cost (Rs. In lacs)
<u>Pediatric I.C.U.</u>	
1. Central Telemetric Monitoring System	28
2. Fibro-optic video Bronchoscope	12
3. Defibrillator with External Cardiac Pacing System	6
4. Ventilators x 20	200
5. Multifunctional Monitors x 30	45
6. Infusion Pumps x 200	50
7. FiO2 Monitor x 5	2.5
8. Transport ventilator x 4	14
9. Transilluminator (cold light)	1.25
10. PICU air sterilizer system x8	8
11. Infant weighing scale	0.25
12. Adult weighing scale	0.25
13. Motorised ICU beds x20	60
14. USG machine with Doppler	21
15. USG for central line placement	10
16. High frequency ventilator	20
17. Pediatric Incubator (Transport) x 2	12
<u>Pediatric Surgery I.C.U.</u>	
1. Central Telemetric Monitoring System	28
2. Ventilators x 10	100
3. Multifunctional Monitors x 30	45
4. Infusion Pumps x 30	7.5
5. Open Care System x 10	40
6. Pediatric Incubator (Transport) x 2	12

7.	Phototherapy Machines x 10	6.5
8.	FiO2 Monitor x 2	1
9.	Open care systems x 20	80
11.	PICU air sterilizer system x 4	4
12.	Infant weighing scale	0.25
13.	Adult weighing scale	0.25

Pediatric Surgery / Plastic Surgery

1.	Cystoresectoscope with Telescope (8.5 or 9 F) for Fulguration of PUV x 3	15
2.	Pediatric Laparoscopy Set (Telescopes, Trocars, Electrodes, Forceps, Scissors, Cautery, Light Source, Camera, Cable, Monitor, Recorder, Mibile Unit) x 3	30
3.	Harmonic Scalpel x 2	30
4.	Esophageal dilator Set (Pediatric & Balloon Dialator) x 2	2
5.	Surgical Dithermy x 4	40
6.	CARM Fluroscope x 2	50
7.	Urodynamic Lab x 1	15
8.	Plasma sterilization for OT	40

Neonatology including NICU

1.	Central Telemetric Monitoring System	28
2.	Ventilators x 20	200
3.	Multifunctional Monitors x 50	75
4.	Infusion Pumps x 100	25
5.	CPAP Machine x 3	15
6.	Bubble CPAP Machine x 10	15
7.	Phototherapy Machines x 20	13
8.	FiO2 Monitor x 6	3
9.	Open care systems x 50	200
10.	Transport ventilator x 5	17.5
11.	High frequency oscillatory ventilator	20
12.	Cerebral blood flow monitor	12

13. Echo with Doppler	21
14. Infant weighing scale x 4	1
15. ABG machine	15
16. T-piece infant resuscitator x 6	1.8
17. Transcutaneous jaundice meter x 3	3.75
18. Hand held refractometer x 10	3.6
19. Transilluminator for newborn x 2	2.5
20. Air sterilizer system	1
21. Neonatal Incubator x 10	35

Special Equipments for Wards (6 Pediatric + 4 Ped. Surgery & Allied Specialities) +

Private Wards

1. Open care systems x 2 every unit + 3 PW = 23	92
2. Radiant Warmers x 4 every unit + 10 PW = 50	10
3. LED Phototherapy Units x 3 every unit + 5 PW = 35	22.75
4. Infusion Pumps x 20 per unit + 10 PW = 110	5
5. Multifunction Monitor x 7 per unit + 5 PW = 75	112.5
6. SpO2 Monitor x 2 every unit + 3 PW = 23	34.5
7. Drug Dispensing Trolley x 3 every unit + 5 PW = 35	17.5
8. Transport ventilator x 1 every unit + 2 PW = 12	42
9. Infant Weighing Scale x 1 every unit + 2 PW = 12	3
10. Adult Weighting Scale x 1 every unit + 2 PW = 12	3
11. Wall Mounted Stadiometer x 1 every unit + 1 PW = 11	1.1
12. FiO2 Monitor x 1 per unit + 1 PW = 11	5.5
13. Non-invasive Ventilation Units x 2 per unit = 20	70
14. Resuscitator x 2 per unit = 20	50

Genetics

Cytogenetics

1. Microscope with Image Analyzer with CCD Camera	13
2. Carbondioxide Incubator	3
3. BOD Incubator	0.25

4.	Cold Centrifuge	2.25
5.	Biosafety Cabinet	2
6.	Laminar Flow	1.5
7.	Inverted Microscope	2

Molecular Medicine

1.	PCR Machine	5
2.	Gel Electrophoresis	2
3.	Light Cycler	20
4.	Gel Documentation System	3
5.	Deep Refrigerator (-70 ⁰ C)	4
6.	DNA Vac	1.5
7.	Micro-oven	0.5
8.	Incubator	0.5
9.	Strata Cooler	1

Hematology / Transfusion Medicine

1.	Automated Blood Cell Counter	7
2.	Platelet Aggregometer,	4
3.	Sepctrophotometer	2
4.	Automated Elecrophoresis Equipment	12
5.	Incubator	0.25
6.	Hot Air Oven	0.25
7.	Automated Coagulometer	15
9.	Cell Separator	45
10.	Blood Storage Cabinets	3

Pathology

1.	Automated Flow Cytometer	35
2.	Automatic Tissue Processor	13
3.	Binocular Microscope	5
4.	Fluorescent Microscope	4
5.	Automated Rotary Microtone	4

6.	Wax Dispensor	2
7.	Autoprocessor	1
8.	Automated Stainer	3
9.	Electronic Weighing Balance	1

Biochemistry

1.	Autoanalyzer (for routine biochemical investigations)	45
2.	Auto Enzyme Immuno Assay Analyzer (for hormones, tumour markers, cardiac enzymes & various other parameters)	22
3.	Blood Gas Analyzer with Electrolyte	8
4.	Spectrophotometer	3
5.	HPLC Machine	30

Microbiology

1.	Automated Microbiological detection System for Blood Culture and CSF Culture	20
2.	PCR Machine	5
3.	Ultrasonicator	1
4.	Automatic Spiral Plater	5
5.	Thermal Cycler	3
6.	Automatic ELISA Reader	2
7.	Multimedia Projector	3
8.	Mini Vertical and Submarine Gel Electrophoresis	2
9.	Trinocular Microscope with Processor for Projection on Screen	5
10.	Multipoint Inoculators	4
11.	Gel Documentation System	5
12.	Portable Deioniser RO Plant	2
13.	Compact Ultrasonic Washer	1
14.	Biological Monitoring System	1
15.	Incubator	1

Endocrinology and Metabolism lab

1. Electro-Chemiluminiscence immunoassay-analyzer	20
2. Fully automatic ELISA processor	20
3. Electrophoresis machine	20
4. Osmometer	5
5. Deep freeze -40 ⁰ C	2.25

Neurology

1. NCV, EMG & EPS Diagnostic System	30
2. Ambulatory EEG	10
3. Portable Transcranial Doppler	10
4. Cerebral Function Monitor	12
5. Automated Steady State Responses	16
6. BERA Screener	7

Gastroenterology

1. Pediatric Video Endoscope (Upper G.I.)	10
2. Pediatric Video Colonoscope	10
3. G.I. Motility system	20
4. 24 Hr PH System	13
5. GI Videoscope	10
6. Video Colonoscopy	15

Pediatric Cardiology / CTVS

1. Heart Lung Machine × 2	150
2. Monitor (6 channel) × 5	25
3. Ventilators × 5	40
4. Sternal Saw × 4	10
5. Anaesthesia Working Status	20
6. Pediatric Caulia Instrument (Imported)	20
8. O.T. Light × 2	10
10. ECMO	40
11. Cautery × 2	10

12. Incubators × 2	10
13. Cell Sauce	15
14. ACT Machine	5
15. ABG Machine	10
16. Colour Doppler Echo Machine with TEE probe	50
17. Blood Warmer × 2	12
18. Defibrillater × 2	10
19. Infusion Pumps × 20	10
20. Blood Storage Fridge	6
21. Operating Loupes	10
22. Biplane Fully Digital Cardiac Cater Lab System	250
23. Intra Aortic Balloon Pump × 2	30
24. Vascular Doppler	12

Pediatric Nephrology

1. CRRT machine/hemodylasis	30
2. Automated ABG Machine	15

Pediatric Pulmonology

1. Portable PFT Machines	4
2. Video Bronchoscope Unit with Xenon Light Source	10
3. Pulmonary Function Machine with Diffusion & Volume Measurement	25
4. Sweat Chloride Analysis Unit including Ontophoresis & Chloride Autoanalyzer etc.	3

Radiology

1. CT Scan (Multislice)	500
2. MRI (3 Tesla)	750
3. Digital Radiography	150
4. Portable X-ray Machine × 4	8
5. Automatic Film Processor	3

\Anaesthesiology

1. Anaesthesia Workstation × 6	90
2. Modular O.T. including ceiling fitting x 4	20
3. O.T. Tables × 4	40
4. O.T. Monitors (6 channel)	10
5. Fiberoptic Laryngoscope × 2	2
6. Accessories	3

Orthopaedics

Image Intensifier (C-Arm)	20
Somatosensory Evoked Potential Machine for Spinal Monitoring	25
Automatic Pediatric Orthopaediatric Table	10

PMR

1. Gait Analyzer (Base Model)	25
2. Sensory Integration Therapy Equipments	
- Sensory Rotter Sets	0.4
- Learn to Balance Playmat	0.4
- Vertical Stimulation Device	0.7
3. Southern California Integration Test	0.5

Community Pediatrics

1. Ten Seater vehicles as Mobile Clinics × 2	20
2. Distance Medicine Setup with ISDN Link, Camera, Studio	20
3. Data Processing Units like Computers with Printer etc. for record keeping × 3	3

Computer Network

1. Intelligent Terminals (PC) with accessories & LIPS (80 nos)	40
2. Server Hardware (like Sun System) to support hospital information system with 100% built in redundancy	20
3. Licensed Software for Networking (MS/Novell) and database (Oracle or similar)	24
4. Customized Hospital Information System Development	16

<u>Furnishing the ward, clinics, labs, offices, Seminar rooms etc.</u>	700
<u>Medical Education Technology</u>	
(i) Digital Camera Still × 2	1
(ii) Digital Video Camera	2
(iii) Non Linear Editing System	2
(iv) Digital VCR	1.5
(v) Computers × 2	1
(vi) Printer for Posters	4
(vii) Printer (A3 size)	2
(viii) Laser Colour Printer	3
(ix) Copier	2
(x) Printer Laser	0.5
(xi) Scanner × 2	1.5
(xii) Lamination Units	0.5
(xiii) Camera for Still Photography × 2	2
(xvi) Sound recording System Multichannel	10
<u>CSSD</u>	
(i) Big Autoclave (4 × 4 × 6) × 2	30
(ii) Small Autoclave (3 × 3 × 4) × 2	18
<u>Transport vehicles</u>	50
<u>Administrative, teaching block fittings</u>	100
<u>Social services</u>	50
Total	----- Rs 64.54 crores

SUMMARY OF FINANCIAL IMPLICATIONS

One time cost

1. Cost of construction

- Hospital building - Rs.3,00,00,00,000/- (Rs. Three Hundred Crores)
- Dharamshala - Rs.4,00,00,000/- (Rs. Four Crores)
- Parking - Rs.1,50,00,000/- (Rs. One Crore and Fifty Lacs))

2. Cost of furniture, equipments etc: Rs 64.54 crores

3. Salary expenses for additional staff: Rs.100 crores (annual)

4. Outsourced services

- Security Total approx. cost – 2.4 crores per year
- Laundry –Rs.44.1 lacs per year
- Sanitation - Total approx. cost – Rs.4 crores per year

Recurring cost

Current annual budget of KSCH is approx. Rs.74 crores. Extrapolating from this, expected annual budget of APC would be approximately Rs.245 crores

PROPOSAL FOR AUGMENTATION OF BED STRENGTH OF KALAWATI SARAN CHILDREN'S HOSPITAL

Background:

Kalawati Saran Children's Hospital was visited by the Hon'ble Union minister of State (IC) of Woman and Child Development Smt. Krishna Tirath along with members of NCPCR Dr. Vandana Prasad, Sh Vinod Tikoo & Sh Asheem Srivastav on 21/11/2012. They observed that urgent steps need to be undertaken to de-congest the Hospital. At a subsequent meeting between the officials of Lady Hardinge Medical College and members of NCPCR on 21.12.12 It was decided that since re-development of KSCH is proposed during the IIIrd phase of re-development of LHMC and associated hospitals, as an interim measure the bed strength of KSCH be increased by 200 beds. The space for these beds would be provided once the existing Departments from SSKH would shift to the new building upon completion of the first phase of the comprehensive redevelopment plan of LHMC and associated hospitals. At a subsequent meeting at NCPCR on 05.02.12, it was decided that an exhaustive proposal for the 200 additional beds inclusive of required budget, equipments, manpower etc would be prepared by KSCH and be submitted to the Ministry for approval. This proposal has been prepared in accordance with the directive from NCPCR and is being submitted to the Ministry of Health and Family welfare for approval.

Distribution of the proposed 200 beds :-

3 units of 45 beds each = 135 beds

1 out-born new-born unit = 35 beds

1 pediatric surgery ward = 15 beds

1 hematology oncology ward = 15 beds

General Pediatric units

Components

- Patient bed area
- Isolation room
- Nursing station
- Doctors duty room
- Changing room
- Pantry
- Treatment room
- Store
- Toilets
- Utility room

Staff requirement per Unit of 45 beds

- Faculty members (atleast 1 professor, 1 Associate Professor and 1 Assistant Professor each) -4
- Senior Residents – 3
- Junior Residents - 5
- Staff Nurses @ N:P = 1:2 + 45% leave reserve = 32 nurses
- Nursing Sisters = 2 (morning shift) + 1 (afternoon shift) +1 (night shift) + 1 extra = 5
- ANS = 1
- DNS = 2 for a total 200 beds
- Nursing Aid 2 /shift + 2 extra = 8
- Sanitation staff 2/shift + 2 extra = 8

Outborn Newborn unit

- Newborn intensive care – 4 beds
- Special Care Newborn Unit = 10 beds
- Ward for newborns with mothers – 35 beds

Components

- 4 bedded ICU & 10 bedded SCNU with interconnecting nursing station.
- 35 bedded ward where newborns can be roomed in with the mother
- Handwashing/Gowning area
- Changing Room
- Doctor Duty Room
- Fluid preparation room
- Procedure room
- Side lab

Staff requirements of New born unit (35 beds)

- Faculty members (atleast 1 professor, 1 Associate Professor and 1 Assistant Professor each)- 3
- Senior Residents – 4
- Junior Residents - 5
- Staff Nurses @ N:P= 1:1 + 45% leave =50
- Nursing Sister = 2 (morning shift) + 1 (afternoon shift) +1 (Night shift) + 1 extra = 5
- ANS = 1
- Nursing Aid 2 /shift + 2 extra = 8
- Sanitation staff 2/shift + 2 extra = 8

Pediatric surgery ward

Components:

- Patient bed area
- Nursing station
- Toilets
- Procedure room

Staff requirements for Pediatric surgery ward

- Faculty (atleast 1 professor, 1 Associate Professor each)-2
- Senior Residents – 1
- Junior Residents - 2
- Staff nurses @ @ N:P= 1:1 + 45% leave = 12
- Nursing Sisters = 3
- Nursing Aid 2 /shift = 6
- Sanitation staff 2/shift = 6

Hemoto oncology ward

Components:

- Patient bed area
- Nursing station
- Toilets
- Procedure room

Staff requirements of Hemato oncology ward

- Faculty members (atleast 1 professor, 1 Associate Professor each) - 2
- Senior Residents – 1
- Junior Residents - 2
- Staff nurses @ @ N:P= 1:1 + 45% leave = 12
- Nursing Sisters = 3
- Nursing Aid 2 /shift = 6
- Sanitation staff 2/shift = 6

Total Staff Requirements for enhancing bed strength by 200 beds

Area	Faculty	Senior Residents	Junior Residents	Staff Nurses	Nursing Sister	ANS	DNS	Nursing Aids	Sanitation staff
Pediatric Units (3 in all)	12	9	15	96	15	3	2 for 200 beds	24	24
Out-born New-born unit	3	4	5	50	5	1	-	8	8
Pediatric Surgery Ward	2	1	2	12	3	-	-	6	6
Hemato oncology ward	2	1	2	12	3	-	-	6	6
Total	19	15	24	170	26	4	2	44	44

Staff requirement after adjusting for existing KSCH staff

Faculty	Senior Residents	Junior Residents	Staff Nurses	Nursing Sister	ANS	DNS	Nursing Aids	Sanitation staff
12 (assistant professors)	15	15	170	26 (to be recruited at level of staff nurses)	4 (to be recruited at level of staff nurses)	2 (to be recruited at level of staff nurses)	44	44

KALAWATI SARAN CHILDREN'S HOSPITAL

Required Augmentation in Posts for Additional 200 Beds in KSCH

S. No.	Post	Additional number required
1.	Medical Superintendent	01
2.	Assistant Professor	12
3.	Senior Resident (Total incl. 6838-NPA)	15
4.	Junior Resident	15
	Nursing Staff	
5.	Deputy Nursing Superintendent	02
6.	Assistant Nursing Superintendent	04
7.	Nursing Sister	26
8.	Staff Nurse	170
	Administrative Staff	
9.	Labour Welfare Officer	01
10.	Senior Administrative Officer	01
11.	Administrative Officer	01
12.	Assistant Administrative Officer	02
13.	Office Superintendent	02
14.	Head Clerk	03
15.	Upper Division Clerk	5
16.	Store Officer	02
17.	Assistant Accounts Officer	01
18.	Medical Record Officer	01
19.	Stenographer Grade – III	01
20.	Stenographer Grade – II	01
21.	Stenographer Grade – I	02
22.	Statistician	01
23.	Medical Record Assistant	02
24.	Telephone Supervisor	01
25.	Care-taker	02
26.	Store Keeper	04
27.	Registration/Receptionist	05
28.	Assistant Labour Supervisor	01
29.	Telephone Operator	05
30.	Social Worker	01
31.	Dietician	01
32.	Sr. Pharmacist	01
33.	Pharmacist	06
34.	Drivers – II	01
35.	Drivers – I	02
36.	Security Manager	01
37.	House Keeping Manager	01

	Technical Staff for Labs	
38.	Technical Officer	04
39.	Technical Assistant for Laboratory	05
40.	Laboratory Technician	09
41.	Laboratory Assistant	10
	Technical Staff for Radiology	
42.	Technical Officer	02
43.	Technical Assistant/ Senior Radiographer	01
44.	Radiographer/ X-ray Technician	03
	Technical Staff for Operation Theatre	
45.	Senior O. T. Technician	01
46.	O. T. Technician	02
	Technical Staff for Blood Bank	
47.	Technical Assistant	02
	CSSD Staff	
48.	CSSD Technician	02
49.	CSSD Assistant	02
	Technical Staff for EEC/ECG	
50.	Senior Technical Assistant	01
51.	EEG/ECG Technician	01
52.	Multi Task Staff	80

Additional Equipment Required

Equipment	Units (for each unit)	Outborn Newborn unit	Hemato oncology ward	Pediatric Surgery ward	Total
Beds (Large)	40	10	15	12	157
Open care systems	5	25	-	3	43
Bedside locker	45	35	15	15	200
Bedside stool	45	35	15	15	200
IV fluid stand	45	35	15	15	200
Furniture for Nursing station/DDR/ANS Room and Changing Room					
Ambulances	-	-	-	-	2
Special Equipment					
Radiant Warmers	5	2	2	2	21
Phototherapy Unit	5	8	-	2	25
Infusion Pump	10	25	15	10	80
Multifunction Monitor	4	25	4	4	45
SpO2 monitor	2	2	1	1	10
Drug Dispensing Trolley	3	2	2	2	15
Equipment for Resuscitation:					
- Laryngoscope with straight blades (all sizes)	3	2	2	2	15
- Laryngoscope with curved blade (adult size)	1	-	1	1	5
- Re-usable Ambu bags (neonatal, child, adult sizes)	2 of each size	2 newborn size	1 of each size	1 of each size	26
Neonatal Ventilator	-	4	-	-	4
CPAP Machines	1	4	-	-	7
Resuscitator	1	-	1	1	5
Transport Incubator	-	2	-	2	4
Autoclave (Big)					1
Transport Ambulance					1
ABG/Electrolyte analyser					1
Digital Radiography Machine					1
Portable X-ray Machine					1
Disposables					

Services to be out-sourced:

- Laundry
- Waste disposal
- Security
- Sanitation staff

The cost of renovation of the space allocated in the old SSKH building including flooring, air conditioning, central oxygen supply etc to be added

References used for norms

1. Minimum Standard Requirements For The Medical College For 200 Admissions Annually Regulations, 1999
(Amended upto November 2010), Medical Council of India
2. Indian Public Health Standards (IPHS) Guidelines for District Hospitals (101 to 500 Bedded)
3. National Accreditation Board for Hospitals and Healthcare Providers (NABH). Accreditation Standards for Hospitals, 3rd edition Nov. 2011
4. Delhi Nursing Council. Staffing norms in teaching hospitals.

Annexure: III

Patient: Staff Nurse Ratio

S. No.	Desired Ratio	Current availability in KSC Hospital
01	Bed : Staff Nurse Ratio is as follows: - For General Ward – 2 : 1 For Special Ward – 1 : 1 For OPD – 86 : 1 For Operation Theatre – 3 Nurse for each table	No. of Staff Nurse (as per sanctioned strength) : 297 Vacant post of Staff Nurses : 105 <hr style="width: 100px; margin-left: auto; margin-right: 0;"/> Available 192

Patient: Doctor Ratio

S. No.	Desired Ratio	Current Ratio in KSC Hospital
01	The norms of doctor patient ratio are highly variable depending upon the level of care provided. Thus the norms are different for Pediatric ICU, Neonatal ICU, Pediatric Ward, High Depending Unit etc. There are no prescribed doctor patient ratios for tertiary care hospital. The MCI recommended norms are for teaching of undergraduate and do not take into account the level of services provided.	For Indoor Patient Department 9.6:1 For Out Patient Department 10:1

GOVT. OF INDIA
KALAWATI SARAN CHILDREN'S HOSPITAL
(LADY HARDING MEDICAL COLLEGE, S.B.S. MARG)
NEW DELHI

Vacancy position as on 1.09.2013 of Doctors

S.No.	Group	Sanctioned Post	Filled Post	Vacant Post	Remarks
1.	Group A (Pediatric) I. Faculty II. Surgery	26 06	25 06	01	These are to be filled by the UPSC and dealt by LHMC. The process of fill up one post ongoing.
2.	Group A Non-teaching Specialist GDMO	5 7	5+1 7		
3.	Group A (Senior Resident)	65	These are tenure posts and are filled up on regular basis by LHMC.		
4.	Group A (Junior Resident – Post Graduate)	52			
5.	Group A (Junior Resident – Non-PG)	21			

Annexure: IV

GOVT. OF INDIA
KALAWATI SARAN CHILDREN'S HOSPITAL
(LADY HARDING MEDICAL COLLEGE, S. B. S. MARG)
BANGLA SAHIB MARG, CONNAUGHT PLACE, NEW DELHI

1. Brief consolidated report as the action taken since November, 2012

SN	Particulars	Remarks
1.	Pediatric Faculty	One post is vacant and it is informed by the M/o H&FW that the post has been advertised by the U.P.S.C.
2.	Group A	Information has been sent to DGHS for filling up of the anticipated vacant post.
3.	Administrative Officer	The post is filled on ad-hoc basis and the process for filling the post on regular basis is in progress.
4.	Deputy Nursing Supdt.	Vigilance Clearance has been obtained, DPC under process to fill both vacant and anticipated posts.
5.	Assistant Nursing Supdt.	
6.	Nursing Sister	DPC Under process to fill the vacant and anticipated posts
7.	Staff Nurse	Proposal for filling up the post of Staff Nurse is under consideration of Dte.GHS & M/o H&FW.
8.	Assistant Labour Supervisor	An incumbent has been promoted on 7.9.13 on the recommendations of DPC.
9.	UDC, Record Technician, Technical Assistant (Laboratory)	Process to fill the vacant posts through promotion is in progress.
10.	Daily wage worker with Temporary Status (25 Nos.) and Daily wage worker (08 Nos.)	Regularization of these employees is under consideration of Dte.GHS & M/o H&FW.
11.	Lower Division Clerk	The requisition has been sent to Staff Selection Commission for sponsoring 11 candidates. Out of these, the dossiers of 5 candidates have been received.
12.	Data Entry Operator for Reception	A tender has been opened on 5.8.2013 for engaging contractual employees for the Reception Counter in KSCH and is likely to be finalized very shortly.
13.	O. T. Technician	One candidate is appointed on contract basis
14.	Physiotherapist, Occupational Therapist and Social Worker	The interviews for all three posts have been taken and the result will be declared very shortly.
15.	Compassionate Appointment	The appointment letters for one post of LDC and two posts as trainee has been issued on 2.8.2013 and now waiting for the police verification to appoint these three candidates.
16.	Recruitment Rules to all Group of posts i.e. A to C and C (MTS)	The committee for the amendment/framing of R. Rules has been constituted in the month of 17 th April, 2013.
17.	For 217 posts created under JICA plan	Continuation of 71 posts has been received vide letter dated 27.8.2013.
		A proposal has been sent for the continuation of 80 posts which has been filled up without continuation
	Revival of the posts.	A proposal has been sent for converting of 217 sanctioned posts into the permanent nature.
		The details of posts for revival of the posts created under JICA plan

		and CR plan is enclosed at annexure – "A"
18.	200 beds	A proposal for augmentation of the hospital by 200 beds has been sent to DGHS.
19.	1000 beds	A proposal for augmentation of the hospital of 1000 beds has been sent to DGHS.
20.	For cadre review of Administrative Staff	The matter is under consideration with DGHS and M/o H&FW
21.	For cadre review of Laboratory Staff	
22.	Patient Shelter	The present waiting area has been improved as permitted under NDMC by laws by providing additional facility to the attendants of the patients for washing, bathing and sitting arrangement.
23.	PMR Scheme	Creation of regular posts is in under process and the approval of conducting Walk-in-interview for 23 sanctioned posts under scheme has been obtained from the Director.

Minutes of the meeting held under the Chairpersonship of Smt. Shakuntala D. Gamlin, JS (SG) on 21.1.2013 at 3 p.m. to discuss issue of land allotment to Kalawati Saran Children Hospital (KSCH) in lieu of the land taken over for DMRC project

The list of participants is enclosed.

2. Initiating the discussions, Joint Secretary (SG) informed that Hon'ble National Commission for Protection of Child Rights (NCPCR) convened a meeting to discuss the issues relating to Kalawati Saran Children Hospital (KSCH). During the meeting, out of various issues, an issue of land allotment to KSCH in lieu of land taken over by the Government along Panchkuian Road for DMRC project was also discussed. After discussion, Hon'ble NCPCR instructed this Ministry to convene meeting. In pursuance of the instructions of Hon'ble NCPCR, this Meeting has been convened.

3. Director, LHMC informed that for the purpose of DMRC project, 3000 square metres of land belonging to the LHMC/KSCH was taken over by DMRC.

?? This land was earmarked to construct a Dharamshala for patients' relatives. LHMC authority had identified a piece of land on which P&T quarters are built in lieu of land given away for DMRC project. Director, LHMC confirmed that the land is still required for the purpose of construction of a Dharamshala. The representative of DMRC informed that there is no policy for allotting land in lieu of the land taken over for DMRC project by them. Therefore they have no role to play in allotment of alternate land. The L&DO informed that in 2008, it was informed to the Ministry that there is no policy to allot land in lieu of land taken over for implementing DMRC project. However, he assured that the matter could be re-examined and possibility explored.

4. After the detailed discussion following decision were taken:

(i) Director, LHMC would prepare and submit to the Ministry a detailed background note and chronology of events along with supporting documents on the matter within a week's time for perusal of L&DO to enable them to relook / reconsider the whole issue once again.

(ii) The decision taken in the meeting may be informed to Hon'ble NCPCR.

The meeting ended with vote of thanks to all present.

.....

List of Participants

Meeting under the Chairpersonship of Ms. Shakuntla D. Gamlin, Joint
Secretary (Hospital) on 15.01.2013 at 12.00 P.M.

Subject: Allotment of alternate piece of land to Lady Harding Medical College
in lieu of the strip of Land vacated by college for DMRC project-reg.

Sl. No.	Name	Designation	Contact No.	Signature
1.	Dr. Y.K. Saxena	Dir. Prof & Head, Radiotherapy	23742587	
2.	Dr. J.K. Sahni	Official Director LHMC	23408105	
3.	Dr. R. Chandra Shekhar	Chief Architect	23062928	
4.	Shri Mukesh Bajpai	Architect, CDB. MOHFW	23062004	
5.	Shri P.S. Chauhan	CE/G. DMRC	23417916	
6.	Md. Mahmood Ahmed	L & Do	23062871	
7.	Dr. G.K. Sharma	DDG(M)	23068330	

Annexure 14

Mem(VP)

Copy

(G.P. UNIT)

No. 50806 20/9/13

Z- 28020/251/2013-CH
Government of India
Ministry of Health & Family Welfare
(Child Health Section).

Nirman Bhawa New Delhi-110011
Dated the 19th September, 2013

CIRCULAR

Subject: Minutes of the meeting of the Secretary (HFW) with members of NCPCR on the 8th August, 2013.

A copy of the Minutes of the meeting held on 8th August, 2013, under the chairmanship of Secretary, Ministry of Health and Family Welfare, with members of National Commission for Protection of Child Rights (NCPCR) to discuss the child health related issues, is enclosed herewith for information and necessary action.

Prem Narain

(Prem Narain)

Under Secretary to the Government of India
Tel.No.23061986

To,

1. Ms. Kausal Singh,
Chairperson, National Commission
for Protection of Child Rights,
5th Floor, Chanderlok Building,
36, Janpath, New Delhi-110001.

2. Dr. Vandana Prasad,
Member, National Commission
for protection of Child Rights,
5th Floor, Chanderlok Building,
36, Janpath, New Delhi-110001.

Copy to:

1. PPS to Secretary Health & Family Welfare,
2. PPS to AS & MD / PPS to AS (CKM),
3. PS to JS (Hospital)/ PS to JS (Nursing)/PS to JS (RCH)/PS to JS(NCD),
4. Dr. Atul Murari, Lady Harding Medical College, C-604, Shaheed Bhagat Singh Road New Delhi-110001
5. Dr. Satinder Aneja, Kalawati saran Medical Hospital, C-604, Shivaji Stadium Bus Terminal, New Delhi.
6. PS to DC (CH & I)/ PS to DC (UIP)/PA to DC (CH-SD).

TE (Swati Das)

V-imp. file
IMM + health report
can reference
this also
P30K



Minutes of the meeting of the Secretary (HFW) with members of NCPCR on the 8th August 2013

The meeting was chaired by Secretary (HFW) and Chairperson NCPCR and Member, NCPCR along with other officials of the Ministry were present.

The following issues were discussed:

1. Integrated Management of malnutrition:

- Member NCPCR called for setting up systems that allow for seamless continuum of care between NRCs and ICDS. It was highlighted by NCPCR that present scenario addressed needs of SAM children in the health systems, whereas there is high mortality in all kinds of malnourished children, like underweight children with growth faltering, stunted, and in MAM categories also. Illness in each of these malnourished children would require intervention from the Health Department after being referred by the ICDS department. It was clarified that the treatment and nutritional protocols including feeding counseling for prevention of malnutrition in children have been laid out in IMNCI guidelines and would require enforcement and effective implementation.
- Regarding role delineation, the NCPCR clearly suggested that food component of any community based malnutrition programme should be addressed through ICDS and Health Department should take on the role of micro-nutrient supplementation. Administration of micronutrients in malnourished children should be seen as “drug input” that would be the responsibility of the Health Department, instead of seen as “Food input” as is presently being considered for administering through the energy dense food preparations. It was suggested that a policy paper may thus be produced by MOHFW that should state the role of Health Department in these programmes.
- It was informed that recently MOHFW has launched Operational Guidelines for enhancing optimum infant and Young Child Feeding Practices besides critical interventions for infection control, promotion of personal Hygiene and sanitation, as establishing optimum infant and young child feeding practices is prerequisite for prevention of malnutrition that sets in the early years of life.
- Secretary (HFW) informed that a joint letter is being signed with WCD for such convergent efforts at field level.
 - NCPCR was informed that guidelines for facility based management of sick children with Severe Acute Malnutrition has been prepared by the Ministry of Health and Family Welfare that details admission and discharge criteria and letter for compliance to same has been sent to the States.
 - It was decided that the list of NRCs across the States should be shared with NCPCR for purpose of monitoring.

2. Clinical trials involving children (HPV, Indore trials):

The subject matter of Clinical Trials in children was discussed. Certain concerns were expressed by the Commission relating to such trials. The Commission agreed to suggest a set of guidelines for the Ministry for protecting the rights and safety of children during the conduct of clinical trials.

3. Quality Assurance for child patients of Kalawati Saran Hospital and related systems strengthening issues specially recruitment process:

- The Proposal to increase 200 beds in KSCH, New Delhi was discussed. This would be implemented at the end of Phase-I of comprehensive re-development Plan of LHMC. It was informed that the proposal has already been submitted to DGHS. It was decided by the Secretary (HFW) that the proposal should be further refined in terms of manpower etc.
- Regarding the augmentation of staff in KSCH, the Director, LHMC informed that the vacant posts of the staff nurses the matter is under process in Dte.GHS and these will be filled up through a written examination to be Conducted by National Board of Examination. The Secretary desired that the process may be expedited so that these vacant posts are filled up by the 1st January 2014. It was informed that the proposal to fill up the vacant posts of LDC has been put up to SSC.
- The Secretary inquired about the status of sanitation and up keep of the hospital. It was informed by the Director, LHMC that proposals for augmenting the strength of outsourced sanitary workers has already been sent to the Ministry of Health and Family Welfare and is under consideration.
- On the issue of full time Medical Superintendent it was informed that 3 SAG level posts are available in KSCH. Against one of the posts, a full time MS can be posted.

4. Action Plan for JE vaccination (routine and catch-up):

Following issues pertaining to VBD/JE were raised in the said meeting:

- i) The account in balance e on 31.07.13 for National Vector Borne Disease Programme in UP is Rs.8109/-.
- ii) This programme has not received funds for 2012-13 since State share of 15% has not been borne by Uttar Pradesh
- iii) Salaries for 144 of 164 staff of BRG Medical College have not been approved by the Centre.
- iv) Salaries for the HR for 100 extra beds for JE/AES have not been approved by the Centre.

It was informed that funds for the programme have not been released as the State Government is yet to release the State share. The other issues would be examined by the Ministry.

5. Availability of Paediatric Drugs in Public Health Facilities:

- Dr. Vandana Prasad highlighted the issue of non-availability of basic paediatric drug formulations such as Iron and Folic Acid Syrups, Albendazole Tablets, ORS, Zinc Dispersable Tablets at all Public Health facilities but specifically at Anganwadi Centres across the States. This was as per the observations made by the members of NCPCR for IFA Supplementation Programme during their field monitoring visits.
- Stating the example of 6th time tendering in State of Jharkhand for IFA syrup, Dr. Vandana stressed for better monitoring and suggested that a white paper on the current status of IFA Supplementation Programme be prepared by Child Health Division and shared with NCPCR so that States can be followed up by NCPCR.
- It was discussed that variety of issues are attributed towards the problem such as delays in tendering process at State and district levels, inadequate inventory management at different levels, along with lack of orientation of ICDS functionaries and ASHA/ANMs for prophylactic administration of IFA Syrup.
- The NCPCR members were informed that until 2011-12, child health drugs including IFA, vitamin A etc. were centrally procured and supplied as Kit A, B, thereafter from 2012-13, funds are provided under NRHM for decentralized procurement by the States for purchasing after tendering and quality control.
- The Commission was also informed about the recently launched National Iron Plus Initiative under NRHM, in which the under-five children from 6 to 60 months would be provided bi-weekly supervised doses of IFA Syrup by ASHA during home visits throughout the year and children from 6 to 18 years would be provided weekly IFA supplementation (WIFS) in Schools. Letter for implementing this Strategy has been sent to the States.
- Under NRHM funds are also allocated to the States for conducting field activities, IEC, mobilization activities, ASHA incentives for supplementation of IFA syrup and Vitamin A biannual rounds.
- It was informed that monitoring of stock and coverage of IFA/Vitamin A Supplementation is being done by the Ministry of Health and Family Welfare through HMIS.

No. A.12034/03/2013- ME-III
 Government of India
 Ministry of Health & Family Welfare
 (ME-III Section)

Nirman Bhavan, New Delhi
 Dated the 4th February, 2013

To,

The Member Secretary,
 (Kind Attn: Sh. Asheem Srivastav),
 National Commission for Protection of Child Rights,
 5th Floor, Chanderlok Building,
 36- Janpath, New Delhi- 110001.

Subject: Action Taken Report on Minutes of meeting held to discuss matters related to Kalawati Saran Children's Hospital on 21.12.2012 at National Commission for Protection of Child Rights (NCPCR) -reg.

Sir,

I am directed to refer to the discussion taken place in the meeting of NCPCR held on 21.12.2012 (to discuss matters related to Kalawati Saran Children's Hospital for further necessary action taken) and to forward herewith the action taken report on the decision taken in the meeting.

2. This issues with the approval of Joint Secretary (SG).

Yours faithfully,



(Sanjay Pant)

Under Secretary to the Government of India
 23061521

Copy to:

1. Director(H)
2. DDG(M), Nirman Bhawan, New Delhi
3. Director, LHMC & S. K. Hosptial, New Delhi.
4. Addl. MS, KSCH, New Delhi.

Noted. y
 7/2/13
 Plu file

Handwritten notes on the left margin:
 \$ 572
 15
 Member (VP)
 to
 PPS

Action Taken Report on Minutes of meeting held to discuss matters related to Kalawati Saran Children's Hospital on 21.12.2012 at National Commission for Protection of Child Rights (NCPCR)

Sl. NO.	Agenda Points of the above meeting	Action Taken Report
1	A meeting of the Joint Secretaries of the respective ministries (MOHFW and MUD&PA/L&DO) would be arranged by MOHFW to discuss the issue of acquisition of land from DMRC. The Commission would be appraised of it by 21.01.2013.	In this regard a meeting was held on 15.01.2013 under the Chairmanship of Ms. Shakuntla D. Gamlin, Joint Secretary (Hospital) regarding to discuss the issue of acquisition of land from DMRC. A Minutes of the above meeting is enclosed at Annexure-I.
2	A proposal to use 'Port-a cabins' as a temporary arrangement for providing shelter to attendants of patients would be prepared by the management of KSCH.	KSCH, New Delhi has intimated that a letter dated 22.01.2013 has been issued to construct temporary shelter for attendants of patients. A copy of the letter is enclosed at Annexure-II.
3	A proposal for formalizing the provision of 200 beds to KSCH would be submitted to the Ministry by LHMC. Copy of the same to be submitted to the Commission.	In this regard a proposal has been received in this Ministry from KSCH New Delhi on 30.01.2013, which will be examined in accordance with the Rules.
4	Appointment of nurses at KSCH would be finalized within two months.	KSCH has intimated that the recommendations of the committee rescinded by the competent authority. The recruitment procedure to fill the posts started afresh.
5	Status note regarding staffing gaps, and proposals, letters etc sent to the Ministry would be submitted to the Commission by KSCH as well as Ministry.	The detail of the vacant posts on KSCH is at Annexure-III.
6	MOHFW to expedite the proposal of appointment of Security and Sanitation staff.	The matter is under examination with IFD, M/o HFW.

7	A nodal person from the Ministry to be appointed for KSCH.	Ms. Aparna Sharma, Director
8	The Commission would follow up with MOHFW on the appointment of a full time Medical Superintendent for KSCH.	Since this relates to creation of post, a proposal in this regard may be formulated.

Minutes of the meeting held under the Chairpersonship of Smt. Shakuntala D. Gamlin, JS (SG) on 21.1.2013 at 3 p.m. to discuss issue of land allotment to Kalawati Saran Children Hospital (KSCH) in lieu of the land taken over for DMRC project

The list of participants is enclosed.

2. Initiating the discussions, Joint Secretary (SG) informed that Hon'ble National Commission for Protection of Child Rights (NCPCR) convened a meeting to discuss the issues relating to Kalawati Saran Children Hospital (KSCH). During the meeting, out of various issues, an issue of land allotment to KSCH in lieu of land taken over by the Government along Panchkuian Road for DMRC project was also discussed. After discussion, Hon'ble NCPCR instructed this Ministry to convene meeting. In pursuance of the instructions of Hon'ble NCPCR, this Meeting has been convened.

3. Director, LHMC informed that for the purpose of DMRC project, 3000 square metres of land belonging to the LHMC/KSCH was taken over by DMRC. This land was earmarked to construct a Dharamshala for patients' relatives. LHMC authority had identified a piece of land on which P&T quarters are built in lieu of land given away for DMRC project. Director, LHMC confirmed that the land is still required for the purpose of construction of a Dharamshala. The representative of DMRC informed that there is no policy for allotting land in lieu of the land taken over for DMRC project by them. Therefore they have no role to play in allotment of alternate land. The L&DO informed that in 2008, it was informed to the Ministry that there is no policy to allot land in lieu of land taken over for implementing DMRC project. However, he assured that the matter could be re-examined and possibility explored.

4. After the detailed discussion following decision were taken:

(i) Director, LHMC would prepare and submit to the Ministry a detailed background note and chronology of events along with supporting documents on the matter within a week's time for perusal of L&DO to enable them to relook / reconsider the whole issue once again.

(ii) The decision taken in the meeting may be informed to Hon'ble NCPCR.

The meeting ended with vote of thanks to all present.

.....

28/11

List of Participants

Meeting under the Chairpersonship of Ms. Shakuntla D. Gamlin, Joint Secretary (Hospital) on 15.01.2013 at 12.00 P.M.

Subject: Allotment of alternate piece of land to Lady Harding Medical College in lieu of the strip of Land vacated by college for DMRC project-reg.

Sl. No.	Name	Designation	Contact No.	Signature
1.	Dr. Y.K. Saxena	Dir. Prof & Head, Radiotherapy	23742587	
2.	Dr. J.K. Sahni	Official Director LHMC	23408105	
3.	Dr. R. Chandra Shekhar	Chief Architect	23062928	
4.	Shri Mukesh Bajpai	Architect, CDB. MOHFW	23062004	
5.	Shri P.S. Chauhan	CE/G. DMRC	23417916	
6.	Md. Mahmood Ahmed	L & Do	23062871	
7.	Dr. G.K. Sharma	DDG(M)	23068330	

235
Annexure-II

GOVT. OF INDIA
KALAWATI SARAN CHILDREN'S HOSPITAL

NO:KSCCH/CPWD/12-13/3/6

Dated:

22/1/13

To

The Executive Engineer,
CPWD (Electrical)
LHMC & Assoc. Hospitals
New Delhi

The Executive Engineer
CPWD (Civil)
LHMC & Assoc. Hospitals
New Delhi

Sub: Construction of Temporary Shelter for Attendants of patients.

Sir

As per the instructions issued by the NCPCR you are requested to construct temporary porta cabin shelter with a capacity of approximately 100 persons for attendants of patients at the place which is being used as Parking area in front of Canteen of KSCCH. The Porta cabin must have all the basic amenities and other facilities such as mobile charging points, emergency light, emergency fan connections and better sitting arrangements etc.

This may please be accorded priority.

Yours faithfully

(Signature)

Addl. Medical Supdt.

Copy for information to :-

1. The Director, LHMC & Associated Hospitals
2. Dr. (Mrs.) P. Bajaj, Addl. Medical Supdt.

(Signature)

235

Annexure - III

The information in details of the vacant posts in the hospital KSCH

PENDING ISSUES		
S.No.		Remarks
1.	Compassionate Appointment	Relaxation in Educational Qualification to appoint 3 candidates on compassionate appointment has been approved by the Secretary (HFW).
2.	Temporary Status Employees For the regularization of the working T.S. daily wage worker	The file has been submitted for taking up the matter with DoPT.
3.	Sanitary and Security Services for the augmentation of the services of the sanitary and security, the combined proposal is in LHMC & SSK Hospital	Matter is under examination with IFD, M/o Health FW.
STAFFING GAPS		
4.	Posts created under JICA plan Continuation and Conversion into Permanent posts	The proposal for continuation of 71 posts beyond 31.3.2012 is under examination with IFD, M/o Health & FW.
5.	Posts created under CR Plan	The posts under Group A are to be filed by the M/o H & F.W., the request has been sent vide letter No. KSCH/5299 dated 14.11.2012. The other technical posts like Technician - 15, Staff Nurse-30, Radiographer-2, Photographer-2 etc. were initially to be filled by the Staff Selection Commission. But because of the refusal of SSC, all the posts to be outsource. Beside this the promotional posts have been filled-up.
6.	Lower Division Clerk	The correspondence to fill these eleven posts are going with the Staff Selection Commission regularly and 2 nd Reminder was sent to SSC vide KSCH/3821 dt. 17.8.2012 for sponsoring the name of the candidates. The tender to appoint Data Entry Operator opened on 18.1.2013 and in the process to finalize the same to outsource the posts.
7.	Jr. Bio-chemist	The proposal for appointing of Jr. Bio-chemist on contract basis is under submission in Dte.GHS.
8.	Nursing Sister	The file is in process to vet the Reservation Roster for filling up 3 vacant posts in the f. Year 2012-2013.
9.	Occupational Therapist/ Social Worker/ Physiotherapist	The scrutiny of the candidates for these posts has been completed and the file is in process for getting approval from the competent authority for interview.
10.	Staff Nurse	The recommendations of the committee rescinded by the competent authority. The recruitment procedure to fill the posts started afresh.

11.	Other regular posts in KSCH	The posts under Group A are to be filled by the M/o H & F.W., the request has been sent vide letter No. KSCH/5299 dated 14.11.2012. The post of Chief Pharmacist is vacant because of the non-amendment of the Recruitment Rules. The post of X.ray Technician is vacant because there is some confusion in the promotion of the Senior-x-ray Technician. The process is in progress to fill the post of Record Technician. There is ban on filling the post of Group D otherwise there are 20 vacant posts of Group D
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LADY HARDINGE MEDICAL COLLEGE & ASSOCIATED HOSPITALS: N. DELHI

F: LHMC/PMS/2012-13/ 7713

Dated: 26th Nov, 2012

Dr Vandana Prasad,
Member, National commission for protection of Child Rights,
5th Floor, Chandralok Building,
36 Janpath, New delhi-110001

Subject: Information regarding Comprehensive Redevelopment Plan Phase-I pertaining to Kalawati Saran Children Hospital.

Madam,

This is in reference to your letter No. D.O. Member (VP)/NCPCR/26053 dated 9th Nov 2012 on the subject cited above.

In this context, it is informed that Comprehensive Redevelopment Plan was visualized for Lady Hardinge Medical College (LHMC) & Associated Hospitals in 1999 when the Ministry of Urban Development & Poverty Alleviation directed LHMC to prepare a Comprehensive Redevelopment Plan for LHMC and associated hospitals, New Delhi. It was clearly stated by the 'Ministry of Urban Development and Poverty Alleviation' that any type of construction, temporary or permanent, would not be permitted till a comprehensive Redevelopment Plan was prepared for LHMC and associated hospitals. Necessary steps were therefore initiated for preparation of the Comprehensive Redevelopment plan of LHMC and associated hospitals for up gradation of all the existing departments and also to establish other departments/ specialties in LHMC and associated hospitals in a phased manner.

Subsequently 'Central Educational Institutions (Reservation in Admission) Act 2006' was passed in the Parliament. Under this act, all the central educational institutions were required to provide additional 27% OBC reservation in UG & PG courses.

LHMC being a central medical institution was directed to take necessary steps in this direction and all the focus under Phase-I of the Comprehensive Redevelopment plan therefore shifted towards additional UG and PG admissions, recruitment of additional senior residents and faculty, recruitment of additional nursing and technical staff, creation of additional infrastructure like new additional lecture theatres, laboratories, operation theatres, accident and emergency services, out door and in door facilities, faculty rooms, UG and PG hostels, faculty and staff quarters etc for large number of additional students, doctors, faculty, nursing staff and technical staff.

Under phase-I the following infrastructure was planned and the construction is underway.

- New OPD Block,
- New A & E Block,
- IPD Block
- Radiotherapy block,
- U G Hostel

N.C.P.C.R. Mem
 (C.R. UNIT)
 Dt. 6/12/12
 Dy. No. 0797

- PG Hostel,
- Staff quarters
- Faculty quarters
- Academic Block

Under phase-I the activities related to additional UG and PG admissions, recruitment of additional senior residents, faculty staff, nursing and technical staff have either been completed or are under process.] ✓

The proposal for additional staff submitted by Kalawati Saran Children Hospital is enclosed at annexure I.


The following equipment has been requested by the department of Pediatric medicine and the procurement process is being initiated (Annexure II).

1. Video Bronchoscope
2. NIOX MINO system for exhaled NO measurement
3. Fractional exhaled Nitric Oxide testing of neonate, infant, and older patients
4. Channels VIDEO EEG system
5. ABR screening system

Under the new Master Plan for LHMC and associated hospitals, approved by the Ministry of Health and Family Welfare/ NDMC/other statutory bodies, it is proposed to establish a new multistory Block for Kalawati Saran Children after demolition of the existing old Kalawati Saran Building in the 3rd phase of the Comprehensive Redevelopment Plan of LHMC and associated hospitals. ✓

Proposal mooted by the Special Secretary in the Ministry of Health and Family Welfare (GOI) during his recent visit to add two more floors above the JICA building is being taken up with the CPWD. //

However as a short term measure, up to 200 more paediatric beds (including 50 under Phase-I), can be added, in the wards vacated by the departments of Medicine, Surgery, Orthopedics etc, after these wards are shifted to new IPD block being developed under Phase-I of Comprehensive Redevelopment Plan.] ✓

Yours faithfully,

 Dr Atul Murari,
 Director.

Copy for information to:

Dr Anita Kulshresta, Additional Medical Superintendent, Kalawati Saran Children Hospital, New Delhi

Noted
 4/10/12

Annexure IV (e)

Additional Manpower requirement for Pediatric speciality:

Designation	Category	Existing	Required	Total	Pay-scale	Financial Implication (Lacs)
ADMINISTRATION						
Med. Supdt. Upgraded	A	0	1	1	18400-22400	0.00
General Paediatric Services						
Asstt. Prof.	A	14	6	22	18400-22400	24.72
Specialised services						
Intensive care						
Asstt. Prof.	A	0	1	1	10000-15200	4.12
Pulmonology						
Asstt. Prof.	A	0	1	1	10000-15200	4.12
Haemato-oncology						
Asstt. Prof.	A	0	1	1	10000-15200	4.12
Endoscopy						
Asstt. Prof.	A	0	1	1	10000-15200	4.12
Child Health Promotion clinic						
Asstt. Professor	A	0	1	1	10000-15200	4.12
Central Emergency Services						
Asstt. Prof Emergency	A	-	2	2	10000-15200	8.24
Photographic-cum Audio-visual Unit						
Photographer	C	-	1	1	4500-7000	1.46
Reprographic Technician	C	-	1	1	4500-7000	1.46
Residents						
Senior Residents		55	20	75	10325-10975	63.00
Junior Residents		31	13	44	9000-9500	35.49
		61				

Nurses						
Deputy Nurs. Supdt.	B		1	1	7500-12000	2.39
Asstt. Nurs. Supdt.	B		2	2	6500-10500	4.24
Nursing Sister	B		4	4	5500-9000	7.68
Staff Nurse	C		30	30	5000-8000	52.80
LDC	C	-	5	5	3050-4590	4.50
Stenographer	C	-	2	2	4000-6000	2.00
Lab. Technicians	C	-	10	10	4500-7000	14.60
O.T. Technicians	C	-	5	5	4500-7000	7.30
Central Workshop						
Biomedical Engineer	B	-	1	1	10000-15200	3.10
Mechanical Assistant (Equipment)	C	-	1	1	5500-9000	1.14
Workshop Sr. Technical Asstt-Elec./Electronic/Ref						
	C	-	3	3	5500-9000	5.04

Annexure IV (e)-1

**Additional Manpower requirement for Pediatric Specialty for
Outsourcing :**

Designation	Category	Existing	Required	Total	Pay-scale	Financial Implication (Lacs)
Stretcher Bearer	D	-	3	3	2550-3200	2.58
Head Safaiwala/ Wali*	D	-	2	2	2550-3200	1.72
Safai Wala/Wali *	D	-	21	21	2550-3200	18.06

NO/KSCH/Paeds/2012/ 724

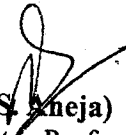
Dated: 17.08.2012

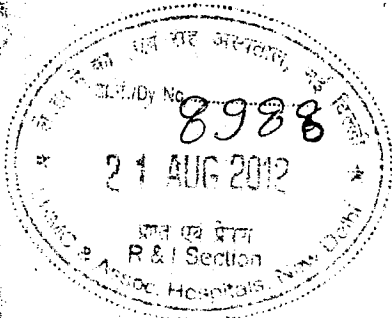
To,

The Director
Lady Hardinge Medical College
New Delhi

Sir,

Reference to your notice No.LHMC/Director/CRP/Notice/2012-12/5048 dated 13th August 2012, please find enclosed the list of equipments from the Department of Pediatrics required under Phase-I of Comprehensive Redevelopment Plan


(Dr. S. Seneja)
Director-Professor and Head
Department of Pediatrics



Prof. N. K. Saxena,
~~P.A. to Director~~

अवस्था में In Dak Stage.....
निदेशक / Director
21 AUG 2012
ले.स.मे.क. एवं श्रीवती सु.क. अस्पताल, नई दिल्ली-1 LHMC & Smt. S.K. Hospital, N. Delhi-1

[Signature]
21/8/12

PEDIATRIC

PULMONOLOGY

No. of equipments — (5)

re of the

bronchoscopy video.

- Software for editing through movie videos
- High resolution color printer with 4 spare cartridges
- Intel core i3/i5 processor/3GB RAM/320 GB or higher HDD
- DVD writer/Ethernet card/Multimedia key board/Optical scroll mouse
- 6 USB ports

Estimated cost: 20 lakh

TECHNICAL SPECIFICATION FOR VIDEO BRONCHOSCOPE

(PEDIATRIC)

QUANTITY REQUIRED 1

a. SPECIFICATIONS OF VIDEO BRONCHOSCOPE

Viewing direction	Forward
Observation range	3 – 100 mm
Field of view	120°
Distal end diameter	3.8 mm
Flexible portion diameter	3.5 mm
Bending capability	Up 180° Down 130°
Forcep channel diameter	1.2 mm
Working length	600 mm
Total length	870 mm

b. SPECIFICATIONS OF VIDEOPROCESSOR with light source:

- Should have one light source.
- Colour system: single CCD color
- Lamp: XENON short ARC

c. SPECIFICATIONS OF Monitor:

- 15 inch LCD color High Definition (HD) Professional Monitor
- WXGA LCD panel/HDMI Interface
- High purity RGB colour filters
- Excellent brightness and contrast
- Should have a wide viewing contrast both horizontally and vertically
- Advanced marker settings

d. SPECIFICATIONS OF hardware and software for recoding and archiving.

- Should have in built in software for recording of patient data and capture of the bronchoscopy video.
- Software for editing through movie videos
- High resolution color printer with 4 spare cartridges
- Intel core i3/i5 processor/3GB RAM/320 GB or higher HDD
- DVD writer/Ethernet card/Multimedia key board/Optical scroli mouse
- 6 USB ports

Estimated cost: 20 lakh

(2)

NIOX-MINO system for Exhaled NO measurement
75

NIOX MINO is CE-marked according to In Vitro Diagnostic Device Directive 98/79/EC and approved for clinical use in EEC countries.

Operating and Measurement conditions

Ambient temperature:	+16 to +30°C
Atmospheric pressure range:	700 to 1060 hPa
Humidity:	20 to 60% RH (non-condensing)
Ambient NO concentration:	< 300 ppb
Exhaled flow rate during measurement:	50 mL/s \pm 10% BTPS (Body Temperature Pressure Saturated, 37°C, 1013 hPa, 100% RH)

Exhaled NO - Performance Data

Measurement range:	5 to 300 ppb
Lowest detection limit:	5 ppb
Exhalation time:	10 seconds, clinical use. 6 seconds, research use
Measurement time:	< 2 min
Temperature stabilization time:	\leq 30 min
Linearity:	Squared correlation coefficient $r^2 \geq 0.998$, slope 0.95 - 1.05, \pm 3 ppb. Determination based on the pooled regression analysis from 10 instruments using standard gas reference samples at 7 different concentration levels covering the operating measurement range.
Precision:	< 3 ppb of measured value < 30 ppb < 10 % of measured value \geq 30 ppb Expressed as one standard deviation for replicate measurements with the same instrument, using a certified gas concentration of Nitric Oxide reference standard
Accuracy:	\pm 5 ppb or max 10% Expressed as the upper 95% confidence limit, based on absolute differences for concentrations \leq 50 ppb and relative differences for concentrations > 50 ppb, from certified gas concentration of Nitric Oxide reference standard.
Method comparison:	\pm 5 ppb for values < 50 ppb \pm 10 ppb for values 50-100 ppb \pm 25 ppb for values above 100 ppb Expressed as the difference, using one standard deviation, between a NIOX MINO measurement value and the corresponding value measured with NIOX* instrument from Aerocrine.
Breathing parameters:	<i>Inhalation</i> Inhalation to TLC (Total Lung Capacity) before start of exhalation, to secure proper activation:

FENO 10 L

3
76

Minimum -3 cm H₂O (trigger only)

Exhalation

Exhalation time:

Standard mode: 10 s (clinical use)

Special 6 s. mode: 6 s (research use)

All exhalations are to be performed at an exhalation pressure of 10 - 20 cm H₂O, to maintain a fixed flow rate of 50 ±5 mL/s.

Nasal NO (Research application) - Performance Data

Measurement range

5 to 1,700 ppb

Lowest detection limit

5 ppb

Sampling flow rates

2 ml/s or 5 ml/s

Software

Memory capacity:

3,000 measurements (instrument memory)

Electrical Data

According to IEC 60601-1 Class II Type B

Main voltage:

100 to 240 V ~ 50 to 60 Hz

Secondary voltage:

6 V DC (external power adapter)

Responsible Manufacturer

Aerocrine AB, (Sundbybergsvägen 9) P.O. Box 1024,
SE-171 21 Solna, Sweden

FORS Infant & Pediatric

3

77

TECHNICAL SPECIFICATIONS FOR FIBEROPTIC BRONCHOSCOPE (pediatric)

1. Slim Max Outer diameter of 3.5 to 3.6 mm or less.
2. Field of view 100° -120°
3. Depth of field 3~50 mm
4. Tip deflection 130° or more both up and down
5. Instrument working channel 1.2 mm or more
6. Working length 540 mm or longer
7. Total length upto 900 mm
8. Supplied with a suitable light source (quote separately)
 - a. 150W halogen source
 - b. 220-240 VAC @50 Hz
 - c. Twin source/auxillary lamp provision
 - d. Cooling fan incorporated
 - e. Compatible with all manufacturer's bronchoscope equipment

Cost Approx: 6.5 lakh

FOB Infant & Pediatric

78

TECHNICAL SPECIFICATIONS FOR FIBEROPTIC BRONCHOSCOPE (INFANT)

1. Slim Max Outer diameter of 2.8 mm or less.
2. Field of view 100° -120°
3. Depth of field 2~50 mm
4. Tip deflection 130° or more both up and down
5. Instrument working channel 1.2 mm or more
6. Working length 540 mm or longer
7. Total length upto 900 mm
8. Supplied with a suitable light source (quote separately)
 - a. 150W halogen source
 - b. 220-240 VAC @50 Hz
 - c. Twin source/auxillary lamp provision
 - d. Cooling fan incorporated
 - e. Compatible with all manufacturer's bronchoscope equipment

Cost Approx: 7.5 lakh

Total $6.5 + 7.5 = 14 \text{ Lakh}$

(4)
79

Fractional exhaled Nitric Oxide (FENO) testing of neonate, infant and older patients.

Applications:

Single breath tests for cooperative patients, Multiple breath tests for non-cooperative patients

Nasal nitric oxide measurements and Alveolar FENO analysis

Able to do continuous, simultaneous measurement and display of NO values, flow rate and volume of the exhaled breath in a reproducible and reliable manner.
Should be fully compliant to the UK or European or US standards like 2005 ATS/ERS recommendations for FENO analysis.
One instrument for all applications, from neonates to adults.

Nitric oxide: chemiluminescence (reference method)
Flow: ultrasonic transit time

NO related parameters:

Measurement range 0.1 ppb to 5000 ppb
Detection limit < 0.06 ppb, sample tube type 3
< 0.1 ppb, sample tube type 1

Lag time (software compensated)

< 0.9 s, sample tube type 3
< 2.7 s, sample tube type 1

Flow related parameters

Time resolution 10 ns
Sampling frequency up to 200 Hz
Measurement range
up to 15 l/s
Detection limit 0.6 ml/s

Dead space 1- 10 ml

Operating specifications Temperature range 10 to 40°C

Power uptake
voltage 100 to 240 V, 50/60 Hz

Approx Cost 121ae R2

(5) 80

A. pH measuring equipment

- Number of Channels: 2 pH channels
- Electrode inputs: Both for standard glass electrodes and for antimony electrodes
- Sampling rate: 1 measurement per 4 seconds
- Measurement time: maximum of 24 hours
- Marker: 5 Marking possibilities by the patient: pain, eating, upright / lying position changes, medication
- Housing: rugged, shock-resistant plastic housing
- Power supply: on Batteries 2 pcs (alkaline)
- Memory: 80-100kB
- Display: LCD
- Interface: Should be available for data transfer to PC

B. Probes

Disposable or semi-disposable antimony pH probe and glass electrodes should be capable of monitoring dual esophageal pH. - Should provide 10 probes (antimony)

C. Software

- pH metry analysis software for windows
- should be compatible with windows XP and windows 7
- Should calculate DeMeester's score,
- Should display 24-h pH Graphic
- Should show Severity index and Pediatric-Osillatorical Index Report
- Should be able to store reports

D. Buffer solutions

Should be provided with the equipment

Cost Approx: 5 lakh + 5 lakh (probes) = 10 lakh

PEDIATRIC

NEUROLOGY

No. of equipments - (2)

①
82

VIDEO EEG system comprising of the following essential specifications :-

Amplifier System one system

- a) Configurable 32 channels, Referential or Differential capability.
- b) Built in Pulse Oximetry to be supplied with 3 Adults and 2 Pediatric reusable Probes.
- c) Sampling rate selectable, up to 12 KHz per channel, individually.
- d) On board impedance measurements.
- e) Body wearable, compact size in case of ambulatory applications.
- f) Built in memory card of 32GB or higher having capability to record EEG Data.
- g) Noise level must be less than 2.0 μV pk - pk in the range of 0.1 ~ 100 Hz.
- h) Isolated patient even button to be supplied.
- i) Facility for Trigger in and output (non-isolated) for photic etc.
- j) Medical grade AC power supply and/or Lithium Ion battery, Rechargeable, having capacity of recording up to 5 ~ 6 hours or better.
- k) Each system must include 2 rechargeable batteries.
- l) Facility for starting recording EEG on the bedside e.g. ICU without use of Computer & trolley.
- m) Systems must be upgradable to add 64 channel head box if required.
- n) Must be supplied with an extra head box so that while one patient is being examined, the other patient can be connected to electrodes for faster throughput.

2 Desktop Table / Trolley having the following :

- a) Medical grade isolated power supply.
- b) 20/21" wide screen TFT color monitor.
- c) Latest Desk top Computer having Core i5 or better specifications.
- d) Storage capacity 750 GB.
- e) 4 GB RAM
- f) DVD Combo RW Drive
- g) 1.5 KVA UPS with MF batteries for at least 15 minutes back up.
- h) Compatible Windows 7 original licensed software.
- i) Network compatible

3 System software features:-

- a) Define sets of more than one input sensors viz. 10-20, 10-10, grids etc.
- b) Measure patient reaction time to photic flashes, sounds, or other external devices triggered by the system.
- c) Threshold detection to detect any abnormality in EEG channels
- d) Definable multiple Sensor groups, storage of protocol
- e) Facility of writing CD such that CD can be read on any PC.
- f) Reliable heavy duty Laser printers. BW, A4,

4 Photic stimulator with software controlled for sequences.

5 Video Camera at least SONY RZ25 PAL or equivalent with built in PTZ and integrated software with the EEG such that one can control the functions of the camera from EEG software itself. To be supplied with complete mounting and accessories.

6 Accessories to be supplied with the system :-

- a) DVD - 100 pcs
- b) EEG Cup Electrodes Ag/AgCl. - 64 pcs
- c) Ten 20 Paste - 100 boxes of 228gm each.
- d) Nuprep Paste - 50 tubes 114gm each.

7 General

- The manufacturer must be ISO 13485 certified facility & product quoted must have passed at least the following certifications:-
- IEC 60 601 - 1 Medical Electrical Safety & IEC 60 601 - 2 - 26 safety for EEG equivalent.
- US FDA and CE certification. The certificates must accompany the bid.
- Class 2B Medical Device Directive for compliance to 93/42/EEC as amended up to date
- The bidder must have an established after sales service in Delhi with proven track record.

Approximate Cost - Rs 18 Lacs

Signature

Specification for ABR Screening system

- Test type: - ABR test.
- Should have wireless data transmission facility to laptop by Infrared / Bluetooth.
- Should have storage facility more than 260 patients.
- Should be battery (NiMH) operated with operating life 24 hours.
- Should have following specification for ABR: -
 - Stimulus Type: Click, Tone Pip
 - Stimulus Polarity: Alternating, Condensation, Rarefaction.
 - Stimulus Rate: 32 to 62 Per second
 - Stimulus Intensity: 0 to 98 dB
 - Gain: 40 dB
 - Common mode Rejection: 102 dB
- System must have programmable test frequency.
- Should have facility of Automated Impedance Testing.
- Result should display- Pass, Refer, Noise or graphical.
- Should have automatic operations for screening & calibration of probe.
- Should have the facility of set the environment.
- Should have data management software for interface with PC.
- Should have low battery, dead battery, database error, internal circuit error alarm.
- Should be CE certified & ISO certified manufacturing.(Attach certificate)
- Should supply with following accessories: -

1. Probe	- 01no.
2. Infrared or blue tooth PC adaptor USB port	- 01 no.
3. User Manual	- 01no.
4. Database management Software	-01 no.
5. Infant Ear tips Kit, 25 each (3.5,4,5,6,7mm)	- 01 box
6. Child/Adult Ear tips kit, 25 each (7,8,9,10,11 mm)	- 01 box
7. EEG cup Electrode set	- 01 no.
8. Disposable electrodes	- 100 nos.
9. Skin preparation gel	- 3 nos.
10. Conducting paste	- 1 no.

Approved - [Signature]

[Signature]



Mahmood Ahmed
Land & Development Officer

Annexure 17
D.O.No.L&DO/L-II-B/18(22)/275

भारत सरकार
शहरी विकास मंत्रालय
भूमि तथा विकास कार्यालय
निर्माण भवन

GOVERNMENT OF INDIA
MINISTRY OF URBAN DEVELOPMENT
LAND AND DEVELOPMENT OFFICE
NIRMAN BHAWAN

नई दिल्ली-110011, तारीख 17/7/2003
New Delhi-110011, Dated the 200

Dear

Please refer to your D.O. letter No.A-12034/03/2013-ME-III dated 2.5.2013 regarding clarification on allotment of land to Kalawati Saran Children's Hospital (KSCH), New Delhi in lieu of land taken over for DMRC Project.

During 2003, a 4.57 meter wide strip of land, forming part of land allotted to Lady Harding Medical College (LHMC) along Panchkuian Road, from Connaught Place up to the main gate of SSK Hospital (attached to LHMC) was taken over for road widening, required for Delhi Metro Line-3.

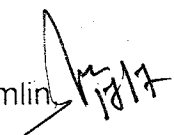
The said portion of the land of the hospital came in the Right of Way of the road to be widened. NDMC, thus, further sanctioned the building plans of the LHMC Hospital by leaving out the area taken for road widening.

In view of this, it may not be feasible to consider the request of allotment in lieu of the land taken over by NDMC for the construction / widening of road.

With regards,

Yours sincerely,


(Mahmood Ahmed)

Ms. Shakuntala D. Gamlin 
Joint Secretary,
Ministry of Health and Family Welfare,
Nirman Bhawan, New Delhi.

9

2-6/c

D.O. No. L-II(B)/18(22)/07/103

5.3.08

R.K. SINHA
Land & Development Officer

Madam,

Please refer to your D.O. letter dated 23.7.2007 regarding allotment of alternative piece of land to Lady Harding Medical College in lieu of the strip of land vacated by College for DMRC project.

The required land under the occupation of Department of P&T, has occupied quarters of P&T. It may also be mentioned that there is no policy for allotment of alternative land in lieu of the one given to DMRC.

In this connection, it is pertinent to indicate that Lady Harding Medical College was allotted 18.635 acres land for construction of staff quarters and community facilities vide allotment letter dated 8.9.78. The land has not been utilized / re-developed so far. It will be desirable if the college authority concentrate first on utilization of land already allotted.

Yours sincerely,

Ru
22/2
(R.K. Sinha)

o/c

✓ Ms Bhavani Thyagarajan,
Joint Secretary,
Ministry of Health & Family Welfare,
New Delhi-110011

@Su
5/3/08

Annexure 18/10



SHANTHA SINHA
Chairperson

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O. No.CP/NCPCR/2012/26090
Dated the 9th November, 2012

Dear Mr. Desiraju,

I was very happy to hear that you visited Kalawati Saran Hospital and have initiated some processes to ensure that there is an improvement in the situation of the services being offered for children.

I do hope that the proposed plan for Kalawati Saran to be upgraded to National Institute of Pediatrics would take shape. Could you please share the plans with us as well?

As Dr. Vandana Prasad had written earlier, we would like you to consider the constitution of a Committee that would review plans for quality assurance for children and maintain oversight for a period of time till better services are established in Kalawati Saran Hospital. Our Commission would also like to be represented in such a Committee. May I also suggest that an agency like NHSRC, that has been involved with ISO certification of district and state hospitals across the country, be assigned the task of creating a firm road map.

We await your response to the above and also our previous communication.

With regards,

Yours sincerely,

(Shantha Sinha)

Shri K.N. Desiraju,
Special Secretary,
Min. of Health & Family Welfare,
Nirman Bhavan, C Wing,
NEW DELHI-110001

o/c

12.11.012

File issued, letter sent.

DRAFT

D.O. No.CP/NCPCR/2012
Dated the 9th November, 2012

Dear Mr. Desiraju,

I was very happy to hear that you visited Kalawati Saran Hospital and have initiated some processes to ensure that there is an improvement in the situation of the services being offered for children.

~~I am given to understand that the Com - LHMIC.~~
I do hope that the proposed redevelopment plan of National Institute of Pediatrics would take shape, including the current phase of redevelopment of LHMIC, children and Kalawati Saran giving relief to children.

As Dr. Vandana Prasad had written earlier, we would like you to consider the constitution of a Committee that would review plans for quality assurance for children and maintain oversight for a period of time till better services are established in Kalawati Saran Hospital. Our Commission would also like to be represented in such a Committee. May I also suggest that an agency like NHSRC, that has been involved with ISO certification of district and state hospitals across the country, be assigned the task of creating a firm road map.

We await your response to the above and also our previous communication.

With

Yours sincerely,

plan for Kalawati Saran to be upgraded to (X) Could you please share the plans with us as well.

(Shantha Sinha)

Shri K.N. Desiraju,
Special Secretary,
Min. of Health & Family Welfare,
Nirman Bhavan, C Wing,
NEW DELHI-110001

Dr Vandana Prasad

MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार

GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग

NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O Member(VP)/NCPCR/26053 .

Dated : 9th November, 2012

Dear *Dr Murari*,

Sub: Information regarding Comprehensive Redevelopment Plan (CRP) for the LHMC and Assoc. Hospitals

As you are aware, the National Commission for Protection of Child Rights (NCPCR), has been constituted as a Statutory Body of Government of India under Section 3 of the Commissions for Protection of Child Rights (CPCR) Act, 2005 to exercise the powers conferred on and to perform the functions assigned to it under this Act.

1. One of the functions of the Commission under Section 13(1) (j) of the CPCR Act, 2005, is to inquire into the complaints and to take suo motto notice of the violations/deprivations of child rights.
2. The Commission, under Section 14 of the CPCR Act, 2005, has all the powers of a Civil Court in trying a suit under the Code of Civil Procedure, 1908 (5 of 1908) and, in particular, in respect of the following matters:
 - a) Summoning and enforcing the attendance of any person and examining him on oath;
 - b) Discovery and production of any document;
 - c) Receiving evidence on affidavits;
 - d) Requisitioning any public record or copy thereof from any court or office; and
 - e) Issuing commissions for the examination of witnesses or documents;

The Commission has undertaken a process of inspecting medical services (public and private) available for children in New Delhi. As you are aware, Kalawati Sharan Children's Hospital (KSCH) an associated hospital to your institute, is a tertiary care centre catering entirely to children that was established as a centre for excellence in paediatric care and research.

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001

5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001

फोन / Tel.: 23478275 फैक्स / Fax: 23724026 ईमेल / Email: prasad.vandana@nic.in

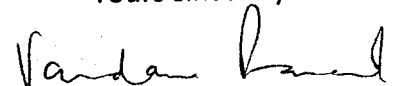
13

In this regard, the Commission desires information regarding the Comprehensive Redevelopment Plan (CRP) for the LHMC and Assoc. Hospitals. You are requested to inform / provide us with the proposal for Phase I of the CRP as well as allocations specified for KSCH in the same alongwith copies of all required documents corroborating the same.

Please reply/ respond within 7 days of receipt of this letter.

With regards,

Yours sincerely


(Vandana Prasad)

Dr. Atul Murari
Medical Superintendent
Lady Harding Medical College & Smt. Sucheta Kriplani Hospital
Shadeed Bhagat Singh Marg
New Delhi -110001

99504888



Dr Vandana Prasad
MBBS, MRCP (Pediatrics) U.K., MPH (UWC)
Member

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

15

D.O.No.22/2/12-NCPCR(PD)/26/12.8
Dated: 14.11.2012

Dear Anurag ji

As you are aware, the National Commission for Protection of Child Rights (NCPCR), has been constituted as a Statutory Body of Government of India under Section 3 of the Commissions for Protection of Child Rights (CPCR) Act, 2005 to exercise the powers conferred on and to perform the functions assigned to it under this Act.

1. One of the functions of the Commission under Section 13(1) (j) of the CPCR Act, 2005, is to inquire into the complaints and to take suo motto notice of the violations/deprivations of child rights.

2. The Commission, under Section 14 of the CPCR Act, 2005, has all the powers of a Civil Court in trying a suit under the Code of Civil Procedure, 1908 (5 of 1908) and, in particular, in respect of the following matters:

- a) Summoning and enforcing the attendance of any person and examining him on oath;
- b) Discovery and production of any document;
- c) Receiving evidence on affidavits;
- d) Requisitioning any public record or copy thereof from any court or office; and
- e) Issuing commissions for the examination of witnesses or documents;

This is in reference to our letter vide D.O. No.22/2/12-NCPCR (PD) /25720 dated 04.10.2012 regarding appraisal of pediatric wards in public hospitals to assess the state of services for children.

This is to inform you that we have not yet received your responses to our questionnaire, even though the stipulated time limit has been crossed. During our visit to your institute on 18.10.12, certain issues had come to the fore. You had been asked to share information/documents regarding the same. Kindly do the needful.

16
In light of this, you are directed to submit your responses within 7 days of receipt of this letter.

Thanking you,

With

Yours sincerely

Vandana Prasad
(Vandana Prasad)

Dr. Anita Kulshreshtha
Medical Superintendent,
Kalawati Saran Children's Hospital,
Bangla Sahib Marg, Connaught Place,
New Delhi-110001
Ph.No. : 011-23344160, 23344162

SHANTHA SINHA
Chairperson

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O. No.22-3/12-NCPCR (PD) /26266.
Dated the 23rd November, 2012

Dear

Madam,

At the outset I convey my sincere thanks to you for agreeing to visit Kalawati Saran Children's Hospital, New Delhi on 21st September, 2012 along with the Members of NCPCR.

It is a welcome measure, as mentioned by you during your visit, to provide for extra funds for key facilities in the Hospital, such as building the Dharamshal and other facilities.

We also thank you for taking the initiative of taking up the issues of Kalawati Saran Hospital with the Union Health Minister, and declaring the constitution of a committee to look into the matters plaguing the Hospital.

We do hope your visit will propel the government authorities in taking prompt and appropriate measures to make the Kalawati Saran Children's Hospital a full-fledged Children's hospital in Delhi having all the facilities required to treat children.

We look forward to your continued support and guidance in matters of NCPCR.

With *regards,*

Yours sincerely,

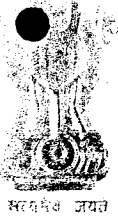
Shantha
(Shantha Sinha)

Smt. Krishna Tirath,
Hon'ble Minister of State (I/C),
Ministry of Women and Child Development,
Shastri Bhavan,
New Delhi-110001

O/C
23/11/2012

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001

फोन /Tel.: 23731583 फैक्स /Fax: 23731584



SHANTHA SINHA
Chairperson

भारत सरकार
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS

D.O. No.22-3/12-NCPCR (PD) / 26163
Dated the 15th November, 2012

Dear Ma'am

Thank you for agreeing to make a joint visit to Kalawati Saran Hospital, New Delhi with NCPCR, for the purposes of inspecting the medical services available to children in this premier children's hospital.

As suggested by you, the visit can be made any time either on 20th or 21st November, 2012 as per your convenience. The visit could be of one hour duration.

We request you to convey the date and time so that necessary arrangements can be made for the visit. Dr. Vandana Prasad, Member (Child Health), NCPCR will be accompanying you during this visit.

With regards,

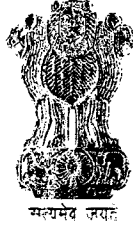
Yours sincerely,

Shantha
(Shantha Sinha)

Smt. Krishna Teerath,
Hon'ble Minister of State (I/C),
Ministry of Women & Child Development,
Shastri Bhavan,
New Delhi-110001

5वीं मंजिल, चन्द्रलोक बिल्डिंग, 36 जनपथ, नई दिल्ली-110 001
5th FLOOR, CHANDERLOK BUILDING, 36 JANPATH, NEW DELHI - 110 001

फोन / Tel.: 23731583 फैक्स / Fax: 23731584



सत्यमेव जयते

32

BINOD K. SAHU
Registrar

National Commission for Protection of Child Rights
(A Statutory Body of MWCD, GOI under the CPCRA Act, 2005)

D.O.No.F.22-3/12-NCPCR(PD)/26192

November 20, 2012

Dear

Kindly refer to the conversation of Dr. Vandana Prasad, Member (NCPCR), with the Hon'ble Union Minister of State (Independent Charge) of Women and Child Development at Rashtrapati Bhavan on the 14th November, 2012 and my conversation with you on the same day at Vatsalya Mela regarding a visit of the Hon'ble Union Minister of State to the Kalawati Saran Children's Hospital on the 21st November, 2012.

2. Dr. Vandana Prasad, Member (NCPCR) and Shri Asheem Srivastav, Member Secretary (NCPCR) will accompany the Hon'ble Minister during the proposed visit.
3. I am forwarding herewith the draft minute-to-minute programme for the proposed visit of the Hon'ble Minister.
4. You are requested to kindly convey the approval of the attached programme, so as to enable us to forward a copy of the same to the Kalawati Saran Children's Hospital in advance for necessary arrangements.
5. The time and place from where the Hon'ble Minister may be received for the proposed visit may also please be indicated to us for protocol arrangements.

With regards,

Yours sincerely,

(B.K. Sahu)

Shri B.M. Mishra,
APS to Hon'ble Union Minister of
State (Independent Charge), of Women and Child Development,
Room No.746,
Shastri Bhavan,
New Delhi.
Fax: 23387384

Contd...../-

Copy for information to :

- i) Dr. Vandana Prasad, Member, NCPCR
- ✓ ii) Shri Asheem Srivastav, Member Secretary, NCPCR.
- iii) Dr. Atul Murari, Medical Superintendent, Kalawati Saran Children's Hospital, Bangla Sahib Marg, Connaught Place, New Delhi-110 001.

B. K. Sahu
(B.K. Sahu)

F.No.22-3/12-NCPCR(PD)
Government of India
National Commission for Protection of Child Rights
5th Floor, Chandernagore Building, 36, Janpath
New Delhi – 110001

November 20, 2012

PROGRAMME

Subject: Visit of Hon'ble Union Minister of State(Independent Charge) of Women & Child Development to Kalawati Saran Children's Hospital, New Delhi on 21st November 2012.

Time	Programme
11.00 A.M.	Arrival at the Emergency Ward of the Kalawati Saran Children's Hospital.
11.00 A.M. to 11.30 A.M.	Inspection of Kalawati Saran Children's Hospital
11.30 A.M. to 11.45 A.M.	A Presentation by the Hospital Administration on the challenges and future plans for the medical services for the children.
11.45 A.M. to 12.00 Noon	Address and Interaction by the Hon'ble Union Minister of State(Independent Charge) of Women & Child Development with the Heads of relevant Departments and concerned Senior Faculties/ Doctors of Kalawati Saran Children's Hospital and Lady Harding Medical College.

Ph. No.: 011-23346538, 23408503

Tele fax No.: 011-23745627

GOVT. OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
KALAWATI SARAN CHILDREN'S HOSPITAL
(LADY HARDING MEDICAL COLLEGE, S. B. S. MARG)
BANGLA SAHIB MARG, NEW DELHI

KSCH/10-11/R. Sec./21/JICA/12-13/401

Date: 30.01.2013

To
Shri Sanjay Pant
Under Secretary
Ministry of Health & Family Welfare
(Department of Health & F. W.)
Nirman Bhawan, New Delhi.

Subject: Action taken report on the minutes of meeting held on to discuss matters related to Kalawati Saran Children's Hospital on 21.12.2012 at NCPCR, New Delhi – reg.

I am to refer to letter No.A.12034/03/2013-ME(III) dated 28.1.2013 on the above cited subject and the requisite information as under;

SN	Agenda Points of the above meeting	Action taken report
02	A proposal to use 'Port-a-cabins' as a temporary arrangement for providing shelter to attendants of patients would be prepared by the management of KSCH.	A letter No. KSCH/CPWD/ 12-13/316 dated 22.1.2013 have been issued to construct temporary shelter for attendants of patients.
03	A proposal for formalizing the provision of 200 beds to KSCH would be submitted to the Ministry by LHMC. Copy of the same to be submitted to the commission.	A proposal has been sent for the provision of 200 beds in KSCH vide letter No. KSCH/Admn./Con./RR/ 12-13/302 dated 30.1.13
04	Appointment of Nurses at KSCH would be finalized within two months.	The recommendations of the committee rescinded by the competent authority. The recruitment procedure to fill the posts started afresh.
05	Status note regarding staffing gaps and proposals, letters etc. sent to the Ministry would be submitted to the commission by KSCH as well as Ministry.	The requisite information has been sent to Ministry vide letter No. KSCH/226 dated 17.1.2013 and letter No. KSCH/349 dated 28.1.13 for providing the information in details has been sent.
07	A nodal person from the Ministry to be appointed for Kalawati Saran Children's Hospital	Dr. Vishwas Chappola, Medical Officer

Dr. (Mrs.) Anita Kulshrestha
Additional Medical Superintendent

Encl.: As above

Copy to:

1. Dr. Vandana Prasad
Hon'ble Member,
National Commission for Protection of Child Rights,
5th Floor, Chanderlok Building, 36-Janpath, New Delhi – 110 001.
2. The Director
LHMC & Assoc. Hospital, New Delhi.
3. Dispatch Section, KSCHospital, New Delhi.
4. Bhargav, KSC Hospital, New Delhi.

Put up on File
P 12/13
C.C. (Sasahi)

The information in details of the vacant posts in the hospital reg. point no (5)

PENDING ISSUES		
S. No.		Remarks
1.	Compassionate Appointment	A proposal for seeking relaxation in Educational Qualification to appoint 3 candidates on compassionate appointment was sent to ministry vide letter No. KSCH/4196 dated 30.8.2012 and the last letter KSCH/5875 sent on 24.12.2012 by providing the vacancy position of Group C and Group D.
2.	Temporary Status Employees	For the regularization of the working T.S. daily wage worker a letter was initially sent KSCH/297 dated 17.1.2007 and the last letter sent to ministry vide letter No. KSCH/5666 dated 10.12.2012 for reply of the status regarding regularization of the TS employees between years 2000 to 2011.
3.	Sanitary and Security Services	For the augmentation of the services of the sanitary and security, the combined proposal is already sent by the LHMC & SSK Hospital.
STAFFING GAPS		
4.	Posts created under JICA plan Continuation and Conversion into Permanent posts	The continuation of 71 posts beyond 31.3.2012 was not received till now the last correspondence was sent on 30.10.2012. The posts are vacant because of the non-availability of the continuation and Recruitment Rules of various posts. And for the conversion and revival of posts the proposal was initiated on 8.4.2011 and the last correspondence was sent on 14.1.2013 by giving the details of filled and vacant posts of JICA. For the revival; check-list is to be prepared by the hospital for submission to ministry.
5.	Posts created under CR Plan	The posts under Group A are to be filled by the M/o H & F.W., the request has been sent vide letter No. KSCH/5299 dated 14.11.2012. The other technical posts like Technician-15, Staff Nurse-30, Radiographer -2, Photographer -2 etc. were initially to be filled by the Staff Selection Commission. But because of the refusal of SSC, all the posts to be outsource. Besides this the promotional posts have been filled-up.
6.	Lower Division Clerk	The correspondence to fill these eleven posts are going with the Staff Selection Commission regularly and 2 nd Reminder was sent to SSC vide KSCH/3821 dt 17.8.2012 for sponsoring the name of the candidates. The tender to appoint Data Entry Operator opened on 18.1.2013 and in the process to finalize the same to outsource the posts.
7.	Jr. bio-chemist	Initially the proposal for appointing on contract basis was sent on 26.9.2012 vide letter No. KSCH/4577 and the last correspondence was held on 14.1.2013 vide letter No.173 for providing the details of UPSC correspondence and the details of the case filed by the candidate.

8.	Nursing Sister	The file is in process to vet the Reservation Roster for filling up 3 vacant posts in the f. year 2012-2013.
9.	Occupational Therapist/ Social Worker/ Physiotherapist	The scrutiny of the candidates for these posts has been completed and the file is in process for getting approval from the competent authority for interview.
10.	Staff Nurse	The recommendations of the committee rescinded by the competent authority. The recruitment procedure to fill the posts started afresh.
11.	Other regular posts in KSCH	The posts under Group A are to be filled by the M/o H & F.W., the request has been sent vide letter No. KSCH/5299 dated 14.11.2012. The post of Chief Pharmacist is vacant because of the non-amendment of the Recruitment Rules. The post of X-ray Technician is vacant because there is some confusion in the promotion of the Senior X-ray Technician. The process is in progress to fill the post of Record Technician. There is ban on filling the post of Group D otherwise there are 20 vacant posts of Group D

ANNEX of 207)

Print No 02

GOVT. OF INDIA
KALAWATI SARAN CHILDREN'S HOSPITAL

NO:KSCH/CPWD/12-13/3/6

Dated: 22/1/13

To

The Executive Engineer,
CPWD (Electrical)
LHMC & Assoc. Hospitals
New Delhi

The Executive Engineer
CPWD (Civil)
LHMC & Assoc. Hospitals
New Delhi

Sub: Construction of Temporary Shelter for Attendants of patients.

Sir

As per the instructions issued by the NCPCR you are requested to construct temporary porta cabin shelter with a capacity of approximately 100 persons for attendants of patients at the place which is being used as Parking area in front of Canteen of KSCH. The Porta cabin must have all the basic amenities and other facilities such as mobile charging points, emergency light, emergency fan connections and better sitting arrangements etc.

This may please be accorded priority.

Yours faithfully

(Signature)

Addl. Medical Supdt.

Copy for information to :-

1. The Director, LHMC & Associated Hospitals
2. Dr. (Mrs.) P. Bajaj, Addl. Medical Supdt.

(Signature)

No. A.12034/03/2013- ME-III
Government of India
Ministry of Health & Family Welfare
(ME-III Section)

Nirman Bhawan, New Delhi
Dated the 27 January, 2013


To,
✓ The Director,
Lady Hardinge Medical College & S. K. Hospital,
Shaheed Bhagat Singh Marg,
New Delhi- 110001.

Subject: Minutes of the Meeting held under the Chairpersonship of Smt. Shakuntala D. Gamlin, JS (Hospital) on 21.01.2013 at 3.00 P.M. to discuss issue of land allotment to Kalawati Saran Children Hospital (KSCH) in lieu of the land taken over for DMRC project -reg.

Sir,

I am directed to forward herewith the copy of Minutes of meeting held under the Chairpersonship of Smt. Shakuntala D. Gamlin, JS (Hospital) on 21.01.2013 at 3.00 P.M. to discuss issue of land allotment to Kalawati Saran Children Hospital (KSCH) in lieu of the land taken over for DMRC project for further necessary action taken.

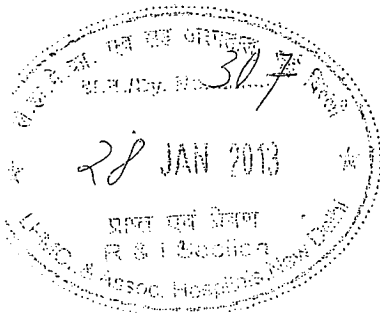
2. This issues with the approval of Joint Secretary (SG).


(Sanjay Pant)
Under Secretary to the Government of India
23061521

Copy to:

1. Sh. Chitranjan Kumar Khetan, Joint Secretary, M/o UD& PA, Nirman Bhawan, New Delhi
2. DDG(M), Nirman Bhawan, New Delhi
3. Chief Architect, CDB, m/o H &FW, Nirman Bhawan, New Delhi.
4. L & DO, M/o UD &PA, Nirman Bhawan, New Delhi.
5. Sh. P. S. Chauhan, Chief Engineer General, DMRC Limited, Metro Bhawan, Fire Brigade Lane, Barakhamba Road, New Delhi.

Copy also to: Dir (H)/ PPS to JS (SG)



Mou. Singh
Dr. Y. to S. Pant

अवस्था में In Dak Stage.....
दिनांक 28/1/13
28 JAN 2013
ले.हा.पे.का. एन.आमता रु.क. जालन्दा, नई दिल्ली-1 LHMC & Smt. S.K. Hospital, N. Delhi-1